

The Homes at Pelican Landing
14105 Crown Road
Gulfport, MS 39503
(228)539-0220 (228)539-0205 Fax

Thank you for your interest in The Homes at Pelican Landing! Our four bedroom homes are very spacious with many features including two car garages, ceiling fans, washer/dryer, stove refrigerator, microwave, walk in closets, and so much more. We look forward to your making The Homes at Pelican Landing your new home!

When you bring back the application, please bring the following documents:

- Tax returns for two years **if** you are self-employed, unemployed, or **if** all household members are students.
- ID/Drivers license for everyone 18 and older. **Originals only.**
- SS card for all household members. **Originals only.**
- Birth Certificate for all household members under 18. **Originals only.**
- One current check stub, Social Security disability or SSI award letter, Unemployment benefits statement, Workers' Compensation benefit statement, Veteran's benefit statement, and/or proof of any other form of income
- Divorce decree (if applicable)

APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL APPLICABLE PAPERWORK.

ALL HOUSEHOLD MEMBERS 18 OR OVER MUST SIGN ALL DOCUMENTS.

Maximum Income Requirements Yearly

1 Person - \$25,620	2 Person - \$29,280	3 Person - \$32,940
4 Person - \$36,540	5 Person - \$39,480	6 Person - \$42,420
7 Person - \$45,360	8 Person - \$48,240	9 Person - \$51,180
10 Person - \$54,060	11 Person - \$57,000	12 Person - \$59,940

Minimum: At least \$1,500/Month -if applicable

Monthly rent - \$774.00

Security Deposit \$774.00

NO PETS



- Initial
 Recertification

**MHC HOUSING TAX CREDIT
 ELIGIBILITY APPLICATION**

Move-in Date _____
 Rent Amount \$ 774.00

Property Name The Homes at Pelican Landing
 Address 14105 Crown Road
Gulfport, MS 39503
 City, State Phone: 228-539-0220
Fax: 228-539-0205
 Unit # _____
 # 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 NM= NEVER MARRIED 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
			1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
			2. Does any member work for someone who pays them in cash or is self-employed.	\$
			3. Regular pay for a member of the armed forces	\$
			4. Public Assistance (MFIP, GA)	\$
			5. Worker's compensation	\$
			6. Unemployment benefits or severance pay	\$
			7. Student financial assistance (public or private, not including student loans)	\$
			8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
			9. Alimony/Spousal Maintenance	\$
			10. Social Security income (including unearned income of minor children)	\$
			11. Disability benefits including social security disability	\$
			12. Regular payments from pensions (PERA, railroad, etc.)	\$
			13. Regular payments from retirement benefits	\$
			14. Death Benefits	\$
			15. Regular payments from annuities or life insurance dividends	\$
			16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
			17. Net income from rental property	\$
			18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
			19. Other (list) _____	\$
			20. Other (list) _____	\$

HOUSEHOLD ASSET INFORMATION

	Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
			21. Checking Accounts (6 month average balance)	\$
			22. Savings Accounts	\$
			23. Money in an online account/ app such as PayPal, Venmo, SquareCash, etc.	\$
			24. Pay Card (e.g. Direct Express debit card, payroll deposit card, etc.)	\$
			25. Stocks	\$
			26. Capital Investments	\$
			27. Bonds	\$
			28. Trusts*	\$
			29. Securities	\$
			30. Whole Life Insurance Policy (do not include term life insurance)	\$
			31. 401K*	\$
			32. IRA/KEOGH Accounts	\$
			33. Certificates of Deposit	\$
			34. Pension/Retirement/Annuity accounts	\$
			35. Money Market Funds	\$
			36. Treasury Bills	\$
			37. Safety Deposit Box	\$
			38. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
			39. Are any accounts held jointly with someone not in the unit? Which account and with whom?	\$
			40. 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	41. Do you now own Real Estate? If yes, list address(es):	Value \$
		42. Do you hold a contract for deed?	\$
		43. 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)?	\$
		44. 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 Employment	_____	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"/>
--------------------------	--------------------------

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Will any household member, including children, live in the unit on a less than full time basis?
- Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
- Does any adult member of the household have zero income? If yes, name(s): _____
- Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
- 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: _____

