

# GRAND CENTRAL PLAZA APARTMENTS SMOKE- FREE BUILDING (715) 394-6601

**HOUSING CREDIT PROGRAM  
APPLICANT QUESTIONNAIRE**

**HOUSEHOLD INFORMATION**

List all household members that are applying to live in this apartment with you.

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birthday Month/Day/Year

Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>1. Do you expect any additions to the household within the next twelve months?</p> <p style="margin-left: 20px;">Name &amp; Relationship _____</p> <p style="margin-left: 20px;">Explanation _____</p>         |
| <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>        | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>   | <p>2. Is there anyone living with you now who won't be living with you at this property?</p> <p style="margin-left: 20px;">Name &amp; Relationship _____</p> <p style="margin-left: 20px;">Explanation _____</p>  |
| <p><input type="checkbox"/></p>  | <p><input type="checkbox"/></p>   | <p>3. Do you have full custody of your children?</p> <p style="margin-left: 20px;">Explanation _____</p>  |
| <p><input type="checkbox"/></p>  | <p><input type="checkbox"/></p>   | <p>4. Are there any absent household members who under normal conditions would live with you?<br/>(For example, a household member away in the military.)</p> <p style="margin-left: 20px;">Explanation _____</p> |
| <p><input type="checkbox"/></p>  | <p><input type="checkbox"/></p>   | <p>5. Does your household have or anticipate having any pets other than those used as service animals?</p> <p style="margin-left: 20px;">Explanation _____</p>  |

**Rental History**

Yes No

6. Have you or anyone else named on this application filed for Bankruptcy?

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

7. Have you or anyone else named on this application been convicted of a felony?

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

8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?

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

9. Have you or anyone else named on this application been convicted of property damage?

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

10. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer?

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

**Housing References**

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

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	Own	From: _____
Address _____	_____	Rent	To: _____
_____	_____		
Phone ( ) _____	_____		
Name: _____	_____	Own	From: _____
Address _____	_____	Rent	To: _____
_____	_____		
Phone ( ) _____	_____		
Name: _____	_____	Own	From: _____
Address _____	_____	Rent	To: _____
_____	_____		
Phone ( ) _____	_____		

**Personal Reference**

List a personal reference other than a relative

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

Address: \_\_\_\_\_

**Vehicle Identification**

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State issued</u>	<u>Make/Model/Year</u>
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

**Emergency Contact**

List someone in the area that is not already on the application.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known: \_\_\_\_\_

**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 all income anticipated for the next 12 months.  
Do YOU or ANYONE in your household receive OR expect to receive income from:

- | Yes                      | No                       |   |                         |                        |               |
|--------------------------|--------------------------|---|-------------------------|------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.) | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|                          |                          |   | _____                   | _____                  | _____         |
|                          |                          |   | _____                   | _____                  | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Self-employment? (Include overtime, tips, bonuses, commissions, and payments received in cash)              | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|                          |                          |   | _____                   | _____                  | _____         |
|                          |                          |   | _____                   | _____                  | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Regular pay as a member of Armed Forces?  | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|                          |                          |   | _____                   | _____                  | _____         |
|                          |                          |   | _____                   | _____                  | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Unemployment benefits or workman's compensation?  | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|                          |                          |   | _____                   | _____                  | _____         |
|                          |                          |   | _____                   | _____                  | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?                        | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|                          |                          |   | _____                   | _____                  | _____         |
|                          |                          |   | _____                   | _____                  | _____         |

Yes No

16 (a) Child Support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather receive directly from payor.)

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

(b) How is the support-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 _____

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

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

 

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

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

 

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

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

 

19. Regular payments from a severance package?

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

 

20. Regular payments from any type of settlement?

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

 

21. Regular gifts or payments from anyone outside the household?

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

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

<b>Yes</b>	<b>No</b>	22. Educational grants, scholarships, or other student benefits?		
<input type="checkbox"/>	<input type="checkbox"/>		<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from lottery winnings or inheritances?		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	24. Regular payments from rental property or other type of real estate transactions?		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	25. Any other income sources or types not listed"		
			<u>Household Member</u>	<u>source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	26. Do you or any other household members expect any changes to your income in the next 12 months?		
			Explanation: _____	

<b>Asset Information:</b>
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Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

**Do YOU or ANYONE in your household:**

<b>Yes</b>	<b>No</b>	27. Checking or saving account?		
<input type="checkbox"/>	<input type="checkbox"/>		<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	28. CDs, money market account or treasury bills?		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____

Yes No

29. Stock, bonds, whole life insurance or securities ?

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

30. Trust funds?

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

31. Pensions, IRA's, Keogh or other retirement accounts?

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

32. Cash on hand over \$500?

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

33. Real estate, rental property, land contracts/contract for deeds, or other real estate holdings?  
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

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

34. Personal property held as an investment?  
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as you car, furniture or clothing)

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

35. A safe deposit box?

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

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

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

## Application Status

The following questions pertain to specific eligibility requirements of the Housing Credit Programs.

Yes

No

37. Are you or any other ADULT household members claiming zero income?

Household Member; \_\_\_\_\_

Explanation; \_\_\_\_\_

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

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

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any) \_\_\_\_\_

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

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

Contact Person \_\_\_\_\_

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

Expected Date: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing credit program. I certify 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, 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 Housing Credit Programs requirements.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

