APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	**Project:**
	Address:
Please complete this application and return to:	**Name:** Artesian Vista
	Address:
	1828 Young St., Honolulu, HI 96826

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you**:** ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

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B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to head**	**Birth Date**	**Age (optional)**	**SS# (last 4 digits)**	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No
If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	☐ Yes ☐ No
If yes, explain:	
2. Do you anticipate any changes in household composition in the next twelve months?	☐ Yes ☐ No
If yes, explain:	
3. Is there someone not listed above who would normally be living with the household?	☐ Yes ☐ No
If yes, explain:	
4. Are you living with anyone now who will not be moving into this unit with you?	☐ Yes ☐ No
If yes, explain:	

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
8. Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

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C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	$
12.	Social Security	$
13.	SSI Benefits	$
14.	SSI Benefits	$
15.	Pension (list source)	$
16.	Pension (list source)	$
17.	Veteran's Benefits (list claim #)	$
18.	Veteran's Benefits (list claim #)	$
19.	Unemployment Compensation	$
20.	Unemployment Compensation	$
21.	Public Assistance (Title IV/TANF etc.)	$
22.	Contributions to the Household (monetary or not)	$
23.	Full-Time Student Income (18 & Over Only)	$
24.	Financial Aid (excluding loans)	$
25.	Annuities (list sources)	$
26.	Long Term Medical Care Insurance Payments in excess of $180/day	$
27.	Scheduled Payments from Investments	$
28.	Retirement Account Payments (including RMDs)	$
29.	Income From Rental Property	$

Household Member Name	Source of Income	Monthly Amount
30.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
31.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	

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Household Member Name	Source of Income	Monthly Amount
32.	**Employment amount**	$
	Employer:	
	Position Held	
	How long employed:	
33.	**Previous Employment amount (last 60 days)**	$
	Employer:	
	Position Held	
	How long employed:	
34.	**Alimony**	
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
35.	**Child Support**	
	Do you receive formal/informal (money, items, etc.) child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
36.	**Other Income**	$
37.	**Other Income**	$
38.	**Other Income**	$
39. ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12)		$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do **NOT** leave this blank)		$

41. Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
42. Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
43. Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?	☐ **Yes**	☐ **No**
44. ***If yes to any of the above, explain:***		
45. Is the income received?	☐ **Yes**	☐ **No**

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

47. Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

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48. Trust Account	#	Bank	Balance $
49. Debit cards not associated with a checking account	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
50. Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
51. Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
52. Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
53. Life Insurance Policy	#		Cash Value $
54. Life Insurance Policy	#		Cash Value $

55. Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
56. Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
57. Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $

58. Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
59. Location of property	
60. Appraised Market Value	$
61. Mortgage or outstanding loans balance due	$
62. Amount of annual insurance premium	$
63. Amount of most recent tax bill	$
64. Is the property subject to foreclosure, bankruptcy or eviction?	☐ Yes ☐ No
If yes, describe:	

65. Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No

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If yes, Type of property:	
66. Market value when sold/disposed	$
67. Amount sold/disposed for	$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
70. Date of disposition:	
71. Amount disposed	$

72. Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
74. Have you or any member of your family ever been convicted of a felony?	☐ Yes	☐ No
If yes, describe:		
75. Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe		
76. Have you ever filed for bankruptcy?	☐ Yes	☐ No
If yes, describe		
77. Will you take an apartment when one is available?	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

78. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

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79. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

80. Credit Reference #1:	
Address:	
Account #:	Phone #:

81. Credit Reference #2:	
Address:	
Account #:	Phone #:

82. Personal Reference #1:	
Address:	
Relationship:	Phone #:

83. Personal Reference #2:	
Address:	
Relationship:	Phone #:

84. Personal Reference #3:	
Address:	
Relationship:	Phone #:

85. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

86. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
87. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
88. Do you own any pets?	□ Yes	□ No
If yes, describe:		

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H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (***Must be dated***):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

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