

APPLICATION FOR TAX CREDIT PROPERTY

Property Name: _____
 Address: _____
 Phone: (____) _____
 Fax: (____) _____

OFFICE USE ONLY
Date Received: _____
Time: _____ am/pm

Bedroom Size Needed: ___ 1 Bdrm ___ 2 Bdrm
 Current Phone Numbers: Day: _____ Night: _____ Alternate: _____

A SEPARATE APPLICATION FORM SHOULD 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.

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
 - e. Has any member of the household been a participant in the foster care program? Yes or No

Applicant's Initials: _____



2. Is there any household member who is currently not a full-time student that was one during any portion of five months within the current calendar year? Yes or No
If yes, who? _____
3. Do you have the right to legally enter the lease? Yes or No
4. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
5. Will this be your only place of residence? Yes or No
If no, please explain: _____
6. Have you been evicted or had your lease terminated from an apartment, house, or trailer for any reason? If yes, please explain: _____ Yes or No
7. Have you ever received a written notice for non-payment of rent? If yes, please explain and list how many times you received such a notice: _____ Yes or No

8. Do you own a pet? Yes or No
If yes, please explain: _____
9. If you are divorced or separated, please provide date effective: _____ Yes or No
If divorced within last 3 years, please provide full copy of divorce decree.
10. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.
11. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe change _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
12. Are any household members currently pregnant? If yes, when is the baby due? ___ / ___ / ___ Yes or No
If you wish to count your unborn child towards the income limit, a self-affidavit will be required.
13. Are any household members, who would normally live with you, temporarily or permanently absent? If yes, please explain: _____ Yes or No
14. Is there anyone currently living with you that is not listed on this application? Yes or No
If yes, please explain: _____

RESIDENTIAL HISTORY: Please provide 3 years of MOST RECENT housing history.	
Current Address: _____	Own _____ Rent _____
City/State/Zip: _____	Other _____
Landlord Name/Mortgage Company: _____	Date Moved In: _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	Own _____ Rent _____
City/State/Zip: _____	Other _____
Landlord Name/Mortgage Company: _____	Date Moved In: _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	Own _____ Rent _____
City/State/Zip: _____	Other _____
Landlord Name/Mortgage Company: _____	Date Moved In: _____
Phone: _____	Reason for leaving: _____

Applicant's Initials: _____



1. Do you receive Housing Assistance? Yes or No
 If yes, please list amount and source of assistance: _____
2. Has your rental assistance ever been terminated for fraud, nonpayment of rent, or failure to recertify? Yes or No
 If yes, please explain: _____

CURRENT EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
 Address: _____ Date of Hire: _____
 City/State/Zip: _____ Monthly Gross Wage: \$ _____
 Phone: _____ Fax: _____ Supervisor: _____
 Employed from ___ / ___ / ___ To: Present

ADDITIONAL EMPLOYER INFORMATION:

Company Name: _____ Title: _____
 Address: _____ Date of Hire: _____
 City/State/Zip: _____ Monthly Gross Wage: \$ _____
 Phone: _____ Fax: _____ Supervisor: _____
 Employed From: ___ / ___ / ___ To: ___ / ___ / ___

PREVIOUS EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
 Address: _____ Date of Hire: _____
 City/State/Zip: _____ Monthly Gross Wage: \$ _____
 Phone: _____ Fax: _____ Supervisor: _____
 Employed From: ___ / ___ / ___ To: ___ / ___ / ___

OTHER INCOME INFORMATION:

Identify each source of income currently received or anticipated to be received in the next 12 months.

