

NEW YORK APARTMENTS

(715) 392-6699

**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 _____

Yes **No**

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship _____
 Explanation _____

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship _____
 Explanation _____

3. Do you have full custody of your children?

Explanation _____

4. Are there any absent household members who under normal conditions would live with you?
 (For example, a household member away in the military.)

Explanation _____

5. Does your household have or anticipate having any pets other than those used as service animals?

Explanation _____

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.

Tag/License Plate # State issued Make/Model/Year

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

11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

Household Member Name of Company Amount

12. Self-employment? (Include overtime, tips, bonuses, commissions, and payments received in cash)

Household Member Name of Company Amount

13. Regular pay as a member of Armed Forces?

Household Member Name of Company Amount

14. Unemployment benefits or workman's compensation?

Household Member Name of Company Amount

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member Name of Company Amount

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>
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_____	_____	_____
_____	_____	_____

(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>
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_____	_____	_____
_____	_____	_____

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>
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_____	_____	_____
_____	_____	_____

19. Regular payments from a severance package?

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

20. Regular payments from any type of settlement?

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

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>
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_____	_____	_____
_____	_____	_____

Yes	No	22. Educational grants, scholarships, or other student benefits?			
<input type="checkbox"/>	<input type="checkbox"/>		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from lottery winnings or inheritances?			
			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</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>	<u>Amount</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>	<u>Amount</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: _____		

Asset Information:

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:

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

Yes No

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

Household Member Source of Benefit Amount

30. Trust funds?

Household Member Name of Company Amount

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

Household Member Source of Benefit Amount

32. Cash on hand over \$500?

Household Member Source of Benefit Amount

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)

Household Member Source of Benefit Amount

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)

Household Member Source of Benefit Amount

35. A safe deposit box?

Household Member Source of Benefit Amount

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