First Antique Center 171 Clinton Street 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

				Household Information:			
om	plete the t	followin	g information	for each household member	r that will o	ocupy the unit at time o	of move-in:
	Name First, Middle Initial, Last			Relationship to Head of Household	M/F	Social Security Number	Birthdate Month, Date, Yea
	3.732						
(Cui	rrent A	Address:			Date Moved in	:
1							
			_			Rent	Own
	Day	ytime !	Phone: (vening Ph		Own
					vening Ph		Own
Sv			Phone: (or NO to each		vening Ph		Own
			or NO to each			one: ()	
	ver either	r YES o	or NO to each	question. pect any additions to the h	nousehold v	one: ()	
msw S	ver either	r YES o	or NO to each	question. pect any additions to the h	nousehold v	one: ()	
	ver either	r YES o	Do you exp Name & Relation:	question. pect any additions to the honship:	nousehold v	one: ()	e months?
	ver either	r YES o	Do you exp Name & Relation:	question. pect any additions to the honship: yone living with you now you	nousehold v	one: ()	e months?
	ver either	r YES o	Do you exp Name & Relation: Explanation:	question. pect any additions to the honship: yone living with you now tonship:	nousehold v	one: ()	e months?
	ver either	r YES o	Do you exp Name & Relation: Is there and Name & Relation Explanation Explanation Are there a	question. pect any additions to the honship: yone living with you now wonship: onship: uny absent household men	who will no	within the next twelve of be living with you a	e months?
	ver either NO o	1. 2.	Do you exp Name & Relation: Is there and Name & Relation Explanation: Are there a you? (for exp	question. pect any additions to the honship: yone living with you now to onship: on: uny absent household member average ample, a household member average and the control of the cont	who will no	within the next twelve of be living with you a	e months?
	ver either NO o	1. 2.	Do you exp Name & Relation: Is there and Name & Relation Explanation: Are there a you? (for explanation:	question. pect any additions to the honship: yone living with you now yonship: on: uny absent household member av	who will no	within the next twelve of be living with you a	e months? It this property? Sons would live with
	ver either NO o	1. 2.	Do you exp Name & Relation: Is there and Name & Relation Explanation: Are there a you? (for explanation:	question. pect any additions to the honship: yone living with you now to onship: on: uny absent household member average ample, a household member average and the control of the cont	who will no	within the next twelve of be living with you a	e months? It this property? Sons would live with

YES	NO						
0	o	5.	Have you or any one	e else named on this appli	ication filed bank	ruptcy?	
			Explanation:		***************************************		
o	o	6.	Have you or any one	else named on this appli	cation been con	ricted of	a crime?
			Explanation:				
0	o	7.	Have you or any one manufacturing illeg	e else named on this appli al drugs?	ication been com	victed fo	r dealing or
			Explanation:				
o	o	8.	Have you or any one	else named on this appli	cation been com	zicted of	property damage?
			Explanation:				
o	o	9.	Have you ever been home, mobile home	evicted from a rental unit or trailer?	t of any type incl	uding an	apartment,
			Explanation:				
Hous	sing Reference	ş:					
List	the past TH	REE y	ears of housing reference	ces. (If additional space is re	quired, use the ba	ck of this	page.)
	Landlord's	Name/	Address	Your Address	Own/Rem	ţ	Dates
1.	Water State of the		-		Own	o	Move in:
	N 		-		Rent	o	Move out:
			······································				
2.	1				Own	0	Move in:
	Simulation of the same of the				Rent	o	Move out:
	Phone: ()					Manage of the control
3.	0. Take 1		-		Own	o	Move in:
	* <u>************************************</u>		-		Rent	o	Move out:
	Phone: ()	-				<u> </u>
Pers	onal Reference	:					
List	a personal r	eferen	ce other than a relative.				
1.	Name/	Addre	ss of Reference				
					Phone: ()	-
	-				Relation	ship:	
Vehi	ide Identificatio	n:					
1.	License	#:		State Issued:	Make/Model/Year:		*
2.	License	#:		State Issued:	Make/Model/Year:		

