



YORK HOUSING



4 Pine Grove Lane
York, Maine 03909

Housing Tax Credit Program Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

_____ **Email:** _____

Daytime Phone: _____ **Evening Phone:** _____

WHAT SIZE APARTMENT ARE YOU APPLYING FOR 1 BR 2 BR

- YES NO Are you requesting a first floor unit for medical reasons?
(You must submit a letter from your physician stating your need for a first floor unit.)
- YES NO 1. Do you, or any member of your household request a handicap accessible unit? (Special unit design)
- YES NO 2. Does your household have or anticipate having any pets other than those used as service animals?
- YES NO 3. Do you own your current residence? If so, please submit a fair market estimate with this application.

Housing References

List the past THREE years of housing references.

<u>Your Address</u>	<u>Dates</u>	<u>Own/Rent</u>	<u>Landlord's Name/Address</u> <i>(if applicable)</i>
_____	_____	Own <input type="checkbox"/>	_____
_____	<i>From</i>	Rent <input type="checkbox"/>	<i>Name</i>
_____	_____		_____
_____	<i>To</i>		<i>Phone</i>
_____	_____	Own <input type="checkbox"/>	_____
_____	<i>From</i>	Rent <input type="checkbox"/>	<i>Name</i>
_____	_____		_____
_____	<i>To</i>		<i>Phone</i>
_____	_____	Own <input type="checkbox"/>	_____

_____ From _____ Name
 _____ To _____ Phone
 _____ Rent

Please complete the information below for the household vehicle. *(One vehicle per unit)*

Tag/License Plate # State Issued Make/Model/Year

Vehicle Identification

Include all income anticipated for the next 12 months.
 Do YOU or ANYONE in your household receive OR expect to receive income from:

Income Information

YES NO 4. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member Name of Company Amount

YES NO 5. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member Type of Business Amount

YES NO 6. **Unemployment benefits or workman's compensation?**

Household Member Case Worker Amount

YES NO 7. **Public Assistance, General Relief, AFDC or TANF?**

Household Member Case Worker Amount

YES NO 8. (a) **Child support or Alimony?**

(We must count court -ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member Payor Amount

(b) How is the support received? (Check all that apply.)

- Child Support Enforcement Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

YES NO **(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**
(If yes, obtain court papers)

Explanation: _____

YES NO **9. Social Security, SSI or any other payments from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **10. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **11. Regular payments from a severance package?**

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **12. Regular payments from any type of settlement? (For example, insurance settlements.)**

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **13. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)**

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **14. Regular payments from lottery winnings or inheritances?**

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____

YES NO **15. Regular payments from rental property or other types of real estate**

		<u>transactions?</u>		
		<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. Any other income sources or types not listed?		
		<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	17. Do you or any other household members expect any changes to your income in the next 12 months?		
		Explanation: _____		

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS.

Asset Information:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	18. Checking or savings account?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	19. CD's, money market accounts or treasury bills?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	20. Annuities or Capital Gains?		
		<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	21. Stocks, bonds or securities?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	22. Trust Funds?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

YES NO **23. Pensions, IRA's, Keogh or other retirement accounts?**
Household Member Financial Institute Amount

YES NO **24. Whole life insurance policy?**
Household Member Insurance Carrier Cash Value

YES NO **25. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*
Household Member Item Amount

YES NO **26. Personal property held as an investment?** *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*
Household Member Item Amount

YES NO **27. A safe deposit box?**
Household Member Financial Institute Amount

YES NO **28. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: _____ Amount: _____

Explanation: _____

Date of Disbursement: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Tax Credit Program.

If you answered YES, complete the following:

YES NO 30. Are you or any other household members claiming zero income?
Household Member: _____

YES NO 29. 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)?

Explanation: _____

YES NO 31. Will you or any household member require a live-in care attendant to

Are any full-time student(s) married and filing a joint tax return? YES
 NO

Are any student(s) enrolled in a job-training program receiving Assistance Under the Job Training Partnership Act? YES
 NO

Are any full-time student(s) Title IV (APDC/TANF) recipients? YES
 NO

Are any full-time students(s) a single parent living with his/her Minor child who Is not a dependent on another's tax return? YES
 NO

live independently?

Name of Attendant: _____

Relationship (if any): _____

YES NO 32. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

YES NO 33. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Tax Credit Program requirements.

All household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

All household members age 18 or older must sign below. Please read the following statement carefully before signing. *(To be completed in applicant's own handwriting)*

Authorization for Release of Information

I, _____ and _____, do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to **York Housing** information or materials, which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureaus, financial institutions, child support payers, State Agencies including unemployment security commissions, past or present employers, past or present landlords, Social Security Administration, utility companies, workers compensation payers, public and private retirement systems, law enforcement agencies (public records, criminal backgrounds), attorneys, medical care providers, pharmacies, realtors. This authorization shall continue from the date of signature and until such time that York Housing is notified in writing that the authorization is cancelled. I also understand that a photocopy is as valid as the original.

X _____
Applicant Signature

X _____
Co-Applicant Signature

Social Security Number

Social Security Number

City State Zip

City State Zip

Date

Date

