

Date Received:

Low Income Housing Tax Credit Program

For management office use:

Applicant Questionnaire

Property Name & Address: Monteagle Green Apartments, 48 Madison Ave, Monteagle, TN 37356
Anticipated Move In Date: Anticipated unit #
Is this a unit transfer? o Yes o No

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Table with 8 columns: Name (First, Middle Initial, Last), Relationship to Head of Household, M/F, Social Security Number, Birth date (Month, Date, Year), Disabled (Y or N), Race (\*See Below), Ethnicity (\*See Below)

Enter each household member's ethnicity by using one of the following coded definitions:
1-Hispanic or Latino 2-Not Hispanic or Latino

List the race of each occupant by using one of the following coded definitions:
1 White 2 Black/African American 3 American Indian/Alaska Native
4 Asian 5 Native Hawaiian/Other Pacific Islander

Current Address Date Moved in:
Rent Own
Daytime Phone: Evening Phone:
Have you ever lived at Monteagle Greene Apartments before?
If so, what unit were you in?

Answer either YES or NO to each question.

- YES NO
1. Do you expect any additions to the household within the next twelve months?
Name & Relationship:
Explanation:
2. Is there anyone living with you now who will not be living with you at this property?
Name & Relationship:
Explanation:
3. Do you have full custody of your child(ren)?
Explanation of custody arrangements:
4. Are there any absent household members who under normal conditions would live with you? (for example, a household member away in the military)
Explanation:

- o o 5. Does your household have or anticipate having any service animals?

Type: \_\_\_\_\_ Weight: \_\_\_\_\_

**Housing References:**

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	_____	_____		
	Phone: (____) _____	_____		
2.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	_____	_____		
	Phone: (____) _____	_____		
3.	_____	_____	Own <input type="radio"/>	Move in: _____
	_____	_____	Rent <input type="radio"/>	Move out: _____
	_____	_____		
	Phone: (____) _____	_____		

<u>YES</u>	<u>NO</u>	
<input type="radio"/>	<input type="radio"/>	Have you or anyone else named on this application filed bankruptcy?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or anyone else named on this application been convicted of a felony?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you or anyone else named on this application been convicted of property damage?
		Explanation: _____
<input type="radio"/>	<input type="radio"/>	Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
		Explanation: _____

**Personal Reference:**

List a personal reference other than a relative.

1. Name/Address of Reference

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Vehicle Identification:**

1. License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2 License# \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

**Emergency Contact:**

**Name/Address** (If possible list someone in the area that is not listed on the application.)

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Income Information:**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

**YES NO**

(If yes, EMC #01)  
(If no, #101)

1. **Employment wages or salaries?** (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Name of Company</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(EMC #02)

2. **Self-employment?** (Attach Federal Tax Return or Profit and Loss Statements)

<u>Type of Business</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #03)

3. **Regular pay as a member of the Armed Forces?**

<u>Base &amp; Branch</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #04 or #106)

4. **Unemployment benefits or workman's compensation?**

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #05)

5. **Public Assistance, General Relief, Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)?**

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(If yes, EMC #06)  
(If no, #103)

6. (a) **Child support or alimony?** (Any AWARDED amounts—collected or uncollected. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payor.)

<u>Pavor</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**YES NO**

(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

(EMC #07)

7. Social Security, SSI or any other payments from the Social Security Administration?

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

(EMC # 08)

8. Veteran's benefits, pensions, retirement benefits or annuities?

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

(EMC #08)

9. Severance payments?

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

(EMC # 08)

10. Regular Payments from any type of Settlements? (Such as insurance settlements)

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

(EMC #08)

11. Disability, death benefits or life insurance dividends?

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

(EMC #08)

12. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

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

(EMC #08)

13. Educational grants, scholarships, or other student benefits?

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

YES    NO  
   
(EMC # 08)

14. Lottery winnings or inheritances?

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

(EMC # 08)

15. Payments from rental property, land contracts or other forms of real estate?

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

(EMC # 08)

16. Any other income sources or types not listed?

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

17. Do you or any other household members expect any changes to your income in the next 12 months?  
 Explanation: \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Do YOU or ANYONE in your household hold:** (Include ALL assets held by ALL household members including minors.)

YES    NO  
      
 (EMC #09)

1. Checking or savings accounts?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(EMC # 09)

2. CDs, money market accounts or treasury bills?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____

(EMC #10)

3. Stocks, bonds or securities?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____

(EMC # 09)

4. Trust funds?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____

YES    NO  
      
 (EMC #09 or #10)

5. Pensions, IRAs, KEOGH or other retirement accounts?

Source	Household Member	Amount	Account #
_____	_____	_____	_____
_____	_____	_____	_____

(EMC #13)

6. Cash on hand over \$500? (*Monies not currently held in bank accounts*)

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

(EMC #10)

7. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
 (*Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.*)

Type	Household Member	Value
_____	_____	_____
_____	_____	_____

(EMC # 10)

8. Personal property as an investment? (*Attach appraisal*)  
 (*This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.*)

Type	Household Member	Value
_____	_____	_____
_____	_____	_____

(EMC #13)

9. A safe deposit box?

Household Member: \_\_\_\_\_ Monetary Value of Contents: \_\_\_\_\_

10. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

(EMC #11)

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Zero Income Verification:**

YES      NO

    

(#101)

1. **Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**

Household Member(s) \_\_\_\_\_

**Student Information:**

YES      NO

    

1. **Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time student, or planning to be one within the next 12 months? If yes, please list whom & status:**

Name: \_\_\_\_\_ Status (Full or Part-time) \_\_\_\_\_

Name: \_\_\_\_\_ Status (Full or Part-time) \_\_\_\_\_

**IF YES AND FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS:**

*(You will need to provide verification of all items to which you answered YES.)*

- a. **Are you married and currently filing a joint tax return? (Attach copy)**
- b. **Are you receiving AFDC (Aid to Families with Dependent Children)?**
- c. **Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?**  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- d. **Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return? (Attach copy)**

**Live-In Care Attendant:**

YES      NO

    

(EMC #15)

1. **Will you or anyone in your household require a live-in care attendant? (Attach verification from Doctor)**

Name of Live-in Care Attendant: \_\_\_\_\_ Relationship (if any): \_\_\_\_\_

**Section 8 Rental Assistance:**

YES      NO

    

1. **Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_ Contact Person Name: \_\_\_\_\_

2. **Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**

Explanation: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for the Low Income 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 and 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 Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

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**Signature**

**Date**

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**Signature**

**Date**

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**Signature**

**Date**