

Historic Gateway Apartments

c/o

First Ward Action Council, Inc.

167 Clinton Street

Binghamton, NY 13905

Phone: 607-772-2850

Fax: 607-231-2819

Low Income Housing Tax Credit Program

INSTRUCTIONS TO COMPLETE HOUSING APPLICATION

1. Please complete application questions to the best of your knowledge.
2. Questions that do not apply to you, enter "N/A"
3. Return completed application to: First Ward Action Council, Inc.
167 Clinton Street
Binghamton, NY 13905

Effective as of 7/23/2012, all applicants being considered for tenancy will be required to:

1. Submit a minimum of 3 years landlord references and housing history for all household members over the age of 18, or as specified on the application;
2. Submit to a criminal background check;
3. Disclose all information required to determine program income eligibility;
4. Provide a copy of a recent credit report;
5. Allow FWAC staff to conduct a home visit of their current residence.

*Incomplete applications will be rejected

** Please note that income amounts should be stated as the gross income (before taxes and withholdings).

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 167 Clinton Street
 Binghamton, NY 13905
 607-772-2850
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Low Income Housing Tax Credit Program

For management use

Date & time received

Property Name & Address: _____

Anticipated Move In Date: _____ Anticipated unit# _____ Is this a unit transfer? Yes No

Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____ Date Moved in: _____

Rent _____ Own _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Answer either YES or NO to each question.

YES NO

1. **Do you or any one in your household have extra-special needs?**
 (for example, Handicap or accessibility issues)

Name & Relationship: _____

Explanation: _____

YES NO

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

Name & Relationship: _____

Explanation: _____

YES NO

3. **Is there anyone living with you now who will not be living with you at this property?**

Name & Relationship: _____

Explanation: _____

YES NO

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: _____

YES NO
o o

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

Type: _____ Weight: _____

YES NO
o o

6. Have you or any one else named on this application filed bankruptcy?

Explanation: _____

YES NO
o o

7. Have you or any one else named on this application been convicted of a crime?

Explanation: _____

YES NO
o o

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

Explanation: _____

YES NO
o o

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

Explanation: _____

YES NO
o o

10. Have you ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References:

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

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		
2.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		
3.	_____	_____	Own o	Move in: _____
	_____	_____	Rent o	Move out: _____
	_____	_____		_____
	Phone: () _____	_____		

Personal Reference:

List a personal reference other than a relative.

1. Name/Address of Reference

_____ Phone: () _____

_____ Relationship: _____

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____
2. License #: _____ State Issued: _____ Make/Model/Year: _____

Emergency Contact

Name/Address (If possible list someone in the area that is not listed on the application.)

Phone: () _____

Relationship: _____

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 the dollar (\$) amount in the space provided.

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

received

(If yes, EMC #01)

(If no, #101)

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

Name of Company

Household Member

Amount

YES NO

(EMC #02)

2. **Self-employment?** (Attach Federal Tax Return or Profit and Loss Statements)

Type of Business

Household Member

Amount

YES NO

(EMC #03)

3. **Regular pay as a member of the Armed Forces?**

Base & Branch

Household Member

Amount

YES NO

(EMC #04 or #106)

4. **Unemployment benefits or workman's compensation?**

Contact Person

Household Member

Amount

YES NO

(EMC #05)

5. **Public Assistance, General Relief, or Temporary Assistance ?**

Contact Person

Household Member

Amount

YES NO
o o

6. (a) **Child Support or Alimony ?** (Any **AWARDED** amounts—collected or uncollected. We must court court-ordered support whether or not it is being received unless legal action has been taken to remedy.)

(If yes, EMC #06)
(If no, #103)

We must also court support that is not court-ordered but received directly from payor.)

