

- Initial
 Recertification

**MHC HOUSING TAX CREDIT
 ELIGIBILITY APPLICATION**

_____ Move-in Date

\$_____ Rent Amount

Property Name _____

Address _____

Unit # _____

City, State _____

of Bedrooms _____

APPLICANT/ TENANT INFORMATION

Full Name _____

Home Phone # _____

Street Address _____

Other Phone # _____

City, State and Zip _____

Email _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS S=SINGLE SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

If every household member listed above is indicated as a full-time (FT) student, please answer the following questions: Circle One

a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes No

b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes No

c. Are any full-time students married and filing or entitled to file a joint tax return? Yes No

d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? Yes No

e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care? Yes No

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.
Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE

(Check **YES** or **NO** to each item, as applicable, and include gross monthly amount. List sources on page 2-3.):

YES	NO		Gross Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	2. Does any member work for someone who pays them in cash or is self-employed.	\$
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay for a member of the armed forces	\$
<input type="checkbox"/>	<input type="checkbox"/>	4. Public Assistance (MFIP, GA)	\$
<input type="checkbox"/>	<input type="checkbox"/>	5. Worker's compensation	\$
<input type="checkbox"/>	<input type="checkbox"/>	6. Unemployment benefits or severance pay	\$
<input type="checkbox"/>	<input type="checkbox"/>	7. Student financial assistance (public or private, not including student loans)	\$
<input type="checkbox"/>	<input type="checkbox"/>	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony/Spousal Maintenance	\$
<input type="checkbox"/>	<input type="checkbox"/>	10. Social Security income (including unearned income of minor children)	\$
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability benefits including social security disability	\$
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular payments from pensions (PERA, railroad, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from retirement benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	14. Death Benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from annuities or life insurance dividends	\$
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
<input type="checkbox"/>	<input type="checkbox"/>	17. Net income from rental property	\$
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
<input type="checkbox"/>	<input type="checkbox"/>	19. Other (list) _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	20. Other (list) _____	\$

HOUSEHOLD ASSET INFORMATION

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks	\$
<input type="checkbox"/>	<input type="checkbox"/>	24. Capital Investments	\$
<input type="checkbox"/>	<input type="checkbox"/>	25. Bonds	\$
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole Life Insurance Policy (do not include term life insurance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market Funds	\$
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
<input type="checkbox"/>	<input type="checkbox"/>	35. Safety Deposit Box	\$
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

	Yes	No		Value
<input type="checkbox"/>		<input type="checkbox"/>	39. Do you now own Real Estate? If yes, list address(es): _____	\$ _____
<input type="checkbox"/>			40. Do you hold a contract for deed?	\$ _____
<input type="checkbox"/>			41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
<input type="checkbox"/>			42. Are any assets held jointly with another person? List person and asset(s). _____	
<input type="checkbox"/>			Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.	

EMPLOYMENT INFORMATION					
Current Employer Name	_____	Title	_____		
Address	_____	Date of Hire	_____		
City, State and Zip	_____	Monthly Gross Wage	\$	_____	
Supervisor	_____	Phone	_____	Fax	_____
Additional Employer Name	_____	Title	_____		
Address	_____	Date of Hire	_____		
City, State and Zip	_____	Monthly Gross Wage	\$	_____	
Supervisor	_____	Phone	_____	Fax	_____

DO NOT LEAVE THIS SECTION BLANK.			
From 2-42, income and assets above, provide contact information for <u>all</u> "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)			
Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we			
Have	Have not		
<input type="checkbox"/>	<input type="checkbox"/>	sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.	
Household Member	Asset & Estimated Market Value	Date sold/dispoused	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit.
Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked **YES**.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation:		

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ **Date:** _____