

Application Fee: \$ \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

**TAX CREDIT APPLICATION / RECERTIFICATION**

Development Name: \_\_\_\_\_

Property & Unit #: \_\_\_\_\_

Marketing Source: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Anticipated Move-in Date / Renewal Date: \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

Number of Bedrooms Needed: \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

Other Needs: \_\_\_\_\_

**COMPLETE ENTIRE APPLICATION THOROUGHLY, CIRCLE ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED.**

All Applicants 18 Years of Age & Older, Not Related by Blood, Marriage, or Adoption, must Complete Their Own Application.

Proof of age will be requested if you are applying to live in a designated Elderly Development.

Acceptable age verifications include a copy of a (1) Birth Certificate, (2) valid State Drivers License or (3) valid State I.D. Card.

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME      FIRST      MI	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH

**⚡ ONLY NEW APPLICANTS & NEW HOUSEHOLD MEMBERS ARE REQUIRED TO COMPLETE THIS SECTION ⚡**

Do you own a pet?      YES   NO   If yes, what kind?

\_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever filed bankruptcy?      YES   NO   If yes, explain:

\_\_\_\_\_ Have you ever been convicted of a felony?   YES   NO   If yes, explain:

\_\_\_\_\_ Have you ever been evicted from an apt?   YES   NO   If yes, explain:

\_\_\_\_\_ Drivers license number & state issued in:

**Provide Housing References for Last Two Years:**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Dates resided here (month / year):

From \_\_\_\_\_ To \_\_\_\_\_

Did you own this residence? YES NO

If no, did you rent this residence? YES NO Rent/mo: \_\_\_\_\_

If rented, landlord name: \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Reason for leaving:

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Dates resided here (month / year):

From \_\_\_\_\_ To \_\_\_\_\_

Did you own this residence? YES NO

If no, did you rent this residence? YES NO Rent/mo: \_\_\_\_\_

If rented, landlord name: \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_

Reason for leaving:

**EMERGENCY CONTACT:** (Other than person listed on application, please list someone in the immediate area if possible.)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ We encourage and support the nation's

affirmative housing program in which there no barriers to obtaining housing because of race, color, religion, sex, national origin,

handicap or familial status.



**ASSETS**

To the best of your knowledge, list where each asset is held, the current cash value, and all earnings derived in the previous 12 months.

List all assets for all household members except those of personal nature such as family cars, furniture, wedding rings etc.

CIRCLE ONE	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	BALANCE / CASH VALUE	EARNINGS IN 12 MO.
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Y N	Checking		\$	\$/%
Y N	Checking		\$	\$/%
Y N	Savings		\$	\$/%
Y N	Savings		\$	\$/%
Y N	Trust		\$	\$/%
Y N	CD - Cert. Of Deposit		\$	\$/%
Y N	CD - Cert. Of Deposit		\$	\$/%
Y N	Money Market		\$	\$/%
Y N	Mutual Fund		\$	\$/%
Y N	Annuity / Pension not in payment		\$	\$/%
Y N	Stocks / Bonds		\$	\$/%
Y N	IRA / Keough / 401K		\$	\$/%
Y N	Personal Property / Investment		\$	\$/%
Y N	WHOLE Life Insurance		\$	\$/%
Y N	Real Estate less Mortgage		\$	\$/%
Y N	Land Contract		\$	\$/%
Y N	Lump Sum Payment		\$	\$/%
Y N	Safe Deposit Box		\$	\$/%
Y N	Cash on Hand \$500+		\$	\$/%

Y N	Are total "household" assets less than \$5,000?
Y N	Have you disposed of / given away any assets for less than fair market value in the past 2 yrs?

**INCOME**

List the source of each income, the household member who receives it, and the estimated amount to be earned in the next 12 months.

Income being any periodic moneys received by all household members excluding interest on assets which is already accounted for above.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	INCOME FOR N 12 MO.
Y N	Employment			\$
Y N	Employment			\$
Y N	Self Employment			\$
Y N	Pension / Annuity in payment			\$
Y N	FEDERAL Social Security / SSI	Provide a copy of award letter(s)		\$
Y N	STATE Social Security / SSI			\$
Y N	Disability			\$
Y N	Workers Compensation			\$
Y N	Unemployment Compensation			\$
Y N	Veterans Benefits / Military Pay			\$
Y N	Child Support Ordered / Alimony			\$
Y N	Public Assistance			\$
Y N	Recurring Money Gift			\$
Y N	Rental Income / Land Contract Pay			\$
Y N	Periodic Lottery Payments			\$
Y N	Other Current Income not yet listed			\$
Y N	Other Anticipated Income not listed			\$

<p>1. Are you or anyone 18+ yrs/older in the household currently or soon to become a student? List the name(s) of the student(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES NO</p>
<p>2. Are you separated, but not divorced from your spouse?</p>	<p>YES NO</p>
<p>3. Are any household members temporarily absent? If yes, who &amp; how long? _____</p>	<p>YES NO</p>
<p>4. Are you receiving Section 8 Assistance? <input type="checkbox"/> Certificate <input type="checkbox"/> Voucher Provide agency name: _____ Contact Person &amp; Phone: _____</p>	<p>YES NO</p>

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

**EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST SIGN AND DATE BELOW.**

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Property Manager is acting on behalf of and performing compliance services for the owner.

Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF <b>ASSET</b> STATED ON APPLICATION:	TYPE OF <b>INCOME</b> STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF <b>ASSET</b> STATED ON APPLICATION:	TYPE OF <b>INCOME</b> STATED ON APPLICATION:
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Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

APT #: \_\_\_\_\_

TEL#: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FAX#: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FROM:

\_\_\_\_\_

TEL#: \_\_\_\_\_

FAX#: \_\_\_\_\_

In order to comply with federal regulation requesting verification on all income, assets and allowance for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address in the envelope provided.

**AUTHORIZATION:**

I/We hereby authorize release of any information requested by

**OAKBROOK CORPORATION**

regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

\_\_\_\_\_  
Applicant/Resident Signature Date  
Social Security Number(s) \_\_\_\_\_

\_\_\_\_\_  
Applicant/Resident Signature Date  
Social Security Number(s) \_\_\_\_\_

\_\_\_\_\_  
Applicant/Resident Signature Date  
Social Security Number(s) \_\_\_\_\_

\_\_\_\_\_  
Applicant/Resident Signature Date  
Social Security Number(s) \_\_\_\_\_

**TERMS AND CONDITIONS:**

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purpose of determining my eligibility for participation in the following affordable

housing programs:

- \* Low INCOME Housing Tax Credit Program - Section 42
- \* HUD Housing Assistance Payments Program - Section 8
- \* Bond - Section 142
- \* Rural Development - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.

OFFICE USE ONLY:

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We encourage and support the nation's affirmative housing program in which there no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.