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Jame	Address	Ofm	ssible list someone in the area that i	s not listed on the application.)	
	CC) IIIIII C			Phone: ()	
				Relationship:	
ne Inform	nation:				
me is o t or ber	ounted for nefit, it is o	anyo ounte	ne 18 or older (unless legally eman d for all household members inclu	cipated). However, if the income is uneading minors. Include the dollar (\$) amou	med income such as ant in the space provide
		Do	Include all (gross) income <u>an</u> YOU or ANYONE in your household	ticipated for the next 12 months. I receive OR expect to receive income fro	m:
YES	NO		To distribute 400 CC - distribute some attribute some some some some some some some som	340	
0	o	1.	Employment wages or salaries's received in cash)	? (Include overtime, tips, bonuses, commi	ssions and payments
(If yes, E (If no, #:	MC #01 101)		Name of Company	Household Member	Gross Amount
o (EMC#0	o 02)	2.	Self-employment? (Attach Fede	ral Tax Return or Profit and Loss Stateme Household Member	Cross Amount
o (EMC#	O O3)	3.	Regular pay as a member of th	e Armed Forces? Household Member	Gross Amount
O (EMC#	0 04 or #106)	4.	Unemployment benefits or wo	rkman's compensation? Household Member	Gross Amount
o (EMC#	o 05)	5.	Public Assistance, General Rei	ief (food stamps, heap, medical), Temp	orary Assistance?
			Contact Person	Household Member	Amount
o (If yes, (If no, #	o EMC #06) #103)	6.	court-ordered support whether o	(Any AWARDED amounts—collected or not it is being received unless legal action hat is not court-ordered but received direc	n has been taken to ren tly from payor.)
			Payor	Household Member	Gross Amount

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			(b)	Ho	w is the support 1	being receiv	ed? (Check all that apply)	
MING	NO			_ _ _	Court of Law Directly from In Other	dividual	Name of Court: Name of Person: Explain:	
YES O (If yes, obtain o	NO o ourt papers)	(c)				l, are you taking legal action to re	medy?
		2000						
O (EMIC #07	o)	7.	Soci	al Se	SSA Office	y other payı	nents from the Social Security Ad Household Member	Gross Amount
					SSA Office		mousehold Member	GIOSS AMOUNT
				_				
O (EMC # 0 8	O 3)	8.	Vete			ns, retireme	ent benefits or annuities?	
				Sou	rce of Benefit		Household Member	Gross Amount
			2 - 19 45					
O (EMC #08	0	9.	Seve	eran	ce payments?			
			(So	urce of Benefit		Household Member	Gross Amount
o (EMC#0	O R)	10.	Reg	ular	Payments from a	my type of S	Gettlements? (Such as insurance se	ttlements)
	-1		-		Source		Household Member	Gross Amount
o (EMC #08	O	11.	Disa	bilit	y, death benefits	or life insur	ance dividends?	
(iziic iice	7)		VII. 100 44		Source		Household Member	Gross Amount
O (EMC #08	o 3)	12.	Regu (This	ilar į inclu	gifts or payments des anyone supple	from anyor ementing you	ne outside of the household? rincome or paying any of your bills.)	
			-		Source		Household Member	Gross Amount
		10		4.9	anal amountar ask-s	losabina en	other student benefits?	<u> </u>
O (EMC #0	3)	13.	E.CIU	cattl	Source		Household Member	Gross Amount

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YES O (EMC # 08	NO 0 3)	14.	Lottery winnings or inheritant	ces? Household Member	Gross	Amount
0 (EMC # 08	o 3)	15.	Payments from rental propert	ty, land contracts or other forms Household Member	5002	Amount
O (EMC # 0 8	0	16.	Any other income sources or Source	types not listed? Household Member	Gross A	Amount
o	o	17.		ld members expect any changes	to your income ir	ı the next 12
An asser	t is define onding inc U or ANY NO O	d as a	ny lump sum amount that you he from the asset in the space provi	ide ALL assets held by ALL househ	nclude the value of	f the asset and
O (EMIC # O	o 9)	2.	CDs, money market accounts Source	s or treasury bills? Household Member	Amount	% Interest
o (EMIC #10	o))	3.	Stocks, bonds or securities? Source	Household Member	Amount	% Interest
o (EMC#0	o 9)	4.	Trust funds? Source	Household Member	Amount	% Interest

