

# TAX CREDIT APPLICATION / RECERTIFICATION

Development Name: HIDE HOUSE LOFTS  
 Property & Unit #: 26250-  
 Marketing Source: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_  
 Anticipated Move-in Date / Renewal Date: \_\_\_\_\_  
 Number of Bedrooms Needed: \_\_\_\_\_  
 Date Rcvd: \_\_\_\_\_ Time Rcvd: \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

COMPLETE ENTIRE APPLICATION THOROUGHLY, CIRCLE ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED  
All Applicants 18 years of age & older must complete their own application & provide a current government issued photo ID when applying.

LIST ALL PERSONS TO OCCUPY UNIT LAST NAME FIRST MI	RELATIONSHIP	SOCIAL SECURITY # - (Only for Applicants 18 Years and Older)	DATE OF BIRTH	FULL-TIME STUDENT? (Currently or will be within next 12 months or have been in the current year)
	Applicant			Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials
				Yes No _____ Initials

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

Do you own a pet? YES NO If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_  
 Drivers license number & state issued in: \_\_\_\_\_

## Provide Housing History 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
 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: \_\_\_\_\_



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

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Property # Unit #

### 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	ASSET EARNINGS IN 12 MO.	TC Form#
Y N	Checking (1)		\$	\$ / %	1
Y N	Checking (2)		\$	\$ / %	1
Y N	Savings (1)		\$	\$ / %	1
Y N	Savings (2)		\$	\$ / %	1
Y N	Trust		\$	\$ / %	1
Y N	CD - Cert. Of Deposit (1)		\$	\$ / %	1
Y N	CD - Cert. Of Deposit (2)		\$	\$ / %	1
Y N	Money Market		\$	\$ / %	1
Y N	Mutual Fund		\$	\$ / %	11
Y N	Stocks / Bonds		\$	\$ / %	11
Y N	Annuity/Pension – held as asset; <b>not in payment/no regular withdrawals</b>		\$	\$ / %	11
Y N	IRA / Keough / 401K		\$	\$ / %	11
Y N	WHOLE Life Insurance		\$	\$ / %	11
Y N	Real Estate and/or Land Contracts		\$	\$ / %	19
Y N	Lump Sum Payment		\$	\$ / %	25
Y N	Safe Deposit Box		\$	\$ / %	38
Y N	Do you have more than \$500 CASH currently on hand?				38
Y N	Are total “household” assets less than \$5,000? (Assets not for personal use)				34
Y N	Have you disposed of / given away any assets for less than fair market value in the past 2 yrs?				15

### REGULAR RECURRING INCOME

List the source of each income, the household member who receives it, and the estimated amount anticipated in the next 12 months.

Income is any regular or periodic payments or money received by adult household members, excluding asset income listed above.

CIRCLE ONE	TYPE OF INCOME	NAME OF PLACE WHERE INCOME IS DERIVED	HOUSEHOLD MEMBER	INCOME FOR NEXT 12 MO.	TC Form
Y N	Employment			\$	2/2a
Y N	Employment			\$	2/2a
Y N	Self Employment			\$	3
Y N	Retirement accounts with regular scheduled or required distributions			\$	11
Y N	Pension			\$	7
Y N	FEDERAL Social Security / SSI	Provide a copy of award letter(s)		\$	
Y N	STATE Social Security / SSI			\$	4
Y N	Disability Insurance Pay (NOT SSD)			\$	10
Y N	Unemployment Compensation			\$	14
Y N	Veterans Benefits / Military Pay			\$	6/9
Y N	Child Support / Alimony			\$	8/13
Y N	Public Assistance (NOT FoodShare)			\$	5
Y N	Recurring Money Gift			\$	41
Y N	Rental Income / Land Contract Pay			\$	10
Y N	Other Current or Anticipated Income not listed			\$	29

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

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1. Are any adult household members currently unemployed with zero income? If YES, who: _____	YES NO	Form 28
2. Are you separated, but not divorced from your spouse?	YES NO	Form 37
3. Are any household members temporarily absent (e.g., returning to the household within the next 12 months)? If yes, who & how long will they be absent? _____	YES NO	
4. Are you currently or do you anticipate receiving Section 8 Rent Assistance? Agency name: _____ Contact Person/Case Worker: _____ Phone, Fax, Email: _____	YES NO	Form 35
5. Do you anticipate any changes to your household size, income or assets in the next 12 months? Explain: _____	YES NO	

The undersigned certify that the information and statements provided in this application are true and complete to the best of my knowledge and belief. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I agree to provide verification of all income and assets as required by the Owner or its agent. Subject to approval, this will be my primary residence. This property uses a third party scoring model to screen credit and criminal history and the scoring parameters are subject to change. By completing this application and signing below, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. The information obtained will only be used for determining eligibility in applicable housing 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.

