

Date and Time Stamp

MKT ST VILLAGE

Property: _____

Unit #: _____

Set Aside: _____

APPLICATION FOR HOUSING – LIHTC

Note to Applicant: In order for us to determine your eligibility or continued eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program. Providing false information may result in loss of your housing.

What size apartment are you applying for: Studio One

Estimated Move-In Date: _____

Applicant Name: _____

Contact Number: _____

Address: _____

Email: _____

City/State/Zip Code: _____

Marital Status: _____

Co-Applicant Name: _____

Contact Number: _____

Address: _____

Email: _____

City/State/Zip Code: _____

Marital Status: _____

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

	First Name, Last Name	Relationship	DOB	Age	SSN	Student Status: (Include Elementary through Higher Education)		
						Full Time	Part Time	N/A
1								
2								
3								
4								

Yes No

Do you anticipate any changes in the size of your household within the next 12 months?

(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe the change: _____

Yes No

Will anyone under age 18 listed above live in the unit less than 50% of the next 12 months?

Yes No

Does any member in your household have a disability and require a live-in care attendant?

Yes No

Is any adult member of your household separated, but not divorced?

Yes No

Does your household receive, or is it applying to receive, Section 8 or voucher assistance?

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RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

- Yes No Have you or anyone else named on this application filed for bankruptcy?
Please explain: _____
- Yes No Have you or anyone else named on the application been convicted of a drug related or other crime?
Please explain: _____
- Yes No Have you or anyone else named on the application been subject to the lifetime registration required under a state sex offender registration program?
Please explain: _____
- Yes No Have you or anyone else named on the application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Please explain: _____
- Yes No Are there any special needs or accommodations the household will require such as, grab bars or a unit mobility impaired or hearing/vision impaired?
Please explain: _____

LANDLORD REFERENCE

Head of Household Current Address:	Landlord's Name/Address/Phone:	Own/Rent:	Dates:
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	_____	_____	
Head of Household Current Address:	Landlord's Name/Address/Phone:	Own/Rent:	Dates:
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	_____	_____	
Head of Household Current Address:	Landlord's Name/Address/Phone:	Own/Rent:	Dates:
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	_____	_____	

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STUDENT ELIGILIBYT QUESTIONS

- Yes No Are ALL members of your household full-time students?
- Yes No Will ALL members of your household be full-time students during any 5 months of this year?
(Example: a student who goes to school full time in any parts of January, February, April, October and November)
- Yes No Will ALL members of your household be full-time students during any 5 months of next year?
- Yes No Is ANY ADULT member of your household a part or full time student in an institute of higher education?
If yes, who is enrolled? _____ Which school do they attend? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

ALIMONY/CHILD SUPPORT INFORMATION

- Yes No Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? If yes, List Case ID(s) _____

IF NO, SKIP THIS SECTION

- a) Name of person with court order: _____ Court Order Amount \$ _____ Per _____
- b) Name of person(s) paying support/alimony: _____
- c) Are the FULL court-ordered amount(s) being received? Yes No
- d) If NO, are you making efforts to collect the amounts due? Yes No
- e) If YES, please explain the efforts you are making here: _____

- Yes No Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?

IF NO, SKIP THIS SECTION

- f) Payment Amount: \$ _____ Per _____
- g) Name of person(s) paying support/alimony: _____
_____ Phone: _____ for child _____
_____ Phone: _____ for child _____
_____ Phone: _____ for child _____

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INCOME INFORMATION

The questions regarding household income apply to all members of you household, including minors and those temporarily absent from the home.

Yes No **Is any member of the household employed?**

Applicant Name: _____ Amount \$ _____
Employer Name: _____ Per _____
Employer Address: _____ Employer # _____

Applicant Name: _____ Amount \$ _____
Employer Name: _____ Per _____
Employer Address: _____ Employer # _____

Applicant Name: _____ Amount \$ _____
Employer Name: _____ Per _____
Employer Address: _____ Employer # _____

Check if there are any additional income.

Yes No **Are any household members self-employed?**

Applicant Name: _____ Amount \$ _____
Type of Work: _____ Per _____

Yes No **Are any adult members of your household unemployed?**

Applicant Name: _____

Yes No **Does any household member receive pay from the military?**

Applicant Name: _____ Amount \$ _____
Which branch: _____ Per _____
Contact Person: _____ Phone: _____

Yes No **Does any household member receive any payments from the Social Security Administration?**
 SS SSI SSDI Other

Applicant Name: _____ Amount \$ _____

Yes No **Does any household member receive severance pay or worker's compensation?**

Applicant Name: _____ Amount \$ _____
Company: _____ Per _____
Contact Person: _____ Phone: _____

Yes No **Is any household member unemployed and receiving payments from an Unemployment Agency?**

Applicant Name: _____ Amount \$ _____
State Agency: _____ Per _____
Contact Person: _____ Phone: _____

Yes No **Does any household member receive Public Assistance payments such as TANF or AFDC?**

Applicant Name: _____ Amount \$ _____
Caseworker/Phone: _____ Per _____

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INCOME INFORMATION CONTINUED

Yes No

Does any household member receive or expect to receive periodic payment from a pension, annuity or retirement benefit account in the next twelve months?