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	o. \$ _____	_____	\$ _____	Checking Account
b. \$ _____	_____	\$ _____	Cash on Hand	p. \$ _____	_____	\$ _____	Safety Deposit Box
c. \$ _____	_____	\$ _____	Certificates of Deposit	q. \$ _____	_____	\$ _____	Money market funds
d. \$ _____	_____	\$ _____	Stocks	r. \$ _____	_____	\$ _____	Bonds
e. \$ _____	_____	\$ _____	IRA Accounts	s. \$ _____	_____	\$ _____	401K Accounts
f. \$ _____	_____	\$ _____	Keogh Accounts	t. \$ _____	_____	\$ _____	Trust Funds
g. \$ _____	_____	\$ _____	Equity in real estate	u. \$ _____	_____	\$ _____	Land Contracts
h. \$ _____	_____	\$ _____	Lump Sum Receipts	v. \$ _____	_____	\$ _____	Capital investments
i. \$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
j. \$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				
k. \$ _____	_____	\$ _____	Personal property held as an investment*:				
l. \$ _____	_____	\$ _____	Money in an online account/app such as PayPal, Venmo, Square Cash, etc.				
m. \$ _____	_____	\$ _____	Pay Card (e.g. Direct Express debit card, pay card, etc.)				
n. \$ _____	_____	\$ _____	Other (list):				

TOTAL Add [(a) through (t)] Fair Market Value Annual Income

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

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: _____

Member _____ Daytime: _____ Cell: _____

Member _____ Daytime: _____ Cell: _____

LANDLORD INFORMATION

Present landlord name, address & phone number:	Address in question
	From: To:
Previous landlord name, address & phone number:	Address in question
	From: To:
Previous landlord name, address & phone number:	Address in question
	From: To:

AFFIDAVIT OF MARITAL STATUS

Household Name: _____ Unit#: _____

Applicant/ Resident Name: _____ Spouse's Name: _____

If your marital status is anything other than "never been married", this form must be completed.
Choose and complete the appropriate statement below:

Part I: Marital Status

1. I am the widow or widower of _____, who has been deceased since _____.
 I am receiving survivor benefits such as Social Security, retirement/pension, etc. in the amount of _____.
 I am **not** receiving survivor benefits such as Social Security, retirement/pension, etc.
2. I am currently legally separated or divorced from my spouse effective as of _____. (A copy of the legal separation agreement or divorce decree must be attached.)
3. I am currently, but **not legally**, separated from my spouse. I began the legal process on _____ (date) and I anticipate this separation to be permanent.
4. I am currently, but **not legally**, separated from my spouse effective _____ (date) and I have not begun the legal process for the following reason(s):
 Financial reasons Spouse's location is unknown Incarceration/ Protective Custody
 Other (explain): _____

Part II: Financial Support

- I am currently receiving or anticipate receiving \$ _____ per _____ (frequency) from my spouse during the next 12 months.
- I am not currently and do not seek or anticipate receiving any compensation from my spouse during the next 12 months for the following reasons _____

Part III: Leasing

I certify that should my spouse rejoin the household within the initial lease term I will notify management immediately and that the entire household will need to be re-evaluated for eligibility. _____ (initial)

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

SIGNATURE OF APPLICANT/TENANT

DATE

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

*Crown Road Estates
14105 Crown Road
Gulfport, MS 39503
(228)539-0220 (228)539-0205 Fax*

PROFESSIONAL REFERENCES

This reference information is for _____

DO NOT USE RELATIVES OR PERSONAL FRIENDS AS REFERENCES

1.) Name: _____ Phone: _____

Full address: _____
Street City State Zip

Email address and/or fax number: _____

Acquaintance to tenant: _____

Profession: _____

2.) Name: _____ Phone: _____

Full address: _____
Street City State Zip

Email address and/or fax number: _____

Acquaintance to tenant: _____

Profession: _____

3.) Name: _____ Phone: _____

Full address: _____
Street City State Zip

Email address and/or fax number: _____

Acquaintance to tenant: _____

Profession: _____

"This institution is an equal opportunity provided and employer"

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 _____
The Homes at Pelican Landing
(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	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks and other
Support and Alimony Providers	Medical and Child Care Providers	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.