

DONEFF COMPANIES



PROPERTY MANAGEMENT & DEVELOPMENT

APPLICATION FOR IRS SECTION 42 LOW INCOME HOUSING TAX CREDIT TWO RIVERS RIVER HOUSE INDEPENDENT SENIOR LIVING

Development: *Two Rivers River House* Unit # _____ #Bedrooms _____ Anticipated Move-In Date: _____

Other Needs _____ Home Phone _____ Work Phone _____

**All applicants 18 years of age and older, not related by blood, marriage or adoption,
must complete their own application.**

Persons Occupying the Unit			Relationship	Social Security Number	Date of Birth	Student (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

General Information:

Do you own a pet? **Yes** **No** If yes, what kind? _____ Breed _____ Weight _____

Have you ever filed for bankruptcy: **Yes** **No** If yes, please explain (include dates): _____

Have you ever been convicted of a felony? **Yes** **No** If yes, please explain: _____

Have you ever been evicted from an apartment for any reason? **Yes** **No**

If yes, please explain: _____

Housing Reference: (List all residences and applicable landlord reference in the past three years.) (HPI 30)

Present Address _____ City _____ State _____ Zip _____

From (Month/Year) _____ Reason for Leaving _____

Do you own this residence? YES NO If NO, do you rent this residence? YES NO

Landlord Name _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month \$ _____

Previous Address _____ City _____ State _____ Zip _____

From (Month/Year) _____ to _____ Reason for Leaving _____

Did you own this residence? YES NO If NO, did you rent this residence? YES NO

Landlord _____ Address _____ City _____

State _____ Zip _____ Landlord phone # _____ Rent per month _____

Employment or Other Income Sources: (List all sources of income for all adult household members.)

Income Source _____ Monthly Gross Income \$ _____

Contact Person _____ Phone Number _____

Income Source _____ Monthly Gross Income \$ _____

Contact Person _____ Phone Number _____

Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____

Home Phone Number _____ Work Phone Number _____

Driver's License #: _____ State Issued: _____

Yes No Are you or anyone in the household currently or soon to become a student? **Full-time** **Part-time** (HPI w423)
 (A full-time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s) _____

Yes No Are you separated, but not divorced from your spouse? (HPI w411)

Yes No Are any household members temporarily absent?
 Who? _____ How Long: _____

Yes No Do you expect any changes to your household within the next 12 months? (HPI w425)
 If yes, please explain: _____

Yes No Are you receiving Section 8 Assistance? Agency _____ Phone # _____ (HPI w303)
 (Circle One) Do you have a: **Certificate** **Voucher**

ASSETS (HPI w400)

Please list where the **asset(s)** is held, the current value of each asset(s), and all income derived from the asset(s) over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

Circle One	Type of Asset	Where Asset is Held Please list addresses on attached form	Balance/Value	Annual Asset Income	HPI #
Y N	Checking Acct. #1				w201
Y N	Checking Acct. #2				w201
Y N	Savings Acct. #1				w201
Y N	Savings Acct. #2				w201
Y N	Trust Account				w201
Y N	Certificate of Deposits				w201
Y N	Certificate of Deposits				w201
Y N	Certificate of Deposits				w201
Y N	Money Markets				w201
Y N	Mutual Funds				w201
Y N	Pension/Annuity (NOT Paid Periodically)				w307
Y N	IRA/Keough/401 K				w200
Y N	Stocks/Bonds				w200
Y N	Real Estate (FMV - Mortgage Balance)				206/203
Y N	Land Contract (provide amortization schedule)				w206
Y N	Personal Property/Investment				w200
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				w207
Y N	Safe Deposit Box in the past 2 years.				w207
Y N	Lump Sum Payment				w205
Y N	Assets disposed of in the past 2 years.				w202
Y N	Whole Life Insurance Policy				w200
Y N	Total Household Assets Less Than \$5,000				w204

INCOME (HPI w408)

Please indicate each source of **estimated annual income** that you receive or anticipate receiving in the next 12 months.

Circle One		Description	Family Member	Source	Income	HPI #
Y	N	Employment #1				w302
Y	N	Employment #2				w302
Y	N	Self - Employment (2 years taxes)				w311
Y	N	Social Security				w312
Y	N	Social Security (SSI)				w312
Y	N	Public Assistance				w308
Y	N	Veterans Benefit				w315
Y	N	Pension/Annuity (Paid Periodically)				w307
Y	N	Disability				w406
Y	N	Child Support/Alimony (Court Ordered)				w301
Y	N	Military Compensation				w304
Y	N	Unemployment				w314
Y	N	Rental Income/Land Contract Pymts.				w306
Y	N	Other Income				w306
Y	N	Lottery Payments (periodic)				w306
Y	N	Workers Compensation				w306
Y	N	Previous Employment				w417
Y	N	Unemployed/Zero Income				w312
Y	N	Anticipated Income				w300
Y	N	Recurring Gift				w309
Y	N	Housing Authority				w303

The undersigned certify the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the 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 Applicant 18 years of age 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.

