

- Initial
 Recertification

MHC HOUSING TAX CREDIT ELIGIBILITY APPLICATION

_____ Move-in Date

\$ _____ Rent Amount

Property Name _____
 Address _____ Unit # _____
 City, State _____ # of Bedrooms _____

APPLICANT/ TENANT INFORMATION

Full Name _____ Home Phone # _____
 Street Address _____ Other Phone # _____
 City, State and Zip _____ Email _____
 Rent /Own _____ How Long? _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS S=SINGLE SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Do all of the above household members reside in the household 100% of the time? (Y/N) _____ If no, please list the household members that do not live in the household 100% of the time: _____

Anticipated changes in the household size within the next 12 months? (Y/N) _____ If Yes, explain _____

Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain _____

Current Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Date of divorce/separation: _____

If every household member listed above is indicated as a full-time (FT) student, please answer the following questions: Circle One

a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes 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 No

c. Are any full-time students married and filing or entitled to file a joint tax return? Yes No

d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? Yes No

e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care? Yes No

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.
Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 3.):

YES	NO		Gross Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	2. Does any member work for someone who pays them in cash or is self-employed.	\$
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay for a member of the armed forces	\$
<input type="checkbox"/>	<input type="checkbox"/>	4. Public Assistance (MFIP, GA)	\$
<input type="checkbox"/>	<input type="checkbox"/>	5. Worker's compensation	\$
<input type="checkbox"/>	<input type="checkbox"/>	6. Unemployment benefits or severance pay	\$
<input type="checkbox"/>	<input type="checkbox"/>	7. Student financial assistance (public or private, not including student loans).	\$
<input type="checkbox"/>	<input type="checkbox"/>	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony/Spousal Maintenance	\$
<input type="checkbox"/>	<input type="checkbox"/>	10. Social Security income (including unearned income of minor children)	\$
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability benefits including social security disability	\$
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular payments from pensions (PERA, railroad, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from retirement benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	14. Death Benefits	\$
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from annuities or life insurance dividends	\$
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
<input type="checkbox"/>	<input type="checkbox"/>	17. Net income from rental property	\$
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
<input type="checkbox"/>	<input type="checkbox"/>	19. Other (list) _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	20. Other (list) _____	\$

HOUSEHOLD ASSET INFORMATION

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks	\$
<input type="checkbox"/>	<input type="checkbox"/>	24. Capital Investments	\$
<input type="checkbox"/>	<input type="checkbox"/>	25. Bonds	\$
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole Life Insurance Policy (do not include term life insurance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market Funds	\$
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
<input type="checkbox"/>	<input type="checkbox"/>	35. Safety Deposit Box	\$
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own Real Estate? If yes, list address(es): _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you hold a contract for deed?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____ _____	
Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.			

EMPLOYMENT INFORMATION

Current Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____ Phone _____	Fax _____
Additional Employer Name _____	Title _____
Address _____	Date of Hire _____
City, State and Zip _____	Monthly Gross Wage \$ _____
Supervisor _____ Phone _____	Fax _____
Previous Employer Name _____	Title _____
Address _____	Phone _____
City, State and Zip _____	Fax _____
From _____	To _____

DO NOT LEAVE THIS SECTION BLANK.

From 2-42, **income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

Have **Have not**

<input type="checkbox"/>	<input type="checkbox"/>
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sold or given away any assets for 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 must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

EMERGENCY CONTACT

Emergency Contact Name _____	Relationship _____
Address _____	Cell/Home Phone _____
City, State and Zip _____	Home/Work Phone _____

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ Date: _____

TENANT RELEASE AND CONSENT FORM

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to _____

(Owner or agent)

for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers

Veterans Administration
Retirement Systems
Banks and other
Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident

(Print Name)

Date

Co-Applicant/Resident

(Print Name)

Date

Adult Household Member

(Print Name)

Date

Adult Household Member

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, AREQUEST FOR COPY OF TAX FORM@ MUST BE PREPARED AND SIGNED SEPARATELY.

Student Status Certification

Household Name: _____ Unit No. _____

Development Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses):

A. Household contains at least one occupant who is not a student, has not been a student, and has/will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required.

C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed, with the applicable documentation attached:

1. Is at least one student receiving assistance under Title IV of the Social Security Act? Yes No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? Yes No
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? Yes No
4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the parent? Yes No
5. Are the students married and entitled to file a joint tax return? Yes No

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

INSTRUCTIONS FOR COMPLETING Under \$5000 Asset Certification

Only one form should be completed for each household certifying to a total asset cash value of \$5000 or less.

Household Name	Enter the name of the Head of Household.
Unit Number	Enter the unit number.
Development Name	Enter the name of the development.
Effective Date	Enter the effective date of the certification.

QUESTION #1

For lines "a" through "t", please enter the fair market value (A), interest rate (B) and annual income of each applicable asset.

Fair Market Value	Enter the fair market value of the respective asset. For cash assets, the fair market value is the current value of the asset. However, for checking accounts, the FMV is the last six months average. If an asset does not apply, please enter \$0 or N/A.
Interest Rate	For interest bearing accounts (such as a savings account, stocks, IRA accounts, etc), please list the current interest rate for the asset. If the asset does not bear interest, please list \$0 or N/A.
Annual Income	Enter the annual Income of the Asset by multiplying the FMV by the Interest Rate.
TOTAL	To acquire the Total Fair Market Value and Annual Income, add amounts for lines "a" through "t" for each respective column.