YES	NO				100		
O (EMC #09	o or#10)	5.	Pensions, IRAs, KEO	GH or other retireme	nt accounts?		
•			Source	Household M	lember	Gross Amount	% Interest

0	0	6.	Cash on hand over \$5	500? (Monies not curre	ntlu held in bank	accounts)	
(EMC #13	3)		Household Member:				
o (EMC #10	0	7.	Real estate, rental pro (Include your personal re	-			
(LAVIC #10	4						
			Туре	H	ousehold Membe	<u>r</u>	Value
o	0	8.	Personal property as a	(37)			
(EMC # 1	O)		(This includes paintings,	coin or stamp collection	is, artwork, collect	tor or show cars, an	d antiques.)
			Туре	<u>H</u>	lousehold Membe	<u>r</u>	Value
0	0	9.	A safe deposit box?				
(EMC #13	3)		Household Member:		Monetary Valu	ue of Contents:	
			An experience of the control of the				
O (EMC #1:	o 1)	10.	Have you or any hous market value within t		sed of or given	away any asseqs)	ior less than fair
			Household Member: _		Amount:		
			Explanation:				
Zero Inco	me Verific	ation:	_				
YES	NO						
o (#101)	0	1.	Are YOU or is ANY O	THER <u>ADULT</u> memb	er of your hous	sehold claiming ze	ro income?
			Household Member(s)			-	
Student	Informatio	n:	Development of the control of the co				
YES	NO						
0	О	1.	Are YOU or is ANYON to be one within the				ent, or planning
			Name:		Status (Full or F	Part-time)	
Towns	ANID EVILL	77578.4725	Name:CONTINUE WITH THE FOLL	OMING OF IESTAONS	Status (Full or F	Part-time)	
			le verification of all items t		! YES.)		
o	o	a.	Are you married and curren	ntly filing a joint tax return	? (Attach copy)		
o	o	c.	Are you enrolled in the Job			nilar local, county or st	ate program?
			Contact Name:	Phone	2		

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Live-In C	are Attenda	nt:		
YES O (EMC #1	<u>NO</u> o 5)	1.	Will you or anyone in your household require a live-in care atten	
			Name of Live-in Care Attendant:	Relationship (if any):
Section 8	Rental Ass	istance	2	
YES	NO			
o	0	1.	Will your household be receiving Section 8 rental assistance at	time of move-in?
			Name of Agency: Contact Person Nan	ne:
0	o	2.	Will your household be eligible or are you applying to receive S the next 12 months?	ection 8 rental assistance in
			Explanation:Name of A	Agency:
respon eligibili	sibility to ty. This v	provi vill ind	re answered YES will be verified through the appropriate third-party so de management with all necessary information to properly process you clude names, addresses, phone and fax numbers, account numbers of to expedite this process.	ur application and verify your
Signatur	e Clause:			
Tax Cr my kn inform	edit Progr owledge. ation or n	am. I con nakin	anagement is relying on this information to prove my household's eliginal I certify that all information and answers to the above questions are to sent to release the necessary information to determine my eligibility. It is false statements may be grounds for denial of my application. It also all penalties.	ue and complete to the best of understand that providing false
eligibili accour occupa	ty for occi	upan rs wh nting	nt to have management verify the information contained in this applic cy. I will provide all necessary information including source names, an nere applicable and any other information required for expediting this ent on meeting management's resident selection criteria and the Low ts.	dresses, phone numbers, process . I understand that my
			All ADULT household members must sign belov	v:
Signat	ure			Date
Signat	ure			Date
Signat	ure			Date
				×
			For Office Use Only	
s-man rouse	12/12/1 12 ···			
Date o	f Intervi	ew: _	Desired Apt. #: Desired Move-in Date: _	<u> </u>

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General Information:	
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	
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 America	n