

Application Fee: \$ _____ Date Rcvd: _____

TAX CREDIT APPLICATION / RECERTIFICATION

Development Name: _____

Property & Unit #: _____

Marketing Source: _____ Rent Amount \$ _____

Anticipated Move-in Date / Renewal Date: _____

HOME PHONE: _____

Number of Bedrooms Needed: _____

WORK PHONE: _____

Other Needs: _____

COMPLETE ENTIRE APPLICATION THOROUGHLY, CIRCLE ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED.

All Applicants 18 Years of Age & Older, Not Related by Blood, Marriage, or Adoption, must Complete Their Own Application.

Proof of age will be requested if you are applying to live in a designated Elderly Development.

Acceptable age verifications include a copy of a (1) Birth Certificate, (2) valid State Drivers License or (3) valid State I.D. Card.

LIST ALL PERSONS TO OCCUPY UNIT			RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	STUDENT
LAST NAME	FIRST	MI				
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

↓ ONLY NEW APPLICANTS & NEW HOUSEHOLD MEMBERS ARE REQUIRED TO COMPLETE THIS SECTION ↓

Do you own a pet? YES NO If yes, what kind? _____ Weight: _____

Have you ever filed bankruptcy? YES NO If yes, explain: _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Have you ever been evicted from an apt? YES NO If yes, explain: _____

Drivers license number & state issued in: _____

Provide Housing References for Last Two Years:

Present Address: _____ City: _____ State: _____ Zip _____

Dates resided here (month / year): _____ From _____ To _____

Did you own this residence? YES NO If no, did you rent this residence? YES NO Rent/mo: _____

If rented, landlord name: _____ Phone number _____ Address: _____

Reason for leaving: _____

Previous Address: _____ City: _____ State: _____ Zip _____

Dates resided here (month / year): _____ From _____ To _____

Did you own this residence? YES NO If no, did you rent this residence? YES NO Rent/mo: _____

If rented, landlord name: _____ Phone number _____ Address: _____

Reason for leaving: _____

EMERGENCY CONTACT: (Other than person listed on application, please list someone in the immediate area if possible.)

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

We encourage and support the nation's affirmative housing program in which there no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap

or familial status.



ASSETS

To the best of your knowledge, list where each asset is held, the current cash value, and all earnings derived in the previous 12 months.
List all assets for all household members except those of personal nature such as family cars, furniture, wedding rings etc.

CIRCLE ONE	TYPE OF ASSET	NAME OF PLACE WHERE ASSET IS HELD	BALANCE / CASH VALUE	EARNINGS IN 12 MO.	HPI #
Y N	Checking		\$	\$/%	1
Y N	Checking		\$	\$/%	1
Y N	Savings		\$	\$/%	1
Y N	Savings		\$	\$/%	1
Y N	Trust		\$	\$/%	1
Y N	CD - Cert. Of Deposit		\$	\$/%	1
Y N	CD - Cert. Of Deposit		\$	\$/%	1
Y N	Money Market		\$	\$/%	1
Y N	Mutual Fund		\$	\$/%	11
Y N	Annuity / Pension not in payment		\$	\$/%	11
Y N	Stocks / Bonds		\$	\$/%	11
Y N	IRA / Keough / 401K		\$	\$/%	11
Y N	Personal Property / Investment		\$	\$/%	11
Y N	WHOLE Life Insurance		\$	\$/%	11
Y N	Real Estate less Mortgage		\$	\$/%	12/19
Y N	Land Contract		\$	\$/%	12
Y N	Lump Sum Payment		\$	\$/%	25
Y N	Safe Deposit Box		\$	\$/%	38
Y N	Cash on Hand \$500+		\$	\$/%	38
Y N	Are total "household" assets less than \$5,000?				34
Y N	Have you disposed of / given away any assets for less than fair market value in the past 2 yrs?				15

INCOME

List the source of each income, the household member who receives it, and the estimated amount to be earned in the next 12 months.
Income being any periodic moneys received by all household members excluding interest on assets which is already accounted for above.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	INCOME FOR NEXT 12 MO.	HPI #
Y N	Employment			\$	2
Y N	Employment			\$	2
Y N	Self Employment			\$	3
Y N	Pension / Annuity in payment			\$	7
Y N	FEDERAL Social Security / SSI	Provide a copy of award letter(s)		\$	4
Y N	STATE Social Security / SSI			\$	4
Y N	Disability			\$	21
Y N	Workers Compensation			\$	10
Y N	Unemployment Compensation			\$	14
Y N	Veterans Benefits / Military Pay			\$	6/9
Y N	Child Support Ordered / Alimony			\$	8/13
Y N	Public Assistance			\$	5
Y N	Recurring Money Gift			\$	41
Y N	Rental Income / Land Contract Pay			\$	10
Y N	Periodic Lottery Payments			\$	10
Y N	Other Current Income not yet listed			\$	10
Y N	Other Anticipated Income not listed			\$	29
Y N	Are any adult household members currently unemployed with zero income?		If yes, who?		28

<p>1. Are you or anyone 18+ yrs/older in the household currently or soon to become a student? YES NO HPI 16</p> <p>List the name(s) of the student(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p>	<p>YES NO</p>	<p>HPI 16</p>
<p>2. Are you separated, but not divorced from your spouse? YES NO HPI 37</p>	<p>YES NO</p>	<p>HPI 37</p>
<p>3. Are any household members temporarily absent? If yes, who & how long? _____</p>	<p>YES NO</p>	
<p>4. Are you receiving Section 8 Assistance? <input type="checkbox"/> Certificate <input type="checkbox"/> Voucher</p> <p>Provide agency name: _____</p> <p>Contact Person & Phone: _____</p>	<p>YES NO</p>	<p>HPI 35</p>

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST SIGN AND DATE BELOW.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Property Manager is acting on behalf of and performing compliance services for the owner.



