

# AFFORDABLE HOUSING APARTMENT COMMUNITY



**Tax Credit Program  
Applicant Questionnaire**



## Household Information

List all household members that are applying to live in this apartment with you.

Name FIRST, MIDDLE, LAST	RELATIONSHIP TO HEAD HOUSEHOLD	M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT YES OR NO

Current Address:	_____
Daytime Phone:	_____
Alternate Phone:	_____

- Yes  No **Do you expect any addition to the household within the next twelve months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Yes  No **Is there anyone living with you now who won't be living with you at this property?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Yes  No **Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*  
 Explanation: \_\_\_\_\_
- Yes  No **Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*  
 Explanation: \_\_\_\_\_
- Yes  No **Does your household have or anticipate having any pets other than those used as service animals?**  
 Description: \_\_\_\_\_

## Rental History

- Yes  No Have you or any one else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_
- Yes  No Have your or any one else named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_
- Yes  No Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_
- Yes  No Have you or any one else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_
- Yes  No Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
Explanation: \_\_\_\_\_

## Housing References

List the past **THREE (3)** years of housing references. *(If additional space is required, use the back of this page.)*

<u>Landlord's Name/Address/Phone #</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
_____ _____ ( ) _____	_____ _____ _____	Rent <input type="checkbox"/>	From: _____
_____ _____ ( ) _____	_____ _____ _____	Own <input type="checkbox"/>	To: _____
_____ _____ ( ) _____	_____ _____ _____	Rent <input type="checkbox"/>	From: _____
_____ _____ ( ) _____	_____ _____ _____	Own <input type="checkbox"/>	To: _____
_____ _____ ( ) _____	_____ _____ _____	Rent <input type="checkbox"/>	From: _____
_____ _____ ( ) _____	_____ _____ _____	Own <input type="checkbox"/>	To: _____

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Additional Information:

Would you be interested in a non-smoking unit?  Yes  No

Emergency Contact

List someone in the area that is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Income Information

Income is counted for anyone 18 years of age or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors

**Include all income anticipated for the next 12 months.**

Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes  No **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions, and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes  No **Self-employment?** *(Include overtime, tips, bonuses, commissions and payment received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	<input type="checkbox"/> _____
_____	_____	_____

Yes  No **Regular pay as a member of the Armed Forces/Military?**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Unemployment Benefits or Workman's Compensation**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families** *(TANF?)*

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Child Support or Alimony?**

*(We must count court-ordered support where or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor)*

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How is the support received?** *(Check all that apply)*

- Child Support Enforcement Agency** *Name of Agency:* \_\_\_\_\_
- Court of Law** *Name of Court::* \_\_\_\_\_
- Directly from Individual** *Name of Person:* \_\_\_\_\_
- Other** *Explain:* \_\_\_\_\_

Yes  No **If support/Alimony is court-ordered but not actually received , are you taking legal action to remedy?**

Explain \_\_\_\_\_

Yes  No **Social Security , SSI or any other payment from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular payments from a Veteran's Benefit, pension, retirement benefit or annuities?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular payment from a severance package?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular payments from any type of settlement?** *(For example, Insurance settlements)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular gifts or payment from anyone outside of the household?** *(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular payment form lottery winnings or inheritances?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Educational grants, scholarships, or other student benefits?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Regular payment from rental property or other types of real estate transactions?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Any other income sources or types not listed?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Do you or any other household members expect any changes to your income in the next 12 months?**  
 Explanation: \_\_\_\_\_

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

**Do YOU of ANYONE in your household hold:**

Yes  No **Checking or Savings Account?** *(Please circle one or both if applicable)*

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **CD's, money market accounts or treasury bills?** *(Please circle any and all that apply)*

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Stocks, Bonds or Securities**

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Trust Funds**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Pensions, IRA's, Keogh or other retirement accounts?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Whole life insurance policy?**

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Real estate, rental property, land contracts/contract or deeds or other real estate holdings?**

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

<u>Household Member</u>	<u>Property Address</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Personal property held as an investment?** *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belonging such as your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **A Safe deposit box?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Yes  No **Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

### Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

Yes  No **Are you or any other ADULT household members claiming zero income?**

Household Member(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

Yes  No **Are you or any other household member (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?**

Household Member(s): \_\_\_\_\_

Yes  No **Will you or any ADULT household member require a live-in care attendant to live independently?**

Name of Attendant: \_\_\_\_\_

Relationship *(if any)*: \_\_\_\_\_

Yes  No **Will your household be receiving or applying for Section 8 rental assistance within the next 12 months?**

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Expected Date: \_\_\_\_\_

Signature Clause

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I understand that management is relying on this information to prove my household's eligibility for the Tax Credit Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and Tax Credit Housing Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only

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Date of Interview: _____	Desired Apt. # _____	Desired Move-In Date: _____
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**Project New Hope**

**Laguna Senior Apartments Questionnaire Addendum**

**I. Applicant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Telephone \_\_\_\_\_ Other Contact # \_\_\_\_\_  
 Birth Date \_\_\_\_\_ SS# \_\_\_\_\_  
 E-mail \_\_\_\_\_

**II. Eligibility Criteria**

*Please circle yes or no to the following questions.*

- ▶ Proof of Disability  Yes  No
- ▶ Proof of an HIV/AIDS Diagnosis  Yes  No

*In addition, preference will be given to households meeting any one of the following conditions. Proof will be required at the time of processing.*

- ▶ Household is currently living in transitional housing  Yes  No  
 or leaving home without an alternative situation. If yes, explain \_\_\_\_\_

- ▶ Household is living in over-crowded (more than two persons  Yes  No  
 per bedroom) or substandard conditions. If yes, explain \_\_\_\_\_

- ▶ Is there a need for a fully handicapped accessible unit?  Yes  No

Please make sure that you also complete the “Laguna Senior Questionnaire” available at [www.lagunasenior.com](http://www.lagunasenior.com), or please call (323) 664-4300 and ask for a copy.