

**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



We Do Business in Accordance With the Federal Fair Housing Law

**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.

- |                         |                        |   |
|-------------------------|------------------------|---|
| <p><b>YES</b><br/>o</p> | <p><b>NO</b><br/>o</p> | <p>1. <b>Do you expect any additions to the household within the next twelve months?</b></p> <p>Name &amp; Relationship: _____</p> <p>Explanation: _____</p>                              |
| <p>o</p>                | <p>o</p>               | <p>2. <b>Is there anyone living with you now who will not be living with you at this property?</b></p> <p>Name &amp; Relationship: _____</p> <p>Explanation: _____</p>                    |
| <p>o</p>                | <p>o</p>               | <p>3. <b>Are there any absent household members who under normal conditions would live with you?</b> (for example, a household member away in the military)</p> <p>Explanation: _____</p> |
| <p>o</p>                | <p>o</p>               | <p>4. <b>Does your household have or anticipate having any pets other than those used as service animals?</b></p> <p>Type: _____ Weight: _____</p>  |

YES

NO

- o o 5. **Have you or any one else named on this application filed bankruptcy?**  
Explanation: \_\_\_\_\_
- o o 6. **Have you or any one else named on this application been convicted of a crime?**  
Explanation: \_\_\_\_\_
- o o 7. **Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?**  
Explanation: \_\_\_\_\_
- o o 8. **Have you or any one else named on this application been convicted of property damage?**  
Explanation: \_\_\_\_\_
- o o 9. **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.	_____	_____	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 grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all (gross) income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

**YES**    **NO**  
   

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

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

<u>Name of Company</u>	<u>Household Member</u>	<u>Gross Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

     
 (EMC #02)

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

<u>Type of Business</u>	<u>Household Member</u>	<u>Gross Amount</u>
_____	_____	_____
_____	_____	_____

     
 (EMC #03)

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

<u>Base &amp; Branch</u>	<u>Household Member</u>	<u>Gross Amount</u>
_____	_____	_____

     
 (EMC #04 or #106)

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

<u>Contact Person</u>	<u>Household Member</u>	<u>Gross Amount</u>
_____	_____	_____

     
 (EMC #05)

**5. Public Assistance, General Relief** *(food stamps, heap, medical), Temporary Assistance ?*

<u>Contact Person</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	_____

     
 (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.)*

<u>Payor</u>	<u>Household Member</u>	<u>Gross Amount</u>
_____	_____	_____

(See next page for continuation of question)



YES    NO  
      
 (EMC # 08)

14. Lottery winnings or inheritances?

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

     
 (EMC # 08)

16. Any other income sources or types not listed?

<u>Source</u>	<u>Household Member</u>	<u>Gross 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>Gross 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: \_\_\_\_\_



**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

\_\_\_\_\_ 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