



Instructions for Managers:

This Application for Housing is provided to satisfy the requirements contained in the IFA LIHTC/HOME and NHTF Manual under Chapter 3 – Qualifying Households. The IFA Application is now required and the IFA Compliance Questionnaire form will be discontinued.

We recognize that owner/managers are in the best position to design an application **addendum** that along with the required IFA Application will meet the needs of their properties and the programs that they work with. We feel this will eliminate duplication of questions for a better applicant experience.

Please note that this application may not be modified. This application will be listed under the Required IFA forms.



APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in **OR** recertification.

Property Name:		IFA Project Number:
Address:		

For Office Use Only:	Application Date		Desired Move-in Date:		Pre-Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App <input type="checkbox"/>	Recert App <input type="checkbox"/>

Bedroom Size Requested: 1 2 3 4

Applicant Name _____ MI _____ Last _____ Email Address _____

Current Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible. Please identify if any household members are foster children or adults in the Relationship to Head of Household column.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Current Student Y / N	Last 4 digits of SSN#
1.					
2.					
3.					
4.					
5.					
6.					

QUESTIONS – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

- Do you expect any additions to the household within the next 12 months?
Or are there any absent household members who normally would live with you? If yes, explain. Yes No
- My current marital status is: Married Single Divorced Widowed Separated
- Are all children listed above either in full custody of the household or subject to joint custody with an outside parent with the child being present in the unit at least 50% of the time. Yes No
- Have you been a student in the past 12 months? Yes No
- Are you currently a student or do you plan to become a student in the next 12 months? Yes No
If yes, please advise how school will be paid for. _____
- Will you or anyone in your household require a live-in care attendant? Yes No
- Will your household be receiving Section 8 rental assistance at the time of move-in? Yes No
- Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No

<i>Name of Current Landlord</i>			<i>Phone Number</i>	
How long have you resided at your current address?	Years	Months	<i>Amt. of Rent/Payment:</i>	\$

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

<i>Previous Address</i>		<i>City</i>		<i>ST</i>	<i>Zip Code</i>
How long did you reside at this address?	Years	Months	<i>Amt. of Rent/Payment:</i>	\$	
<i>Name of Previous Landlord</i>			<i>Phone Number</i>		

<i>Previous Address</i>		<i>City</i>		<i>ST</i>	<i>Zip Code</i>
How long did you reside at this address?	Years	Months	<i>Amt. of Rent/Payment:</i>	\$	
<i>Name of Previous Landlord</i>			<i>Phone Number</i>		

HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified with documentation. If you have information on items below, please provide it.)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	Y	N	MONTHLY AMOUNT
1.	Social Security, SSI (excluding PASS) or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits, or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions, and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment income including gig app-based income (Uber, Lyft) and other contract labor	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Alimony or child support (either court ordered or paid directly from the payor)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from disability (other than SSDI), death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Any other sources of income not listed:	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please explain:			
13.	If you have answered no to questions 1-11, Are you claiming that you have ZERO Income?	<input type="checkbox"/>	<input type="checkbox"/>	

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE, EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Name:			Address:		
	Start Date:	Phone:		Email Address:		
	Name:			Address:		
	Start Date:	Phone:		Email Address:		
	Name:			Address:		
	Start Date:	Phone:		Email Address:		

HOUSEHOLD ASSETS (NOTE: All information will be verified with documentation.)

	DO YOU HAVE MONEY HELD IN:	Y	N	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Trust accounts (current balance if under control of the household)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Non-necessary personal property (non-account assets such as RV's ATV's boats, campers)	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Whole or universal life insurance policies current cash value (do not include term life policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Debit cards not linked to an account that is listed (Store Value/Direct Express Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Internet based assets (Venmo, Paypal, Cash App, ApplePay, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Cryptocurrency (Bitcoin, Ethereum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Amount of your most recent federal tax refund.			\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)						
	Institution:			Address:			
	Account No.:	Interest Rate:		Phone:		Email Address:	
	Institution:			Address:			
	Account No.:	Interest Rate:		Phone:		Email Address:	
	Institution:			Address:			
	Account No.:	Interest Rate:		Phone:		Email Address:	
	Institution:			Address:			
	Account No.:	Interest Rate:		Phone:		Email Address:	

I certify that I have or have not sold or disposed of any asset for more than \$1000 less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate documentation. It will be your responsibility to provide management with all the necessary information/documents to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and email addresses, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information and documentation management receives, you may be provided with a separate verification form for each source that may need further verification that you will need to sign and date.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Voluntary Information:

The information is being requested in accordance with federal regulations. The information is for reporting purposes only. This information will **not** be used in evaluation of your application or to discriminate against you in any way. You are not required to complete this information.

Name (first and last)	Relationship to head	Race	Ethnicity	Disabled

See Key Below

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; FA-Foster Adult; L-Live-in caretaker; or N-None of the above

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6-Other; or 8-Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond – See Fair Housing Act for definition of handicap (disability).