Payor	Household Member	Amount
_____	_____	_____
_____	_____	_____

(b) **How is the support being received?** (Check all that apply)

- Court of Law** Name of Court: _____
 Directly from Individual Name of Person: _____
 Other Explain: _____

YES NO
o o
(If yes, obtain court papers)

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

Explanation: _____

YES NO
o o
(EMC #07)

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

SSA Office	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO
o o
(EMC # 08)

8. **Veteran's benefits, pensions, retirement benefits or annuities?**

Source of Benefit	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO
o o
(EMC #08)

9. **Severance payments?**

Source of Benefit	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO
o o
(EMC # 08)

10. **Regular Payments from any type of Settlements?** (Such as insurance settlements)

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO
o o
(EMC #08)

11. **Disability, death benefits or life insurance dividends?**

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO
o o
(EMC #08)

12. **Regular gifts or payments from anyone outside of the household?**
(This includes anyone supplementing your income or paying any of your bills.)

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

 (EMC #08)

13. Educational grants, scholarships, or other student benefits?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO

 (EMC #08)

14. Lottery winnings or inheritances?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO

 (EMC #08)

15. Payments from rental property, land contracts or other forms of real estate?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO

 (EMC #08)

16. Any other income sources or types not listed?

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO

17. 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 corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Do YOU or ANYONE in your household hold: (Include ALL assets held by ALL household members including minors.)

YES NO

 (EMC #09)

1. Checking or savings accounts?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

 (EMC #09)

2. CDs, money market accounts or treasury bills?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

 (EMC #10)

3. Stocks, bonds or securities?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

 (EMC #09)

4. Trust funds?

Source	Household Member	Amount	% Interest
_____	_____	_____	_____
_____	_____	_____	_____

YES NO
o o
(EMC #09 or #10)

5. Pensions, IRAs, KEOGH or other retirement accounts?

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>	<u>% Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

YES NO
o o
(EMC #13)

6. Cash on hand over \$500? (Monies not currently held in bank accounts)

Household Member: _____ Amount: _____

YES NO
o o
(EMC #10)

7. Real estate, rental property, land contracts/ contract for deeds or other real estate holdings?
(Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____

YES NO
o o
(EMC # 10)

8. Personal property as an investment? (Attach appraisal)

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

<u>Type</u>	<u>Household Member</u>	<u>Value</u>
_____	_____	_____

YES NO
o o
(EMC #13)

9. A safe deposit box?

Household Member: _____ Monetary Value of Contents: _____

YES NO
o o
(EMC #11)

10. Have you or any 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: _____

Zero Income Verification:

YES NO
o o
(#101)

1. Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Household Member(s) _____

Student Information:

YES NO
o o

1. Are YOU or is ANYONE in your household currently a full or part-time student, or planning to be one within the next 12 months? If yes, please list whom & status:

Name: _____ Status (Full or Part-time) _____

Name: _____ Status (Full or Part-time) _____

IF YES AND FULL-TIME, CONTINUE WITH THE FOLLOWING QUESTIONS:

(You will need to provide verification of all items to which you answered YES.)

YES NO

o o a. Are you married and currently filing a joint tax return? (Attach copy)

o o c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?

Contact Name: _____ Phone: _____

Live-In Care Attendant:

YES NO
o o
(EMC #15)

1. Will you or anyone in your household require a live-in care attendant? (Attach verification from Doctor)

Name of Live-in Care Attendant: _____ Relationship (if any): _____

Section 8 Rental Assistance:

YES NO
o o

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

Name of Agency: _____ Contact Person Name: _____

YES NO
o o

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

Explanation: _____ Name of Agency: _____

General Information:

1. How did you learn about the FWAC Rental Program? _____

2. Have you ever applied to the FWAC Rental Program before? Yes _____ No _____

3. Do you presently have a lease? Yes _____ No _____ If yes, when does it expire? _____

4. Why are you interested in moving at this time? _____

5. What is your total monthly rent at present? \$ _____

6. Which of the following utilities does your current rent include:

All Utilities _____ Heat _____ Cooking _____ Lights _____ Hot Water _____ No Utilities _____

What unit(s) are you applying for?

_____ One Bedroom _____ Two Bedroom _____ Three Bedroom

_____ Wheelchair adaptable _____ Other (special needs)

Month you need to move in by? _____

For Statistical Purposes Only* (Check ALL that apply for your household.)

_____ White _____ Hispanic _____ Asian _____ Black _____ Native American

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that 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 Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature	Date
Signature	Date
Signature	Date

For Office Use Only

Date of Interview: _____ Desired Apt. #: _____ Desired Move-in Date: _____