

APPLICATION FOR TAX CREDIT PROPERTY

Property Name: Cape Meadows Apartments
 Address: 501 Cape Meadows Circle, Cape Girardeau, MO 63701
 Phone: (573) 334 - 4730
 Fax: (573) 334 - 4730

Date Received: _____
 Time: _____ am/pm

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD, 18 YEARS OR OLDER, WHO IS NOT RELATED BY BLOOD, MARRIAGE OR ADOPTION.

Please provide date of birth for all persons who will be living in the household. Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a copy of (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

How did you hear about us? ___ Drive-by ___ Newspaper ___ Yellow Pages ___ Resident ___ Other _____
 Bedroom Size Needed: ___ 1 Bdrm ___ 2 Bdrm
 Current Phone Numbers: Day: _____ Night: _____ Alternate: _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. Please answer all questions. **Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	HEAD					

***For each household member listed - List this member as a full-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:
 - a. Does the household receive assistance of Title IV of Social Security Act? (AFDC/TANF) Yes or No
 - b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes or No
 - c. Are any full-time students married and filing a joint tax return? Yes or No
 - d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? Yes or No

Applicant's Initials: _____

