

# TAX CREDIT APPLICATION

P: \_\_\_\_\_ F: \_\_\_\_\_

*Office Use Only*

**Interview Date:** \_\_\_\_\_ **Bedroom Size:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_ **Section 8:**  Yes  No  
**Move In Date:** \_\_\_\_\_ **Desired Floor:** \_\_\_\_\_ **Deposit Amt: \$** \_\_\_\_\_ **Rent Amt: \$** \_\_\_\_\_  
**Advertising Source:** \_\_\_\_\_ **Set-Aside:**  LH  HH  30%  40%  50%  60%  80%  Market

**Section I – Household Composition**

**Head of Household**

First	MI	Last	Relationship	M/F	Social Security Last 4 Digits	Date of Birth	Student Status
			SELF				FT PT N/A

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Mobile Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Marital Status:  Married  Never Married  Widow(er)  Divorced  Separated  Legally Separated

**Please List Any Other Occupants and Their Relationship to You**

First	MI	Last	Relationship	M/F	Social Security Last 4 digits	Date of Birth	Student Status
							FT PT N/A
							FT PT N/A
							FT PT N/A
							FT PT N/A
							FT PT N/A

For each household member, please indicate his/her student status. Students include any household member K through 12 and/or any household member enrolled in any degree or certificate program from an accredited institution such as college or university, etc. during any 5 months of the calendar year.

1. Do you have full custody of your child(ren)?  Yes  No  N/A Explanation: \_\_\_\_\_
2. Do you expect any additions to the household within the next 12 months?  Yes  No Explanation: \_\_\_\_\_

**Section II – Background, Credit, & General Information**

Please answer the following questions truthfully. Failure to do so may result in denial of your application. Detailed explanations are required as indicated.

3. Do you or any other household member owe money to any current or previous landlord?  Yes  No  
 a. If yes, explain: \_\_\_\_\_
4. Have you or any other household member plead not guilty, no contest, or guilty to a felony?  Yes  No  
 a. If yes, explain: \_\_\_\_\_
5. Do you have a pet? If yes, describe: Height \_\_\_\_\_, Weight \_\_\_\_\_, Type \_\_\_\_\_, Color \_\_\_\_\_  Yes  No

**Section III – Residence History**

Please tell us about your residence history. **All residence history must total 2 years.**

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Month/Year Moved In: \_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage: \$\_\_\_\_\_  Rent  Own  Not Applicable  
 Management Company or Owner: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Previous Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Month/Year Moved In: \_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage: \$\_\_\_\_\_  Rent  Own  Not Applicable  
 Management Company or Owner: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Previous Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Month/Year Moved In: \_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage: \$\_\_\_\_\_  Rent  Own  Not Applicable  
 Management Company or Owner: \_\_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**Section IV – Income**

The next questions are yes or no questions. **Do not leave any question unanswered.** Please follow the instructions carefully on each question as to information needed about your income sources.

- 6. Are you employed? If yes, answer **Section IV(a)**  Yes  No
- 7. Are you self-employed? If yes, answer **Section IV(a)**  Yes  No
- 8. Are you a member of the Armed Forces? If yes, answer **Section IV(a)**  Yes  No

**Section IV(a) – Income Sources**

Household Member	Employer	Start Date	Phone/Fax address	Gross Monthly Income
			/	\$
			/	\$

- 9. Do you currently receive or expect to receive unemployment compensation or worker’s compensation? If yes, answer **Section IV(b)**  Yes  No
- 10. Are you receiving any payment from the Social Security Administration (Social Security or SSDI)? If yes, answer **Section IV(b)**  Yes  No
- 11. Are you receiving or entitled to receive child support? If yes, answer **Section IV(b)**  Yes  No
- 12. Are you receiving or entitled to receive alimony? If yes, answer **Section IV(b)**  Yes  No
- 13. Are you receiving public assistance (Cash/General Assistance Only) If yes, answer **Section IV(b)**  Yes  No
- 14. Are you receiving income from a pension, annuity, or retirement fund? If yes, answer **Section IV(b)**  Yes  No

15. Are you receiving income from insurance policy payments, death benefits, or veteran's benefits (Not GI Bill)? If yes, answer **Section IV(b)**.  Yes  No
16. Are you receiving payments from a severance package? If yes, answer **Section IV(b)**.  Yes  No
17. Are you receiving disability payments? (Not Social Security)? If yes, answer **Section IV(b)**.  Yes  No
18. Are you receiving any other regular or periodic income from any other source not already entered such as family, friends, Indian Trust payments, student financial assistance that exceeds tuition? If yes, answer **Section IV(b)**.  Yes  No
19. Do you or household members expect any change to your income in the next 12 months?  Yes  No  
 a. Explain: \_\_\_\_\_
20. Are you or any **ADULT** household members claiming zero income (not tax income)?  Yes  No  
 a. Explain: \_\_\_\_\_
21. Are you or any other household member receiving Section 8 Housing Assistance Payments or any other tenant-based rental assistance payments? If yes, Amount \$\_\_\_\_\_  Yes  No

**Section IV(b) – Income Sources**

Household Member	Income Source	Phone/Fax	Gross Monthly Income
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$

**Section V - Assets**

The next questions are yes or no questions. **Do not leave any question unanswered.** Please follow the instructions carefully on each question as to information needed about your income sources.