Please check one: Pension Annuity Other Retirement

Applicant Name: _____ Amount \$ _____

Company: _____ Per _____

Contact Person: _____ Phone: _____

Yes No

Does anyone outside of your household provide you with cash or contribution to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?

Name of Person that Assists: _____ Amount \$ _____

Their Address: _____ Per _____

Phone Number: _____

Yes No

Is there any other source of income we have not already asked about that you receive?

Please describe: _____ Amount \$ _____

Per _____

Yes No

Does your household expect any changes in their income within the next 12 months?

Please describe: _____

Yes No

Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?

Which household member is in a long-term facility? _____

Which household member are the payments made to? _____

What company pays this person? _____

Contact Person: _____ Phone: _____

Yes No

Does any adult member of your household have zero income?

Applicant Name: _____ How Long? _____

ACCOUNT / ASSEST INFORMATION

The questions regarding household accounts/asset apply to all members of your household, including minors and those temporarily absent from the home.

Yes No

Does any household member have a Checking, Savings, CD or Money Market account?

Applicant Name: _____ Bank Name: _____

Type of Account: Checking Savings CD Money Market Other _____

Account Number: _____

Applicant Name: _____ Bank Name: _____

Type of Account: Checking Savings CD Money Market Other _____

Account Number: _____

Check if there are additional accounts belonging to any household member.

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ACCOUNT / ASSEST INFORMATION CONTINUED

The questions regarding household accounts/asset apply to all members of your household, including minors and those temporarily absent from the home.

Yes No **Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy?** *(Life insurance that you can make withdrawals from even if there is not a death. We do not count TERM insurance)*

Applicant Name: _____ Institution Name: _____
Type of Account: Stocks Bonds Mutual Funds Capital Investments Whole Life
Account Number: _____ Contact Number _____

Yes No **Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**

Applicant Name: _____ Institution Name: _____
Type of Account: IRA Keogh 401K Other _____
Account Number: _____ Contact Number _____

Yes No **Does any household member have a Pension account that will pay upon retirement or termination of employment:?** *(NOT including IRA, Keogh, 401K or Annuity accounts)*

Applicant Name: _____ Institution Name: _____
Account Number: _____ Contact Number _____

Yes No **Does any household member own any Real Estate?** *(Including Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)*

Applicant Name: _____ Institution Name: _____
Account Number: _____ Contact Number _____
Type of Real Estate: _____

Yes No **Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** *(Example: coins, stamp collections, antique cares, jewelry, etc.)*

Applicant Name: _____ Property Type: _____
Estimated Cash Value \$ _____

Yes No **Does any household member have a Trust Account?**

Applicant Name: _____ Institution Name: _____
Is this account a Revocable or Non-Revocable Trust Account? Yes No
Contact Number _____

Yes No **Does any household member have any Treasury Bills or Government Savings Bonds?**

Applicant Name: _____ Institution Name: _____
Series: _____ Face Value: \$ _____ Serial # _____ Issue Date: _____

Yes No **Does any household member have cash on hand or safe deposit box?**

Applicant Name: _____ Amount \$ _____
Applicant Name: _____ Amount \$ _____

Yes No **Does any household member have any accounts or assets that were not described above?** *(Do Not include personal use vehicles, furniture, clothing, etc.)*

Applicant Name: _____ Amount \$ _____ Type: _____

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ACCOUNT / ASSEST INFORMATION CONTINUED

The questions regarding household accounts/asset apply to all members of your household, including minors and those temporarily absent from the home.

Yes No **In the past two years, has any household member given away any asset(s) for less than they were worth?**
Applicant Name: _____ Estimated Value \$ _____

Yes No **Does any household members receive payments that are directly deposited into a Direct Express Debit Card, EPPI Card, Payroll Debit Card, etc., or have any other type of prepaid debit card?**
Applicant Name: _____ Source: _____

RACE / ETHNICITY QUESTIONS

Race of Head of Household: I prefer not to answer White-1 Black or African American-2
 American Indian/Alaska Native Asian/Pacific Islander

Ethnicity of Head of Household: Hispanic or Latino Non-Hispanic or Latino

HOUSEHOLD CERTIFICATION

I understand the information provide will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information provide is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at Market Street Village.

By signing this application, I also grant the owner/management the right to obtain all information needed to determine my eligibility in accordance with the Owner's Resident Selection Criteria. Resident Selection Criteria may include but not limited to criminal history checks, credit screening, prior evictions filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

Head of Household

Date

Other Adult / Co-Signer

Date

Market Street Village Management

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORGIN.

Market Street Village/BPG may charge an application fee as a condition of accepting your application. All applications fees are non-refundable. Additional security deposit(s) may be charged prior to move-in.