

- Initial
 Recertification

MHC HOUSING TAX CREDIT ELIGIBILITY APPLICATION

_____ Move-in Date

\$ _____ Rent Amount

Property Name _____

Address _____

Unit # _____

City, State _____

of Bedrooms _____

APPLICANT/ TENANT INFORMATION

Full Name _____

Home Phone # _____

Street Address _____

Other Phone # _____

City, State and Zip _____

Email _____

Rent /Own _____

How Long? _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.

#	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS NM= NEVER MARRIED SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Do all of the above household members reside in the household 100% of the time? (Y/N) ____ If no, please list the household members that do not live in the household 100% of the time: _____

Anticipated changes in the household size within the next 12 months? (Y/N) ____ If Yes, explain _____

Anticipated change in number of students within the next 12 months? (Y/N) ____ If Yes, explain _____

Current Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Date of divorce/separation: _____

If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:

Circle One

a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)

Yes No

b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs?

Yes No

c. Are any full-time students married and filing or entitled to file a joint tax return?

Yes No

d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?

Yes No

e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care?

Yes No

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.
Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE

(Check **YES** or **NO** to each item, as applicable, and include gross monthly amount. List sources on page 3.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA)	\$
		5. Worker’s compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
		19. Other (list) _____	\$
		20. Other (list) _____	\$

HOUSEHOLD ASSET INFORMATION

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Money in an online account/ app such as PayPal, Venmo, SquareCash, etc.	\$
		24. Pay Card (e.g. Direct Express debit card, payroll deposit card, etc.)	\$
		25. Stocks	\$
		26. Capital Investments	\$
		27. Bonds	\$
		28. Trusts*	\$
		29. Securities	\$
		30. Whole Life Insurance Policy (do not include term life insurance)	\$
		31. 401K*	\$
		32. IRA/KEOGH Accounts	\$
		33. Certificates of Deposit	\$
		34. Pension/Retirement/Annuity accounts	\$
		35. Money Market Funds	\$
		36. Treasury Bills	\$
		37. Safety Deposit Box	\$
		38. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		39. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		40. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

	Yes	No		Value
	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you now own Real Estate? If yes, list address(es): _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you hold a contract for deed?	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	44. Are any assets held jointly with another person? List person and asset(s). _____ _____	
	<input type="checkbox"/>	<input type="checkbox"/>	Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.	

EMPLOYMENT INFORMATION

Current Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____	Phone _____ Fax _____
Additional Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____	Phone _____ Fax _____
Previous Employment _____	Title _____
Address _____	Phone _____
City, State and Zip _____	Fax _____
From _____	To _____

DO NOT LEAVE THIS SECTION BLANK.

From **2-42, income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

Have **Have not**

 sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will any household member, including children, live in the unit on a less than full time basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate any change in your household (someone moving in or out) during the next 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any adult member of the household have zero income? If yes, name(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? |

Explanation:

EMERGENCY CONTACT

Emergency Contact Name _____	Relationship _____
Address _____	Cell/Home Phone _____
City, State and Zip _____	Home/Work Phone _____

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ Date: _____