



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

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Please Print Clearly

This is an application for housing at:	Project: Lakeside Manor
	Address: 481 Steeles Fort Road
	Raphine, VA 24472
	540-377-5823 OR T.D.D. # 1-800-828-1120
Please complete this application and return to:	Name: Lakeside Manor
	Address: 481 Steeles Fort Road
	Raphine, VA 24472
	540-377-5823 OR T.D.D. # 1-800-828-1120

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application and **a \$20.00 application fee.**

A. GENERAL INFORMATION

Applicant Name(s): _____

Current address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

_____ Do you () RENT or () OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? () Yes () No (check one)

Check utilities paid by you: () Heat () Electricity () Gas () Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: () Studio () One BR () Two BR () Handicap BR

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? () Yes () No

If yes, explain

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? () Yes () No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	() Yes	() No
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (attach verification of participation)	() Yes	() No
Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	() Yes	() No
Are all adults single parents and neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	() Yes	() No
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	() Yes	() No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
() Yes () No	Social Security	\$
() Yes () No	Social Security	\$
() Yes () No	Social Security	\$
() Yes () No	Social Security	\$
() Yes () No	SSI Benefits	\$
() Yes () No	SSI Benefits	\$
() Yes () No	SSI Benefits	\$
() Yes () No	SSI Benefits	\$
() Yes () No	Pension (list source)	\$
() Yes () No	Pension (list source)	\$
() Yes () No	Pension (list source)	\$
() Yes () No	Veteran's Benefits (list claim #)	\$
() Yes () No	Veteran's Benefits (list claim #)	\$
		\$
() Yes () No	Unemployment Compensation	\$
() Yes () No	Unemployment Compensation	\$
() Yes () No	Title IV/TANF	\$
() Yes () No	Title IV/TANF	\$
() Yes () No	Title IV/TANF	\$
() Yes () No	Full-Time Student Income (18 & Over Only)	\$
() Yes () No	Full-Time Student Income (18 & Over Only)	\$
() Yes () No	Interest Income (source)	\$
() Yes () No	Interest Income (source)	\$
() Yes () No	Interest Income (source)	\$
() Yes () No	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
() Yes () No	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
() Yes () No	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
() Yes () No	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
() Yes () No	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	() Yes () No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	() Yes () No
	If yes, list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	() Yes () No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	() Yes () No
	If yes, list the amount you receive.	\$
() Yes () No	Cash Contributions (Regular)	\$
() Yes () No	Other (Regular contributions for child)	\$
() Yes () No	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		() Yes () No
If yes, explain:		
.....		
.....		
.....		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write N/A.

Checking Accounts () Yes () No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts () Yes () No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account () Yes () No	#	Bank	Balance \$	
Certificates () Yes () No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union () Yes () No	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds () Yes () No	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
IRA () Yes () No	#	Name	Value \$	
401K () Yes () No	#	Name	Value \$	
Life Insurance Policy () Yes () No	#		Cash Value \$	
	#		Cash Value \$	
Mutual Funds () Yes () No	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks () Yes () No	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds () Yes () No	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property () Yes () No				Appraised Value \$

Real Estate Property: <i>Do you own any property/Burial Plot?</i>	() Yes () No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$ _____
Mortgage or outstanding loans balance due	\$ _____
Amount of annual insurance premium	\$ _____
Amount of most recent tax bill	\$ _____

Have you sold/disposed of any property in the last 2 years?	() Yes () No
<i>If yes</i> , Type of property	
Market value when sold/disposed	\$ _____
Amount sold/disposed for	\$ _____
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	() Yes () No
<i>If yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$ _____

Do you have any other assets not listed above (excluding personal property)?	() Yes () No
<i>If yes, please list:</i>	
Amount of Cash on hand?	\$ _____
Do you have a cash demand card?	() Yes () No
Do you have a Safety Deposit Box?	() Yes () No
Value of Contents?	\$ _____

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	() Yes	() No
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Are you or any member of your family currently using marijuana or medical marijuana?	() Yes	() No
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Have you or any member of your family ever been convicted of a felony?	() Yes	() No
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If yes, please describe

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Have you or any member of your family ever been evicted from any housing?	() Yes	() No
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If yes, please describe

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Have you ever filed for bankruptcy?	() Yes	() No
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If yes, please describe

Will you take an apartment when one is available?	() Yes	() No
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Elderly or Handicapped Status: Are you applying for status of an “Elderly” Household where the tenant or Co-tenant is at least 62 years of age, or handicapped, or disabled? ___ Yes ___No

If so, do you understand that you would probably qualify for an Adjustment to income of \$400 plus a further adjustment if your medical expenses exceed 3% of your gross annual income? ___ Yes ___No

We have apartments designed to assist handicapped persons. Please let us know if you wish to take advantage of one. ___Yes ___No

Would you like to have the Federal Governments definition of elderly, handicapped or disabled?
 ___Yes ___No

Medical Information: (For Elderly, Handicapped, or Disabled only)
 Please list name, address and telephone no:

Dependent Information:

Having dependent children under the age of (12), do you pay child care? ___Yes ___No
 Please list caregiver’s name, address and telephone number

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F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Notice: The information regarding race, national origin, and sex designation solicited below is requested in order to assure the Federal Government acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

<u>Member Name</u>	<u>Age</u>	<u>Race</u>
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In case of emergency notify:		
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Address:		
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Relationship:	Phone#:
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G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	Yes	No
<i>If yes, please describe:</i>		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Warning: WARNING STATEMENT: Section 1001 of Title 13, United States Code provides, “Whoever on any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000, or imprisoned no more than five years, or both.”

Statement Required By The Privacy Act: Title V of the Housing Act of 1949 authorizes FmHA to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay processing of your eligibility or rejection. It is unlawful for FmHA to deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

“Whenever Farmers Home Administration,” “FmHA”, “Rural Development Administration” or “RDH” may appear, the term “United States of America” is substituted.

SIGNATURE (S):

Time:

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date



AUTHORIZATION TO RELEASE INFORMATION



RE: Applicant/Tenant: _____ Unit # _____
 Property Name: Lakeside Manor Apartments
 Address: 481 Steeles Fort Road
Raphine, VA 24472

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____	_____
Authorized Signature	Title
_____	_____
Print Name	Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

_____	_____
Signature	Date

Verification form is attached.



CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

NAME INFORMATION TO BE SEARCHED:			
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20____.
My Commission expires _____, 20____.

Signature of Person

Signature of Notary Public

SIGNATURE OF PERSON MAKING REQUEST:

As provided in Section 19.2-389, Code of Virginia. I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

State of _____; County/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20____.
My Commission expires _____, 20____.

Signature of Person Making Request

Signature of Notary Public