

Crandall Street Apartments, LLC

Application Questionnaire



Smoke-Free



c/o
 First Ward Action Council, Inc.
 167 Clinton Street
 Binghamton, NY 13905
 (607) 772-2850
 (607) 231-2819 Fax

Low Income Housing Tax Credit Program

For management use

Date & time received

Property Name & Address: _____

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.

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next twelve months?
Name & Relationship: _____
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now, who will not be living with you at this property?
Name & Relationship: _____
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 4. Are there any absent household members who under normal conditions would live with you? (i.e., a household member away in the military)
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 5. Does your household have or anticipate having any pets other than those used as service animals?
Type: _____ Weight: _____ |

YES NO

6. **Have you or any one else named on this application filed bankruptcy?**
Explanation: _____
7. **Have you or any one else named on this application been convicted of a crime?**
Explanation: _____
8. **Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?**
Explanation: _____
9. **Have you or any one else named on this application been convicted of property damage?**
Explanation: _____
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 THREE 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.	_____ _____ _____ Phone: () _____	_____ _____ _____	Own <input type="radio"/> Rent <input type="radio"/>	Move in: _____ Move out: _____
2.	_____ _____ _____ Phone: () _____	_____ _____ _____	Own <input type="radio"/> Rent <input type="radio"/>	Move in: _____ Move out: _____
3.	_____ _____ _____ Phone: () _____	_____ _____ _____	Own <input type="radio"/> Rent <input type="radio"/>	Move in: _____ Move out: _____

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 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

(If yes, EMC #01
(if no, #101)

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

Name of Company	Household Member	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

(EMC #02)

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

Type of Business	Household Member	Amount
_____	_____	_____
_____	_____	_____

(EMC #03)

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

Base & Branch	Household Member	Amount
_____	_____	_____

(EMC #04 or #106)

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

Contact Person	Household Member	Amount
_____	_____	_____

(EMC #05)

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

Contact Person	Household Member	Amount
_____	_____	_____

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

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

Payor	Household Member	Amount
_____	_____	_____

(See next page for continuation of question)

(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: _____

o o
(EMC #07)

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

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

o o
(EMC # 08)

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

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

o o
(EMC #08)

9. Severance payments?

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

o o
(EMC # 08)

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

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

11. Disability, death benefits or life insurance dividends?

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

o o
(EMC #08)

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

Source	Household Member	Amount
_____	_____	_____
_____	_____	_____

YES NO

(EMC # 08)

14. Lottery winnings or inheritances?

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

(EMC # 08)

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

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

(EMC # 08)

16. Any other income sources or types not listed?

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

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?

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

(EMC # 09)

2. CDs, money market accounts or treasury bills?

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

(EMC #10)

3. Stocks, bonds or securities?

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

(EMC # 09)

4. Trust funds?

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

YES NO

 (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>
_____	_____	_____	_____
_____	_____	_____	_____

 (EMC #13)

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

Household Member: _____ Amount: _____

 (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>
_____	_____	_____
_____	_____	_____

 (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>
_____	_____	_____
_____	_____	_____

 (EMC #13)

9. **A safe deposit box?**

Household Member: _____ Monetary Value of Contents: _____

 (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

 (#101)

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

Household Member(s) _____

Student Information:

YES NO

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.)

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

 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**

(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**

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

Name of Agency: _____ Contact Person Name: _____

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: _____

Smoking

Do you or does anyone in your household smoke? YES _____ NO _____

Crandall Streets Apartments LLC is a smoke free project.

Displaced Family

Are you a Displaced Family (Tropical Storm Lee/Superstorm Sandy/Hurricane Irene?) YES _____ NO _____

Veteran

Are you a Veteran? YES _____ NO _____

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:** _____

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 Bedrooms

_____ 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