QUESTION #2

For question #2, only one of the check boxes should be marked. If the household has sold/given away assets for more than \$1000 below FMV within the last two years prior to the certification, the first check box should be marked. The total value of the disposed assets should be noted.

If the household has not sold/given away assets for less than fair market value in the last two years, the second check box should be marked.

QUESTION #3

If the household listed \$0 or N/A for all assets in Question #1, the household should mark this checkbox.

HOUSEHOLD CERTIFICATION AND SIGNATURES

Each household member age 17 or older must sign and date the Under \$5000 Asset Certification.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ Effective Date: _____

Complete all that apply for 1 through 3:

1. My/our assets include:

(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Fair Market Value	(B) Int. Rate	(A*B) Annual Income	Source
a. \$ _____	_____	\$ _____	Savings Account	m. \$ _____	_____	\$ _____	Checking Account
b. \$ _____	_____	\$ _____	Cash on Hand	n. \$ _____	_____	\$ _____	Safety Deposit Box
c. \$ _____	_____	\$ _____	Certificates of Deposit	o. \$ _____	_____	\$ _____	Money market funds
d. \$ _____	_____	\$ _____	Stocks	p. \$ _____	_____	\$ _____	Bonds
e. \$ _____	_____	\$ _____	IRA Accounts	q. \$ _____	_____	\$ _____	401K Accounts
f. \$ _____	_____	\$ _____	Keogh Accounts	r. \$ _____	_____	\$ _____	Trust Funds
g. \$ _____	_____	\$ _____	Equity in real estate	s. \$ _____	_____	\$ _____	Land Contracts
h. \$ _____	_____	\$ _____	Lump Sum Receipts	t. \$ _____	_____	\$ _____	Capital investments
i. \$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
j. \$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
k. \$ _____	_____	\$ _____	Personal property held as an investment*:				_____
l. \$ _____	_____	\$ _____	Other (list):				
TOTAL Add [(a) through (t)]				Fair Market Value	Annual Income		
				<div style="border: 2px solid black; width: 100px; height: 20px;"></div>	<div style="border: 2px solid black; width: 100px; height: 20px;"></div>		

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are.

*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred); or
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
3. I/we do not have any assets at this time.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

MARITAL STATUS CERTIFICATION

RETURN TO:
CROWN ROAD ESTATES
14105 CROWN ROAD
GULFPORT, MS 39503
(228)539-0220
(228)539-0205 FAX

DATE: _____
BLDG/APT. #: NA _____
APPLICANT/TENANT: _____

Please check box A, B, C, D, E, F OR G:

A. Never married

B. Married

C. Separated, but not divorced from your spouse

If you checked box C, please complete the following:

a. Are you legally separated from your spouse? Yes No

(If "yes", please attach a copy of your current legal separation agreement)

If "no", please continue with questions B, C, and D

b. My reasons for not pursuing legal action are:

c. My future plans for pursuing legal actions are:

d. I currently receive \$ _____ per week month year (Circle One) from my spouse for (Circle One) Child Support/Spousal Support. I do not receive any other support from my spouse.

D. Legally divorced with minor children (Please provide copy of Divorce Decree)

E. Legally divorced without minor children (Please provide copy of Divorce Decree)

F. Previously divorced with minor children but remarried (Please provide copy of Divorce Decree)

G. Widowed

I will report any and all changes to my living situation. This includes, but is not limited, to changes in my income, asset amounts, household composition, and marital status. I will not allow my spouse or any other individual to move into my house without prior approval from management. I understand that if I do, this will be a breach of my lease and that eviction proceedings will begin immediately.

Applicant/Tenant Signature

Date

Spouse Signature (if applicable)

Date

Subscribed and sworn before me under oath this _____ day of _____ Year _____

Signature of Notary Public

Notary Public, State of _____. My commission expires _____



Crown Road Estates
14105 Crown Road
Gulfport, MS 39503
228-539-0220

PROFESSIONAL REFERENCES FOR NO RENT HISTORY
(Do not use relatives or personal friends as your references)

Telephone (228) 539-0220

Fax (228)539-0205

Date: _____

To: _____

From: CROWN ROAD ESTATES _____

Re: _____, has listed you as a non-related reference on his/her application for housing at CROWN ROAD ESTATES.

We need a reference from you. Please answer the following questions.

1. Your relationship to the individual: _____
2. How long have you known this person? _____
3. Do you feel he/she is a responsible individual? _____

Please note any other information that you would consider helpful to us regarding this individual.

Date: _____

Phone: _____

Signature: _____

Profession: _____

CROWN ROAD ESTATES
14105 CROWN ROAD
GULFPORT, MS 395

Phone (228) 539-0220

Fax (228) 539-0205

TENANT INFORMATION SHEET

Tenant Name: _____

Current Address: _____

Telephone Numbers:

Daytime: _____ Cell: _____

LANDLORD INFORMATION

Present landlord name, address & phone number:

Previous landlord name, address & phone number:

Previous landlord name, address & phone number:

SOCIAL SECURITY NUMBERS

We are required to request your verification of social security numbers of all household members. Please complete the following lines for your household members.

TENANT NAME _____

TENANT ADDRESS _____

Household Member Name	Date of Birth	Race*	Social Security Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

*Race (Optional) 1=White, Non-Hispanic, 2=Black, Non-Hispanic, 3= Asian, Pacific Island,
4= American Indian, Alaskan Native, 5= Hispanic

All adult members of the household must sign this form.

I/We verify that all the foregoing information is true and correct to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

Signature

Date

Signature

Date

Signature

Date

Signature

Date