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

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

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

*The 2008 Housing and Economic Recovery Act (HERA) requires HUD to collect the following data for LIHTC Tenants: Race, Ethnicity, Family Composition, Age, Income, Use of Section 8 (or similar) Rent Assistance, Disability Status, Monthly Rental Payment, 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. **Rural Development Properties:** The information regarding race, ethnicity and gender solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibit discrimination against tenant applications on the basis of race, color, national origin, religion, gender, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note race, ethnicity, and gender of individual applicants on the basis of visual observation or surname.*

**There is no penalty for persons who do not complete this section of the application.**

Name _____	<b>Race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Disabled/Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	<b>Race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Disabled/Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	<b>Race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Disabled/Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	<b>Race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Disabled/Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



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

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: VERIFICATIONS \_\_\_\_\_

DATE: \_\_\_\_\_ APT#: 26250-

DEVELOPMENT NAME: HIDE HOUSE LOFTS

APPLICANT/RESIDENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

TEL#: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FAX#: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL#: \_\_\_\_\_

TEL#: \_\_\_\_\_

FAX#: \_\_\_\_\_

In order to comply with federal regulation requesting verification on all income, assets and allowances for residents of tax credit or other affordable housing program, please complete the following information and return it as soon as possible.

### AUTHORIZATION:

I/We hereby authorize release of any information requested by **Oakbrook Corporation**, as agent of the Owner regarding my/our income, assets, allowances and tenant paid utility costs. I/We understand and agree that photocopies of this authorization may be used for the purposes 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 any required affordable housing program, including but not limited to: Low INCOME Housing Tax Credit Program, HUD Housing Assistance Payments Program(s), TE Bond, HOME, USDA Rural Development.

The information obtained will only be used for determining eligibility in applicable housing 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 are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



REV 09/2018

RETURN TO:

## LESS THAN \$5,000 OF ASSETS AFFIDAVIT

DATE: \_\_\_\_\_ APT. #: **26250-**

DEVELOPMENT NAME: **HIDE HOUSE LOFTS**

I, \_\_\_\_\_, duly state that the total cash value of all of my assets as of \_\_\_\_\_ date is:

ASSET TYPE	CASH VALUE	ESTIMATED ANNUAL INCOME FROM ASSETS
1. Checking	\$	\$
2. Savings	\$	\$
3. CDs	\$	\$
4. Stocks/Bonds/Mutual Funds	\$	\$
5. IRAs/Pensions/KEOGH Accounts/401K	\$	\$
6. Real Estate/Land Contracts	\$	\$
7. Annuity	\$	\$
8. Money Markets	\$	\$
9. Whole Life Insurance Policies	\$	\$
10. Lump Sum Received in the Past Two Years	\$	\$
11. Other Investments	\$	\$
<b>TOTAL</b>	\$	\$

Have you disposed of any assets (ie. given away money/assets) for less than fair market value in the past two years?  
(Circle One) YES NO

please list the Fair Market Value \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**Asset:** For purposes of qualifying for a tax credit set-aside apartment, the assets that are counted towards income eligibility are all assets that are not of a personal nature, (i.e., family car, furniture, weddings rings). All other assets need to be included.

**Cash Value:** Balance after any costs incurred from converting the asset(s) to cash have been subtracted. (Example: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate).

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

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TC 34  
REV 09/2014



Please submit your most recent, consecutive  
12 weeks of pay stubs with this form.

## EMPLOYMENT CLARIFICATION REPORT

DATE: \_\_\_\_\_ APT. #: 26250-

DEVELOPMENT NAME: HIDE HOUSE LOFTS

RE: APPLICANT/RESIDENT: \_\_\_\_\_

Employer Name:
What was your date of hire? (month/day/year)
Will you earn any additional compensation such as bonuses, tips, commissions? If yes, how much and how often?
Have you received a raise in the past 12 months? If yes, when and how much?
Do you anticipate getting a raise in the next 12 months? If yes, when and how much?
Do you anticipate an increase in hours in the next 12 months? If yes, when and how many?
Will you be working any overtime in the next 12 months? If yes, how many hours (on average) per week/month/year?
Do you have a 401k? If yes, what is the contact information?

I hereby certify that the information and statements provided above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

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TC 02a  
REV 10/2017



## NON-CHILD SUPPORT AFFIDAVIT

Date: \_\_\_\_\_ Apt. # 26250---  
Development Name: HIDE HOUSE LOFTS  
Applicant/Resident: \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT/RESIDENT (separate forms if children have different parents):

I, \_\_\_\_\_, state I do NOT receive child support for the child(ren) listed:

\_\_\_\_\_  
\_\_\_\_\_

1. DO YOU HAVE AT LEAST 50% PHYSICAL PLACEMENT OF ABOVE LISTED CHILD(REN): YES NO

2. DO YOU HAVE ANY COURT DOCUMENTS THAT SUPPORT THIS STATEMENT OF PLACEMENT? YES NO

IF YES...YOU MUST ATTACH COPY.

IF NO...PLEASE EXPLAIN WHY NOT:

- ☐ I was never married to the child(ren)s father / mother and have not pursued any type of support and do not intend to do so in the next 12 months. Explain why: \_\_\_\_\_
- ☐ I am separated but not legally divorced. (Must complete marital separation form TC 37.)

### 3. PLEASE EXPLAIN WHY YOU DO NOT RECEIVE CHILD SUPPORT:

- ☐ It has been court ordered that I am entitled to receive support, however, I am not receiving any at this time and do not anticipate receiving any support in the next 12 months. Explain why: \_\_\_\_\_
- ☐ It is not court ordered that I receive child support. I have never received it and do not intend to do so in the next 12 months. Explain why: \_\_\_\_\_
- ☐ It is not court ordered that I receive child support, however, I do plan to receive support in the amount of: \$\_\_\_\_\_ per (circle one) week / month / year starting approximately \_\_\_\_\_.

I hereby certify the statements above are true and complete. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties.

Applicant / Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY:



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TC 13  
REV 09/2014