22. Do you have any checking, savings, or money market accounts? If yes, answer **Section V(a)**.  Yes  No
23. Do you have cash on hand (not in a bank or financial institution)? If yes, answer **Section V(a)**.  Yes  No
24. Do you have a Prepaid Debit Card (not associated with a bank account listed in #22)? If yes, answer **Section V(a)**.  Yes  No
25. Do you own any certificates of deposit (CD's)? If yes, answer **Section V(a)**.  Yes  No
26. Do you own treasury bills, stocks, bonds, annuities, or mutual funds (not in a retirement plan)? If yes, answer **Section V(a)**.  Yes  No
27. Do you own any real-estate or rental property (including contracts pending sale)? If yes, answer **Section V(a)**.  Yes  No
28. Do you own personal property held **as investment only** such as collectible cars, art, coins, etc.? If yes, answer **Section V(a)**.  Yes  No
29. Do you have a pension, 401(k), 403(b), IRA, or Keogh account? If yes, answer **Section V(a)**.  Yes  No
30. Do you have a safe deposit box? If yes, answer **Section V(a)**.  Yes  No
31. Do you have a trust fund **with access to the money**? If yes, answer **Section V(a)**.  Yes  No

32. Do you receive any money from a trust fund? If yes, answer **Section V(a)**.  Yes  No

33. Do you have any whole or universal life insurance policies (not including term life)?  
If yes, answer **Section V(a)**.  Yes  No

**Section V(a) – Asset Sources**

Type of Asset	Financial Institution/Account #	Phone/Fax	Amount/Value
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$
		/	\$

34. Have you disposed of or given away any assets within the last 2 years for less than fair market value?  
If yes, explain below:  Yes  No

**Value at Disposal**

Household Member: \_\_\_\_\_ Asset Disposed: \_\_\_\_\_ Value \$ \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Date of Disposal: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information (not living with you):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

In case of a serious illness, accident, or death, is this person authorized to enter and remove all of your property?  Yes  No

**SIGNATURE CLAUSE**

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

I/We authorize Wilhoit Properties to verify the information contained in this application for the purposes of proving my/our eligibility for occupancy. I/We further authorize Wilhoit Properties to obtain a written credit report and police record. I/We will provide all necessary information including source and contact names, addresses, phone numbers, fax numbers, account numbers, and any other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting Wilhoit Properties’ resident selection criteria and the Housing Tax Credit Program requirements.

Acceptance of the application fees and earnest deposit herewith, does not constitute approval. If approved, the earnest deposit will be credited toward the security deposit. If the application is not approved, the earnest deposit will be refunded in accordance with State law. **Cancellation after the 24-hour grace period (from the date of application) will result in forfeiture of your earnest deposit.** Applicants must contact the leasing office within 24-hours by phone or in person to cancel application. EHO/ADA/Employer Drug Free Workplace/Housing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Manager’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Resident Release and Consent

Please see the attached verification form. The referenced individual is applying/recertifying for residency with Wilhoit Properties, Inc. at a community that is regulated by the LIHTC Program under Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants/residents.

To comply with this regulation, we ask that you complete and return this form via fax/mail at the shown number/address. The information will be used solely for the determination of residency eligibility under the Program and will not be disseminated or otherwise released to any third party. We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone this office, at the shown number.

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **WILHOIT PROPERTIES, INC.**, for purposes of verifying information on my/our apartment rental application.

## INFORMATION COVERED

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances and utility usage. I/We understand that this authorization cannot be used to obtain any information about me/us, other than utility usage information, that is not pertinent to my eligibility for and continued participation as a **Qualified Resident**.

*The groups or individuals that may be asked to release the above information include, but are not limited to:*

- Past and Present Employers
- Previous Landlord
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Educational Institutions
- Social Security Administration
- Medical Providers
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks
- Financial Institutions
- Utility Usage Information

## CONDITIONS

*I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we will review and execute the Tenant Income Certification upon completion of qualification.*

## **SIGNATURES:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
Co-Applicant  
(Spouse)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE