

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:
	Address:

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



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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:	



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 \$



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 \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	

65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:			

E. ADDITIONAL INFORMATION

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

F. REFERENCE INFORMATION

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



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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>			



H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		

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





**SUPPLEMENT TO APPLICATION FOR HOUSING
VETERAN PREFERENCE**

Hale Nā Koa 'O Hanakahi

C/O EAH Management Office
Honolulu Office
1103 Liliha Street, #102
Honolulu, HI 96817

Phone/Fax: (808) 466-8615

TDD: (877) 447-5991

Email: HN-management@eahhousing.org

Preference Eligibility

Two preference points will be given to veterans or surviving spouses of veterans. Each eligible veteran household will only receive 2 points for meeting either one of the two preferences. Applicant households without a veteran or spouse of deceased veteran will receive one point. If you qualify for a preference, it will help you rank higher in the lottery.

If you do not qualify for a preference, you will be ranked below those who do. After the lottery, all the applicants are ranked, then sorted by preferences. The list of applicants will then be ordered by preference priority before applicants without a preference. Applicants are then processed by preference priority, in lottery rank order.

Veteran Preferential Credit: 2 Points

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you or a member in your household served in the active US military, naval, or air service?
<input type="checkbox"/>	<input type="checkbox"/>	Name of the household member who served in the active US military, naval, or air service: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Was discharge under conditions other than dishonorable?
N/A	<input type="checkbox"/>	
<p>You must provide:</p> <ol style="list-style-type: none"> DD Form 214, Certificate of Release or Discharge from Active Duty or DD Form 256, Honorable Discharge Certificate. 		



Surviving Spouse Preferential Credit: 2 Points

<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>1. Are you or a member in your household a surviving spouse of a veteran in the US military, naval, or air service?</p> <p>If yes, name of the deceased veteran who served in the active US military, naval, or air service:</p> <hr/> <p>Name of the surviving spouse of the deceased veteran:</p> <hr/>
<p>You must provide:</p> <ol style="list-style-type: none"> 1. DD Form 214, Certificate of Release or Discharge from Active Duty or DD Form 256, Honorable Discharge, and 2. Marriage License, and 3. Death Certificate for deceased veteran (spouse). 		

No Preference: 1 Point

<p>True</p> <p><input type="checkbox"/></p>	<p>False</p> <p><input type="checkbox"/></p>	<p>1. My household does not include a veteran or spouse of deceased veteran.</p>
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CERTIFICATION

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



TAX CREDIT APPLICATION for HOUSING

Property Name: _____
Address: _____
Telephone: _____ **Fax:** _____ **Email:** _____

TELEPHONE NUMBER TTY:(800) 735-2929 Dial 711 for CA Voice Relay Service

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.

EAH Property Management Use Only Application Received By: _____ Application Approved: Yes No

Bedroom Size: 1st Choice 2nd Choice 3rd Choice Barrier Free(H/C) Unit Requested: Yes No

Application #: _____ Lottery #: _____ Time of Application: _____ Date of Application: _____

Please complete the following application and return it to the Property. All items must be complete in order to determine your eligibility. If an item does not apply to you, please enter N/A to the question. EAH does not discriminate on the basis of race, color, sex, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

How did you hear about the property? _____ **1st Email Address:** _____
 _____ **2nd Email Address:** _____

Household Information

FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVT ISSUED PHOTO ID #	BIRTH DATE (MM/DD/YYYY)	FULL TIME STUDENT (Y/N)	VETERAN
		Head of Household					

Applicant Day Time Phone: _____	Applicant Evening Phone: _____
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TAX CREDIT APPLICATION for HOUSING

Application Cell Phone:		Application Home Phone:	
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Pets & Assistance/Companion Animals			
Do You Have Any Animals?	# of Animals	Description:	
		1.	
		2.	

Vehicle Information					
Vehicle Owner	Vehicle Make	Vehicle Model	License Plate	Color	Year

Additional Household Information				
FULL LEGAL NAME (First, Middle, Last)	LIST ALL THE STATES YOU HAVE LIVED IN	HISPANIC/LATINO (Y/N)	RACE (List One or More)	LEP Language

Residency Information (Past Two Years)			
<u>CURRENT</u> FULL STREET ADDRESS:		OWN, RENT OR OTHER:	
CITY, STATE, ZIP CODE :		MOVE-IN DATE:	MOVE-OUT DATE:
			Current
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	PHONE NUMBER:	MONTHLY RENT/MORTGAGE:	
		\$	
LANDLORD'S FULL STREET ADDRESS:		CITY, STATE, ZIP CODE:	

TAX CREDIT APPLICATION for HOUSING

Please Complete Previous Address Information Only If You Have Lived at the Current Address Under 2 Years

PREVIOUS ADDRESS 1 FULL STREET ADDRESS:		OWN, RENT OR OTHER:	
CITY, STATE, ZIP CODE:		MOVE-IN DATE:	MOVE-OUT DATE:
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	PHONE NUMBER:	MONTHLY RENT/MORTGAGE:	
		\$	
LANDLORD'S FULL STREET ADDRESS:		CITY, STATE, ZIP CODE:	
PREVIOUS ADDRESS 2 FULL STREET ADDRESS:		OWN, RENT OR OTHER:	
CITY, STATE, ZIP CODE:		MOVE-IN DATE:	MOVE-OUT DATE:
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	PHONE NUMBER:	MONTHLY RENT/MORTGAGE:	
		\$	
LANDLORD'S FULL STREET ADDRESS:		CITY, STATE, ZIP CODE:	

Utilities			
UTILITIES PAID BY YOU:	HEAT: <input type="checkbox"/>	ELECTRICITY <input type="checkbox"/>	GAS: <input type="checkbox"/>
			OTHER: <input type="checkbox"/>
Approximate total monthly cost of utilities paid by you (excluding phone and cable TV):			\$

Emergency Contact Information – In Case of Illness, Accident, and/or Emergency	
NAME:	
FULL STREET ADDRESS:	CITY, STATE, ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:

Resident History	Y/N	If Yes, Explain
Have you or any member of your household ever been evicted in the past 5 years?		
Have you or anyone in your household ever filed Bankruptcy?		
Have you or anyone in your household willfully or intentionally ever refused to pay rent?		
Have you or any member of your family ever been convicted of a felony within the past 7 years?		

TAX CREDIT APPLICATION for HOUSING

Household Questions	Y/N	Additional Comments
Do you anticipate any changes in household composition in the next twelve months?		Name of New Member: _____
Is there anyone living with you now who won't be living with you at this community?		Name of Member Leaving: _____
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member(s): _____
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver: _____ Recipient of Care: _____
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?		
Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		County: _____ Section 8 Voucher #: _____
Are you or anyone in your household directly related to a current EAH employee?		Name of EAH Employee: _____ EAH Employee Location: _____

Reasonable Accommodations/Modification	
Do you require mobility impaired upgrades?	
Do you require vision impaired upgrades?	
Do you require hearing impaired upgrades?	
Special Features?	
Explanation:	

Personal Reference			
Name	Address	Relationship	Phone #

Optional Information	
Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below:	
(Head of Household) Highest level of education completed:	
Are you using public transportation to get to work? (Y/N)	If yes, what type?
(Co-Head) Highest level of education completed:	
Are you using public transportation to get to work? (Y/N)	If yes, what type?

Student Information	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No



TAX CREDIT APPLICATION for HOUSING

Household Signatures

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc. 177 Huntington Avenue, Suite 1703 #74213, Boston, MA, 02155, Phone: 1 (800) 898-1351*

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____

