

Property Name: Rivertown Assisted Living
 Address: 250 McDougall Avenue, Detroit, MI 48207
 Phone: (313)567-8045

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):	
Unit Address: _____	<input type="checkbox"/> Initial Certification
Unit Number: _____	<input type="checkbox"/> Recertification
# of Bedrooms: _____	<input type="checkbox"/> Other _____
Proposed Effective Date: _____	

CONTACT INFORMATION	
Applicant Name: _____	Hm.Ph #1 _____
Driver's License #: _____	Cell Ph #2 _____
Email Address: _____	Wk Ph #2 _____

HOUSEHOLD COMPOSITION AND STATUS:						
<i>List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.</i>						
Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

***For each household member listed above - List this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:
- | | Select 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 entitled to file a joint tax return? | Yes No |
| d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? | Yes No |



2. If you are divorced or separated, please provide date effective: _____
If divorced within last 3 years, please provide full copy of divorce decree.
3. Do you expect any changes in the household in the next 12 months? Yes No
If yes, please describe change _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included)? Yes No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

OTHER INCOME INFORMATION:		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Select Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes No	\$ _____
2. Not Employed	Yes No	\$ _____
3. Unemployment Compensation	Yes No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes No	\$ _____
5. Social Security/SSI Benefits	Yes No	\$ _____
6. VA Benefits	Yes No	\$ _____
7. Pension/Annuity	Yes No	\$ _____
8. Military Pay	Yes No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes No	\$ _____
11. Recurring Gift/Contribution	Yes No	\$ _____
12. Rental Income	Yes No	\$ _____
13. Lottery Winnings Paid Periodically	Yes No	\$ _____
14. Adoption Assistance	Yes No	\$ _____
15. Trust Income	Yes No	\$ _____
16. Educational Financial Assistance	Yes No	\$ _____
17. Other Income (i.e. inheritance, insurance policies)	Yes No	\$ _____
18. Zero Income (No income from any source)	Yes No	\$ _____



ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	<i>Name of Financial Institution(s)</i>	Select One		Amount
1. Checking	_____ _____	Yes	No	\$ _____ \$ _____
2. Savings	_____ _____	Yes	No	\$ _____ \$ _____
3. Cash on Hand		Yes	No	\$ _____
4. Stocks/Mutual Funds	_____ _____	Yes	No	\$ _____ \$ _____
5. CD/Money Markets	_____ _____	Yes	No	\$ _____ \$ _____
6. Treasury Bill	_____ _____	Yes	No	\$ _____ \$ _____
7. Bonds	_____ _____	Yes	No	\$ _____ \$ _____
8. IRA/KEOGH	_____ _____	Yes	No	\$ _____ \$ _____
9. 401K	_____ _____	Yes	No	\$ _____ \$ _____
10. Pension/Annuity	_____ _____	Yes	No	\$ _____ \$ _____
11. Whole Life Insurance	_____ _____	Yes	No	\$ _____ \$ _____
12. Universal Life Insurance	_____ _____	Yes	No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____ _____	Yes	No	\$ _____ \$ _____
14. Real Estate	_____ _____	Yes	No	\$ _____ \$ _____
15. Safety Deposit Box	_____ _____	Yes	No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____ _____	Yes	No	\$ _____ \$ _____
17. Trusts	_____ _____	Yes	No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____ _____	Yes	No	\$ _____ \$ _____
19. Lump Sum Receipts	_____ _____	Yes	No	\$ _____ \$ _____



1. Do all combined assets of the entire household total less than \$5000? Yes No
2. In the past two (2) years, have you sold or gifted any assets listed in the chart above, for more than \$1,000 less than their Fair Market Value? Yes No

If yes, please completed the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to: (Select One)

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to: (Select One)

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address: _____	____ Own ____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	____ Own ____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	____ Own ____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____



- | | | |
|--|-----|----|
| 1. Have you ever been evicted from tenancy?
If yes, please list date: _____ | Yes | No |
| 2. Have you ever filed for bankruptcy?
If yes, please list date: _____ | Yes | No |
| 3. Have you ever been convicted of a felony or misdemeanor?
If yes, please list what for: _____ | Yes | No |
| 4. Will this be your only place of residence?
If no, please explain: _____ | Yes | No |
| 5. Will you have at least 50% physical custody of all minor members in household?
If no, please explain: _____ | Yes | No |
| 6. Will you be receiving rental assistance while living at this community?
If yes, please list source of assistance: _____ | Yes | No |
| a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify?
If yes, please explain: _____ | Yes | No |
| 7. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____ | Yes | No |

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____ Phone #2 _____
Address: _____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

I certify that all persons who will reside within the premises are and will be legally residing within the United States.

I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date



OFFICE USE ONLY

ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed Received

Household Composition

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Social security cards for each member of household. |
| <input type="checkbox"/> | <input type="checkbox"/> | Birth certificates for all minor members. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Drivers Licenses for all household members over the age of 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of current vehicle registration |

Student Question

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.a. Public Assistance Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.b. Documentation of JTPA enrollment or other qualified program |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.c. Full copy of most recent federal and state <u>joint</u> tax return |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.d. Full copy of most recent federal and state tax return |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Copy of divorce decree including child support and property settlement |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Application for additional household member(s) expected |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Emancipation documentation |

Employment Income

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of current employment |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of additional employment |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of previous employment |

Other Income (number corresponds to type of income listed in chart)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. (New)-Complete Newly Self-Employed Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Non-Employment Affidavit |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Unemployment Compensation Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Disability/Severance Pay/Worker's Compensation Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Social Security/SSI Income Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Veteran's Administration Income Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Pension/Annuity Income Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Military Compensation Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Public Assistance Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Child Support/Spousal Support/Family Maintenance Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Affidavit of Child Support, alimony or Family Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Recurring Gift/Contribution Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Affidavit of Rental Income |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Lottery Winnings Income/Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Adoption Assistance Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Trust Income-Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Educational Financial Assistance (unless applicant is over 23 with dependent children) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Other Income Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Certification of Zero Income |

Asset Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Checking/Savings Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Checking/Savings Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Affidavit of Cash Assets |



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4. Stocks/Mutual Funds Asset Verification
5. CD/Money Market/Treasury Bill Asset Verification
6. CD/Money Market/Treasury Bill Asset Verification
7. Bond Asset Verification
8. IRA/Keogh Asset Verification
9. 401K Asset Verification
10. Pension/Annuity Asset Verification
11. Whole Life/Universal Life Insurance Asset Verification
12. Whole Life/Universal Life Insurance Asset Verification
13. Real Estate Land Contract Verification
14. Real Estate Asset Value Verification
14. Real Estate Mortgage Verification
14. Real Estate Brokerage Verification
15. Affidavit of Safety Deposit Box Assets
16. Personal Property Held As An Investment
17. Trust Income-Asset Verification
18. Lottery Winnings Income/Asset Verification

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Asset Questions
1. Under \$5,000 Asset Certification
 2. Divestiture of Assets
 3. Divestiture of Assets

