

The Estates of Newcastle
(913) 856-4107
APPLICATION & QUESTIONNAIRE
Low Income Housing Tax Credit Program

Date: _____ Bedroom Size: 1 ___ or 2 ___

Applicant: _____ Social Security #: _____
 First Name Middle Initial Last Name

Date of Birth: _____

Current Address: _____
 Number, Street, Apt # City State Zip

Daytime Phone: _____ Evening Phone: _____

Complete the following information for each household member that will occupy the unit at time of move-in.

Household Members Name(s)	Relationship	Sex	Social Security #	Date of Birth

Is there anyone other than those listed on this application whose credit may impact on yours?

Yes ___ No ___

If yes explain: _____

Answer either Yes or No to each question.

Yes NO 1. Do you have a pet? 35 pound weight limit- 2 pets allowed
 Type: _____
 Breed: _____
 Weight: _____

Yes NO 2. Do you expect any additions to the household within the next twelve months?
 Name and Relationship: _____
 Explain: _____

Yes NO 3. Do you have full custody of your child(ren)?
 Explain of custody arrangements.

Yes NO 4. Have you or anyone else named on this application ever filed bankruptcy? Explain: _____

Yes NO 5. Have you or anyone else named on this application ever been convicted of a felony? Explain: _____

Residence History:

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

Landlords Name/Address	Your address	Own/Rent	Dates
1. _____ _____ _____	_____ _____ _____	Own/Rent (circle one)	_____

Phone Number: _____

2. _____ _____ _____	_____ _____ _____	Own/Rent (circle one)	_____
----------------------------	-------------------------	--------------------------	-------

Phone Number: _____

3. _____ _____ _____	_____ _____ _____	Own/Rent (circle one)	_____
----------------------------	-------------------------	--------------------------	-------

Phone Number: _____

Yes or No Have you or anyone else named on this application ever been evicted for any reason? Explain: _____

Personal References:

List a personal reference other than a relative.

1. Name/Address of Reference

Phone: _____ Relationship: _____ Years known: _____

Vehicle Identification:

- 1. License #: _____ State Issued: _____ Make/Model/Year: _____
- 2. License #: _____ State Issued: _____ Make/Model/Year: _____

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on application.) _____

Phone: _____ Relationship: _____

Income Information:

Include all income anticipated for the next 12 months. Include all dollar amounts in the space provided. **Check Yes or No to each question.**

Do you or anyone in your household receive or expect to receive income from:

Yes	No	1. Employment wages or salaries? (Include overtime, tips, bonuses, commissions, and payments received in cash.)		
		<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

Yes or No	2. Self-Employment?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No	3. Regular pay as a member of the Armed Forces?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No	4. Unemployment benefits or workman's compensation?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No	5. Public Assistance, General Relief or Aid to Families with Dependent Children?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No	6. Child support or alimony? (Any awarded amounts-collect or uncollected)			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No	7. Social Security, SSI, or any other payments from the Social Security?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	
	_____	_____	_____	
	_____	_____	_____	

Yes or No 8. Veteran's benefits, pensions, retirement benefits, or annuities?
Source Household Member Amount

Yes or No 9. Severance Payments?
Source Household Member Amount

Yes or No 10. Settlements? (Such as insurance settlements)
Source Household Member Amount

Yes or No 11. Disability, death benefits, or life insurance dividends?
Source Household Member Amount

Yes or No 12. Regular gifts or payments from anyone outside of the household.
 (This includes anyone supplementing your income or paying any of your bills)
Source Household Member Amount

Yes or No 13. Educational grants, scholarships, or other student benefits?
Source Household Member Amount

Yes or No 14. Lottery winnings or inheritances?
Source Household Member Amount

Yes or No 15. Payments from rental property, land contracts, or other forms of real estate?
Source Household Member Amount

Yes or No	16. Any other income sources or types not listed?		
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____

Asset Information:

Include all assets held and the corresponding annual interest rate, dividends, or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include all assets held by ALL household members including minors.

Do you or anyone in your household hold:

Yes or No	1. Checking, savings account or prepaid debit card?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes or No	2. CD's, money market accounts, or treasury bills?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes or No	3. Stocks, bonds, or securities?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes or No	4. Trust funds?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes or No	5. Pensions, IRAs, KEOGH, or other retirement accounts?			
	<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>Account #</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

Yes or No	6. Cash on hand over \$500.00?		
	Household members: _____		
	Amount: _____		

Yes or No 7. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property?)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

Yes or No 8. Personal property as an investment? (this includes paintings, coin, or stamp collections, artwork, collector, or show cars, and antiques)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

Yes or No 9. A safe deposit box?
Household Member: _____
Monetary Value of Contents: _____

Yes or No 10. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
Household Member : _____
Amount: _____
Explain: _____

Zero Income Verification:

Yes or No Are **you** or is **any other adult** member of your household claiming zero income? If so, who? _____

Student Information:

Yes or No Are **you** or is **anyone** in your household currently a full-time student, or planning to be one within the next 12 months?

IF YES student must continue on with the following questions:

You will need to provide verification of all items to which you answered yes.

Yes or No a. Are you married and currently filing a joint tax return?

Yes or No b. Are you receiving AFDC (Aid to Families with Dependent Children?)

Yes or No c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county, or state program?

Yes or No d. Are you a single parent with child (ren) and neither you nor the child(ren) are dependents on anyone else's tax return?

Yes or No e. Will you be living with someone who is not a full time student?
If so, who? _____

Live in Care Attendant:

Yes or No Will you or anyone in your household require a live in care attendant?

Name of Live in Care Attendant: _____

Relationship (If any): _____

Section 8 Rental Assistance:

Yes or No 1. Will your household be receiving Section 8 rental assistance at the time of move-in?

Name of Agency: _____

Contact Person Name: _____

2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Explain: _____

Name of Agency: _____

All questions that were answered **Yes** will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit 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 and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date



SELF-AFFIDAVIT

Head of Household's Name: _____ Date: _____

Initial Certification: _____ Date Expected to Move-In: _____

Recertification: _____ Effective Date: _____
Annual or Interim

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I, _____, certify that the information above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of applicant: _____ Date: _____

THE ESTATES OF NEWCASTLE

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding Employment, Income, and/or Assets to The Estates of Newcastle (owner or agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to Personal Identity: Employment, Income, and Assets: Medical or Childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but are not limited to:

Past Present Employers	Welfare Agencies	Veterans Administration
State Unemployment Agencies	Previous Landlords	Retirement Systems
Social Security Administration	Providers	Medical & Childcare
Support and Alimony	Banks	Universities or schools

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct and information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
-----------------------------	---------------------	---------------

_____ Applicant/Resident	_____ Print Name	_____ Date
-----------------------------	---------------------	---------------