ADDRESSES, PHONE NUMBERS, & IF POSSIBLE FAX NUMBERS MUST BE PROVIDED TO VERIFY INCOME & ASSETS

For residents renewing their lease at this time, provide data for new incomes & assets only, old accounts most likely on file.

Continue on back if more space is needed.

ASSETS	INCOMES
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:
TYPE OF ASSET STATED ON APPLICATION:	TYPE OF INCOME STATED ON APPLICATION:
Where ASSET is Held:	Where INCOME is Derived
Account Number:	Contact Person
Phone Number:	Phone Number:
Fax # if possible:	Fax # if possible:
Complete Address:	Complete Address:

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

TEL#: _____
FAX#: _____

DATE: _____ APT #: _____
DEVELOPMENT NAME: _____
APPLICANT/RESIDENT: _____
APPLICANT/RESIDENT: _____
APPLICANT/RESIDENT: _____
APPLICANT/RESIDENT: _____

FROM: _____
TEL#: _____ FAX#: _____

In order to comply with federal regulation requesting verification on all income, assets and allowance for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address in the envelope provided.

AUTHORIZATION:

I/We hereby authorize release of any information requested by OAKBROOK CORPORATION regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

_____ Applicant/Resident Signature	_____ Date	_____ Social Security Number(s)
_____ Applicant/Resident Signature	_____ Date	_____ Social Security Number(s)
_____ Applicant/Resident Signature	_____ Date	_____ Social Security Number(s)
_____ Applicant/Resident Signature	_____ Date	_____ Social Security Number(s)

TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purpose of determining my eligibility for participation in the following affordable housing programs:

- * Low INCOME Housing Tax Credit Program - Section 42
- * HUD Housing Assistance Payments Program - Section 8
- * Bond - Section 142
- * Rural Development - Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Attachment B

CRIMINAL HISTORY POLICY Effective February 1, 2006

Effective immediately, all adult applicants for residency at this property, will subject to a criminal background check, in addition to the criteria outlined in the attached Tenant Selection Plan. This policy includes any occupant in the household 18 years or older, including dependent adults, live-in care attendants, etc., regardless of their status as Head, Co-head or Occupant on the lease.

Zero-Tolerance Policy:

Management will consider all household members' criminal conviction records (within the bounds of local, state and federal laws) as part of our resident selection criteria. Management will deny all applicants having previous felony convictions. Under no circumstances will any adult applicant having a felony conviction record be accepted as a resident of this property.

It is our aim to ensure that this apartment community is a drug-free zone. The use and sale of controlled substances will not be tolerated. The owners of this property have zero tolerance for all drug related offenses.

In accordance with the federal Fair Housing Act, if an applicant is currently receiving treatment for addiction to a controlled substance, the applicant will not be rejected based on this treatment, however, he/she must be acceptable as a tenant in all other respects, including the above-mentioned criminal history criteria.



Race, Ethnic, and Disability Data for Low-Income Housing Tax Credit Tenants

Name of Property _____ Property and Unit # _____ \$Rent Amount _____

Head of Household Name _____

New applicants: please complete all fields below for each household member.

For each annual recertification, please complete columns 1, 2, 5, and 6 only.

1 Household Member Name: Last, First	2 Relationship to Head of Household	3 Race	4 Ethnicity	5 Disabled? Y/N	6 Rental Assistance? Y/N

(column 2)
Relationship definitions:
 H-Head of Household
 S-Spouse
 A-Adult co-tenant
 O-Other family member
 C-Child
 F-Foster child(ren)
 L-Live-in caretaker
 N-None of the Above

(column 3)
Race: Enter Number(s) listed below.
 Enter all that apply
 1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander
 O = Other
 X = Declined to Report

(column 4)
Ethnicity: Enter one of these codes for each household member
 1 = Hispanic or Latino
 2 = Not Hispanic or Latino
 0=Tenant Declined to Report

The Housing and Economic Recovery Act (HERA) of 2008 requires HUD to collect the following data for LIHTC Tenants: Race, Ethnicity, Family Composition, Age, Income, Use of Section 8 (or similar) Rental Assistance, Disability Status, Monthly Rental Payment, date of birth, and data on social security numbers for each household member. Data collection does not apply to market-rate units. These requirements are for tax credit properties in the initial 15-year compliance period or in the extended use period. There is no penalty for persons who do not complete the form.

Signature

Date

Signature

Date

Signature

Date