	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
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- | | | |
|--|-----------|----------|
| 1. Self-Employment | Yes or No | \$ _____ |
| 2. Not Employed | Yes or No | \$ _____ |
| 3. Unemployment Compensation | Yes or No | \$ _____ |
| 4. Disability/Worker's Compensation/Severance Pay | Yes or No | \$ _____ |
| 5. Social Security/SSI Benefits | Yes or No | \$ _____ |
| 6. VA Benefits | Yes or No | \$ _____ |
| 7. Pension/Annuity | Yes or No | \$ _____ |
| 8. Military Pay | Yes or No | \$ _____ |
| 9. Public Assistance (AFDC/TANF/W-2) | Yes or No | \$ _____ |
| 10. Child Support/Alimony/Family Maintenance | Yes or No | \$ _____ |
| 11. Recurring Gift/Contribution | Yes or No | \$ _____ |
| 12. Rental Income | Yes or No | \$ _____ |
| 13. Lottery Winnings Paid Periodically | Yes or No | \$ _____ |
| 14. Adoption Assistance | Yes or No | \$ _____ |
| 15. Trust Income | Yes or No | \$ _____ |
| 16. Other Income (i.e. inheritance, insurance policies, grants, scholarships or other student financial assistance in excess of tuition) | Yes or No | \$ _____ |
| 17. Zero Income (No income from any source) | Yes or No | \$ _____ |

ASSET INFORMATION:*List all assets for this household member. Complete one for every household member.*

	Name of Financial Institution(s)	Circle One	Amount
1. Checking	_____	Yes or No	\$ _____
2. Savings	_____	Yes or No	\$ _____
3. Cash on Hand	_____	Yes or No	\$ _____
4. Stocks/Mutual Funds	_____	Yes or No	\$ _____
5. CD/Money Markets	_____	Yes or No	\$ _____
6. Treasury Bill	_____	Yes or No	\$ _____
7. Bonds	_____	Yes or No	\$ _____
8. IRA/KEOGH	_____	Yes or No	\$ _____
9. 401K	_____	Yes or No	\$ _____
10. Pension/Annuity	_____	Yes or No	\$ _____
11. Whole Life Insurance	_____	Yes or No	\$ _____
12. Universal Life Insurance	_____	Yes or No	\$ _____
13. Land Contract/Deed of Trust	_____	Yes or No	\$ _____
14. Real Estate	_____	Yes or No	\$ _____
15. Safety Deposit Box	_____	Yes or No	\$ _____
16. Personal Property Held as an Investment	_____	Yes or No	\$ _____
17. Trusts	_____	Yes or No	\$ _____
18. Lottery Winnings (Lump Sum)	_____	Yes or No	\$ _____
19. Lump Sum Receipts	_____	Yes or No	\$ _____

1. Do all combined assets of the entire household total less than \$5000? Yes or No

Applicant's Initials: _____



2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please complete the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to:	Bankruptcy	Yes	No
	Foreclosure	Yes	No
	Marital Separation	Yes	No
	Divorce	Yes	No

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to:	Bankruptcy	Yes	No
	Foreclosure	Yes	No
	Marital Separation	Yes	No
	Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____
 Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

ADDITIONAL QUESTIONS: (ALL Must Be Answered Yes or No)

1. Have you ever been arrested, pleaded guilty or "no contest" or convicted of a felony or misdemeanor? *(Whether or not resulting in a conviction).* Yes or No

If yes, please explain: _____

2. Have you ever been arrested, pleaded guilty or "no contest" or convicted of a misdemeanor involving sexual misconduct? *(Whether or not resulting in a conviction).* Yes or No

If yes, please explain: _____

3. Have you ever been arrested, pleaded guilty or "no contest" or convicted of offenses relating to manufacturing, distribution, or intent-to-distribute a controlled substance? *(Whether or not resulting in a conviction.)* Yes or No

If yes, please explain: _____

VEHICLE INFORMATION: (List ALL Vehicles)

Driver's License #: _____	State Issued: _____
Make: _____ Model: _____	Year: _____ License Plate #: _____
Driver's License #: _____	State Issued: _____
Make: _____ Model: _____	Year: _____ License Plate #: _____



EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Information solicited on this application is requested by Hartle Management Agency, Inc. in order to ensure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age, disability and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race _____ National Origin _____ Sex _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of My/Our knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I/We further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

ANY HEAD OF HOUSEHOLD, CO-HEAD, SPOUSE, OR PERSON 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

I swear that I have read the above statement and grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date

Applicant's Signature

Date

***BROKER/AGENT DISCLOSURE:**

Chad Hartle is a Missouri Licensed Real Estate Broker.
Geneva Hartle is a Missouri Licensed Real Estate Agent.

Applicant's Initials: _____

