

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

This is an application for housing at:	<b>Project:</b> Little Neck Apartments
	<b>Address:</b> 330 Wareham Road Marion, MA 02738
	<b>Telephone/FAX:</b>
Please complete this application and return to:	<b>Name:</b> Little Neck Apartments
	<b>Address:</b> 330 Wareham Road Marion, MA 02738

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult household members. **Please answer every question! Partially filled out applications will be returned for completion.**

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

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

Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ 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  One BR  Two BR  Handicap BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (braille) or apparatus for hearing assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, describe: \_\_\_\_\_

Will you or any ADULT household member require a live-in care attendant to live independently?

Describe: \_\_\_\_\_

## B. HOUSEHOLD COMPOSITION

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

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full-Time 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

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

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
		\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household?	\$

Household Member Name	Source of Income	Monthly Amount	
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Employment amount</b>	\$	
	Employer:		
	Position Held		
	How long employed:		
	<b>Self-Employment amount</b>	\$	
	Description:		
	How long has applicant been self-employed doing this work?		
	<b>Alimony</b>		
	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.		\$
	<b>Child Support</b>		
	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.		\$
	<b>Other Income (lottery winnings, etc.)</b>	\$	
	<b>Other Income</b>	\$	
	<b>Other Income</b>	\$	
<b>TOTAL GROSS ANNUAL INCOME</b> (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
<b>If yes, explain:</b>			

**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 NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Accounts	#	Bank	Balance \$	
IRA Accounts	#	Where?	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
401(k)/Retirement Accounts	#	Where?	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate (home, land, camp, mobile home, etc.): <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes,</i></b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes,</i></b> Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Has anyone in the household disposed of any other assets in the last 2 years (Example: Given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes,</i></b> describe the asset		
Date of disposition		
Amount disposed	\$	

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, please list:</i></b>		

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If yes, describe*

Will you take an apartment when one is available?

Yes

No

*Briefly describe your reasons for applying:*

**F. REFERENCE INFORMATION**

Current Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Prior Landlord

Name:

Address:

Home Phone:

Bus. Phone:

How Long?

Credit Reference #1:

Address:

Account #:

Phone #:

Credit Reference #2:

Address:

Account #:

Phone #:

Credit Reference #3:

Address:

Account #:

Phone #:

Personal Reference #1:

Address:

Relationship:

Phone #:

Personal Reference #2:

Address:

Relationship:

Phone #:

Personal Reference #3:

Address:

Relationship:	Phone #:
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In case of emergency notify:
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Address:
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Relationship:	Phone #:
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<b>G. VEHICLE AND PET INFORMATION</b> (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, 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. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord and personal references.

**All adult applicants, 18 or older, must sign application.**

SIGNATURE (S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date