

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

CraigmontManor@MarkDanaVa.com

Please Print Clearly

This is an application for housing at:	Project: Craigmont Manor
	Address: 262 Robertson Road Craigsville, VA 24430
	540-997-0328 or TDD # 711
Please complete this application and return to:	Name: Craigmont Manor
	Address: 262 Robertson Road Craigsville, VA 24430
	540-997-0328 or TDD # 711

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable. A \$20 application fee (per adult) is due when submitting the application.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? Yes No
 If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

58. Real Estate Property: <i>Do you own any property/Burial Plots?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
59. Location of property	
60. Appraised Market Value	\$
61. Mortgage or outstanding loans balance due	\$
62. Amount of annual insurance premium	\$
63. Amount of most recent tax bill	\$
64. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
65. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, Type of property:	
66. Market value when sold/disposed	\$
67. Amount sold/disposed for	\$
68. Date of transaction:	

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the asset:	
70. Date of disposition:	
71. Amount disposed	\$

72. Do you have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		

E. ADDITIONAL INFORMATION		
73. Are you or any member of your family currently using an illegal substance or medical marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
75. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
76. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
77. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		



Elderly or Handicapped Status: Are you applying for status of an “Elderly” Household where the tenant or Co-tenant is at least 62 years of age, or handicapped, or disabled? ___ Yes ___ No

If so, do you understand that you would probably qualify for an Adjustment to income of \$400 plus a further adjustment if your medical expenses exceed 3% of your gross annual income? ___ Yes ___ No

We have apartments designed to assist handicapped persons. Please let us know if you wish to take advantage of one. ___ Yes ___ No

Would you like to have the Federal Governments definition of elderly, handicapped or disabled? ___ Yes ___ No

Medical Information: (For Elderly, Handicapped, or Disabled only)

Please list name, address and telephone no:

Name	Address	Phone

Dependent Information:

Having dependent children under the age of (12), do you pay child care? ___ Yes ___ No

Please list caregiver’s name, address and telephone number

Caregiver Name	Address	Phone



F. REFERENCE INFORMATION

78. Current Landlord	Name:		
	Address:		
	Cell Phone:		
	Email:		
	How Long?		
79. Prior Landlord	Name:		
	Address:		
	Cell Phone:		
	Email:		
	How Long?		
80. