



TAX CREDIT APPLICATION / RECERTIFICATION

Development Name: _____
 Property & Unit #: Hide House Lofts
 Marketing Source: _____ Rent Amount \$ _____
 Anticipated Move-in Date / Renewal Date: _____
 Number of Bedrooms Needed: _____
 YES NO Do any household members require an accessible unit or accessible features?

Application Fee: \$ _____ Date Rcvd: _____
HOME PHONE: _____
WORK PHONE: _____

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	FULL-TIME STUDENT? <i>(Currently or within next 12 mos)</i>
LAST NAME	FIRST	MI				
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

Do you anticipate any changes to your household in the next 12 months? Explain: _____ **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 ensuring there are no barriers to obtaining housing based on 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)		\$	\$ / %	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; not in payment/no regular withdrawals		\$	\$ / %	11
Y N	IRA / Keough / 401K		\$	\$ / %	11
Y N	WHOLE Life Insurance		\$	\$ / %	11
Y N	Real Estate and/or Land Contracts		\$	\$ / %	12/19
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?				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.	HPI #
Y N	Employment			\$	2
Y N	Employment			\$	2
Y N	Self Employment			\$	3
Y N	Pension/Annuity with scheduled monthly withdrawals:			\$	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			\$	7
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	Other Current or Anticipated Income not listed			\$	29

	Property #	Unit #
1. Are any adult household members currently unemployed with zero income? If YES, who: _____	YES NO	HPI28
2. Are you separated, but not divorced from your spouse?	YES NO	HPI37
3. Are any household members temporarily absent (e.g., returning to the household within the next 12 months)? If yes, who & how long? _____	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	HPI35
5. Do you anticipate any changes to your household size, income or assets in the next 12 months? Explain: _____	YES NO	

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

Name _____	Race: <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	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Race: <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	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Race: <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	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name _____	Race: <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	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Disabled/Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 or other programs with eligibility requirements. 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 verification 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, assets, credit and criminal history. I/We understand applicants must be eligible for the Section 42 Tax Credit and any other applicable program required at this property. Subject to approval, this will be my/our primary residence. A credit check will be completed through a credit bureau and criminal history will be obtained. By completing this application, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. 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.

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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: _____

DATE: _____ APT#: _____

DEVELOPMENT NAME: Hide House Lofts

APPLICANT/RESIDENT: _____

EMAIL: _____

APPLICANT/RESIDENT: _____

TEL#: _____

APPLICANT/RESIDENT: _____

FAX#: _____

APPLICANT/RESIDENT: _____

FROM: Hide House Lofts

2615 Greeley Street

Milwaukee, WI 53207

EMAIL#: _____

TEL#: 414-482-2200

FAX#: 414-482-2215

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 ensuring there are no barriers to obtaining housing based on race, color, religion, sex, national origin, handicap or familial status.



NON FULL-TIME STUDENT CERTIFICATION

TO: _____

TEL.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Hide House Lofts
APPLICANT/RESIDENT: _____

I, _____, duly state that I am not currently a full-time student, nor do I anticipate becoming a full-time student in the next 12 months. I will notify management immediately of any change in my student status. I understand that my household will not qualify to occupy a Tax Credit apartment, and we will vacate our apartment immediately if all household members are or become full-time students, and none of the exceptions are met.

I certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I consent to release the information in order to qualify for Section 42 Housing. 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 understand applicants/residents must be eligible for the Section 42 Tax Credit Program.

Applicant/Resident Signature

Date

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.

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02/01/02 HPI 17

Attachment B

SCREENING CRITERIA & RELEASE FORM

CREDIT REPORT SCREENING:

Credit reports should indicate:

- | | | | |
|-----|---|-----|--|
| R-1 | Pays on-time | R-2 | Pays within 30 days |
| R-3 | Pays within 31-90 days (only 2 allowed) | R-4 | Pays within 91-120 days (only 1 allowed) |
| R-5 | Applicant pays within 120 days (only 1 allowed or file is denied based on poor credit rating) | | |

The following warrant denial based on poor credit rating:

- | | | | | | |
|-----|---|------|------------|-----|------------|
| R-9 | Collection | OB-9 | Collection | I-9 | Collection |
| P&L | Profit and Loss write-offs are considered an open collection if not paid (including unpaid student loans, medical bills, any judgment or collections in the past 5 years would be reason for denial.) | | | | |

UNLESS: The applicant has made arrangements to repay outstanding amounts and has been paying on the account for a minimum of 6 months or credit bureau verifies payments are being received. Proof of payment should be submitted with application for residency. Exceptions may be made for outstanding medical-related bills, not to exceed \$1,500; and credit collections/judgments not to exceed \$500.

NOTE: If the applicant has filed bankruptcy, personal and or business and can prove that the case has been discharged, the applicant may be accepted.

LANDLORD HISTORY:

The previous three (3) years of housing may be verified and documented for each applicant. This includes housing for applicants who were previously homeless or lived with parents/guardians. Management=s inability to verify past residency may be grounds for denial.

If previous rental history and credit history has not been established, denial or a co-signer may be required.

FALSIFICATION OF INFORMATION:

Any falsification of information listed on the application will be grounds for denial.

CRIMINAL CONVICTIONS/CURRENT DRUG USE:

Management will consider all household member=s 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.

SIGNATURE CLAUSE:

I have read and understand the above-mentioned criteria. I authorize investigation of all statements contained in this application for residency as necessary. I agree that this signed release of information may be photocopied at the discretion of Oakbrook Corporation (Agent for Owner) and should be considered as valid as the original. I authorize the owner, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I further authorize investigation of my criminal background/history. This release for information will expire thirteen (13) months from the date of signature.

Each applicant 18 years of age and older must sign and date below.

Signature of Applicant

Date

Signature of Applicant

ate

