

Property Name: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

|   |                                 |
|---|---------------------------------|
| <i>For Office Use Only</i>              |                                 |
| Date/Time Received: _____               | Property # & Unit #: _____      |
| Rent Amount: _____                      | Anticipated Move-in Date: _____ |
| Applicant ID # and Issuing State: _____ |                                 |

COMPLETE ENTIRE APPLICATION THOROUGHLY, ANSWER ALL QUESTIONS & PROVIDE ADDITIONAL DATA AS REQUESTED  
All Applicants 18 years of age and older must complete their own application and provide a current government issued photo ID & verification of social security number when applying. For Minors, copy of birth certificate and verification of social security number are required.

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Number of Bedrooms Needed: \_\_\_\_\_ Desired Move-in Date: \_\_\_\_\_

How did you hear about this property? \_\_\_\_\_

| LIST ALL PERSONS TO OCCUPY UNIT<br>LAST NAME      FIRST      MI | RELATIONSHIP | SOCIAL SECURITY # | DATE OF BIRTH | MARITAL STATUS<br>(Single/Married/ Separated/<br>Divorced/Widowed) |
|---|--------------|-------------------|---------------|--|
|   | Applicant    |                   |               |  |
|   |              |                   |               |  |
|   |              |                   |               |  |
|   |              |                   |               |  |
|   |              |                   |               |  |

- YES  NO Do any household members require an accessible unit or accessible features?
- YES  NO Are any members of the household currently, have been in the current calendar year, or will be in next 12 months, a **student** (including, but not limited to, K-12, College, Trade School, etc.) **If YES, check one  Full-Time  Part-Time** and provide the name of household member (use additional page(s) if needed).
- \_\_\_\_\_
- YES  NO Do you have any pets? If yes, Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**Provide Housing History for Last Two Years: (attach additional page(s) if needed)**

**Current Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates resided here (month / year): From \_\_\_\_\_ To \_\_\_\_\_

Did you own this residence?    YES    NO                      If no, did you rent this residence?    YES    NO                      Rent/mo: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates resided here (month / year): From \_\_\_\_\_ To \_\_\_\_\_

Did you own this residence?    YES    NO                      If no, did you rent this residence?    YES    NO                      Rent/mo: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMERGENCY CONTACT:** (Other than person(s) listed on application)

Name & Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**INCOME**

Answer ALL questions by circling Y (yes) or N (no). ALL income must be disclosed, and the estimated amount anticipated in the next 12 months. Income includes any regular or periodic income, payments, money, or gifts received by adult household members and all unearned income received on behalf of minors.

| CIRCLE ONE | TYPE OF INCOME   | NAME OF PLACE WHERE INCOME IS EARNED          | CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL | ESTIMATED INCOME FOR NEXT 12 MONTHS |
|------------|--|---|--|-------------------------------------|
| Y N        | Current Employment   |   |  | \$                                  |
| Y N        | Prior Employment – in last 12 months                                 |   |  | \$                                  |
| Y N        | Student Financial Aid  |   |  | \$                                  |
| Y N        | Self-Employment – includes GIG economy income                        |   |  | \$                                  |
| Y N        | Retirement accounts with regular scheduled or required distributions |   |  | \$                                  |
| Y N        | Pension  |   |  | \$                                  |
| Y N        | FEDERAL Social Security  | Provide a copy of award letter(s)             |  | \$                                  |
| Y N        | FEDERAL SSI  | Provide a copy of award letter(s)             |  | \$                                  |
| Y N        | STATE Social Security  | Provide a copy of award letter(s)             |  | \$                                  |
| Y N        | Disability Pay   |   |  | \$                                  |
| Y N        | Unemployment Compensation  | Provide printout or benefit letter            |  | \$                                  |
| Y N        | Veterans Benefits  |   |  | \$                                  |
| Y N        | Military Pay   |   |  | \$                                  |
| Y N        | Child Support  |   |  | \$                                  |
| Y N        | Alimony  |   |  | \$                                  |
| Y N        | Public Assistance (NOT Food Benefits)                                |   |  | \$                                  |
| Y N        | Recurring Gift(s) – (monetary or non-monetary in nature)             |   |  | \$                                  |
| Y N        | Rental Income / Land Contract Pay                                    |   |  | \$                                  |
| Y N        | Crowd Funding (e.g., GoFundMe Account)                               | Provide transaction history/current statement |  | \$                                  |
| Y N        | Other Current or Anticipated Income not listed                       |   |  | \$                                  |

**ASSETS**

Answer ALL questions by circling Y (yes) or N (no). ALL assets must be disclosed and where each asset is held and the current estimated cash value.

| CIRCLE ONE | TYPE OF ASSET   | NAME OF PLACE WHERE ASSET IS HELD             | CONTACT INFORMATION (if applicable) NAME/PHONE/FAX/EMAIL | ESTIMATED BALANCE/CASH VALUE |
|------------|---|---|--|------------------------------|
| Y N        | Checking  |   |  | \$                           |
| Y N        | Checking  |   |  | \$                           |
| Y N        | Savings   |   |  | \$                           |
| Y N        | Savings   |   |  | \$                           |
| Y N        | Certificate of Deposit  |   |  | \$                           |
| Y N        | Trust Account   |   |  | \$                           |
| Y N        | Direct Express Card   | Provide current balance printout              |  | \$                           |
| Y N        | Pre-paid Card   | Provide current balance printout              |  | \$                           |
| Y N        | Peer-to-peer payment Apps (e.g., PayPal, Venmo, etc.)                             | Provide transaction history/current statement |  | \$                           |
| Y N        | Money Market  |   |  | \$                           |
| Y N        | Mutual Funds  |   |  | \$                           |
| Y N        | Stocks/Bonds  |   |  | \$                           |
| Y N        | WHOLE Life Insurance  |   |  | \$                           |
| Y N        | Real Estate Owned   |   |  | \$                           |
| Y N        | Lump Sum Payment  |   |  | \$                           |
| Y N        | Safe Deposit Box  |   |  | \$                           |
| Y N        | Virtual Currency (e.g., bitcoin)  | Provide transaction history/current statement |  | \$                           |
| Y N        | Personal Property held as an investment*  |   |  | \$                           |
| Y N        | Any other asset not listed  |   |  |                              |
| Y N        | Disposed of/given away assets for less than fair market value in the past 2 years |   |  |                              |

\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

|   |                |
|---|----------------|
| 1. Are any adult household members currently unemployed?<br>If YES, who? _____  | [ ] YES [ ] NO |
| 2. Are any household members temporarily absent or will be absent over the next 12 months?<br>If YES, who and how long will they be absent?<br>_____  | [ ] YES [ ] NO |
| 3. Did you receive a Federal Tax Refund in the last 12 months?<br>If YES, what was the amount of the refund? _____  | [ ] YES [ ] NO |
| 4. Did you receive a settlement in the last 12 months on a claim of malpractice, negligence, etc. that resulted in a disability?<br>If YES, what was the amount of the settlement? _____  | [ ] YES [ ] NO |
| 5. Are you currently receiving, or do you anticipate receiving Section 8 rental assistance?<br>If YES, provide the following information:<br>Agency name: _____<br>Contact Person/Caseworker: _____<br>Phone, Fax, Email: _____ | [ ] YES [ ] NO |
| 6. Do you anticipate any changes to your household size, income or assets in the next 12 months?<br>If YES, explain: _____  | [ ] YES [ ] NO |
| 7. Do you receive any non-cash assistance like FoodShare, Energy Assistance, etc.?<br>If YES, please provide benefit letter(s).   | [ ] YES [ ] NO |

The undersigned certify that the information and statements provided in this application are true and complete to the best of my knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I/We agree to provide verification of all income and assets as required by the Owner or its agent. I/We certify that, if approved, this will be my/our primary residence. **This property uses a third-party scoring model to screen credit and criminal history and the scoring parameters are subject to change. By completing this application and signing below, applicants grant Owner and its agents permission to confirm the above information supplied, as well as run criminal and credit background checks. The information obtained will only be used for determining eligibility in applicable housing programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.**

**APPLICANT MUST SIGN AND DATE BELOW**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Property Management is acting on behalf of and performing compliance services for the Owner.

*The 2008 Housing and Economic Recovery Act (HERA) requires HUD to collect the following data for LIHTC Tenants: Race, Ethnicity, Family Composition, Age, Income, Use of Section 8 (or similar) Rent Assistance, Disability Status, Monthly Rental Payment, and data on social security numbers for each household member. Data collection does not apply to market rate units. These requirements are for tax credit properties in the initial 15-year compliance period or in the extended use period.*

**There is no penalty for persons who do not complete this section of the application.**

|             |  |   |  |
|-------------|--|---|--|
| <u>Name</u> | <u>Race:</u><br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White | <u>Ethnicity:</u><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino | <u>Gender:</u><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><u>Disabled/Handicap:</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Name</u> | <u>Race:</u><br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White | <u>Ethnicity:</u><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino | <u>Gender:</u><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><u>Disabled/Handicap:</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Name</u> | <u>Race:</u><br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White | <u>Ethnicity:</u><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino | <u>Gender:</u><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><u>Disabled/Handicap:</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Name</u> | <u>Race:</u><br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White | <u>Ethnicity:</u><br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino | <u>Gender:</u><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><u>Disabled/Handicap:</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No |





## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: VERIFICATIONS

DATE: \_\_\_\_\_ APT#: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

TEL#: \_\_\_\_\_

FAX#: \_\_\_\_\_

In order to comply with federal regulations requesting verification of all income, assets, assistance, and expenses (medical/childcare) for residents of tax credit or other affordable housing programs, please complete the attached verification and return it as soon as possible.

### AUTHORIZATION:

I/We hereby authorize release of any information requested by **Oakbrook Corporation**, as agent for Owner, regarding my/our income, assets, assistance, and expenses (medical/childcare). I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number(s)

### TERMS AND CONDITIONS:

The above-named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for the purpose of determining my eligibility for participation in any required affordable housing program, including but not limited to: Low INCOME Housing Tax Credit Program, HUD Housing Assistance Payments Program(s), TE Bond, HOME, USDA Rural Development.

The information obtained will only be used for determining eligibility in applicable housing programs and will be kept confidential and not released outside of this scope. This release for information will expire thirteen (13) months from the date of signature.

### OFFICE USE ONLY:

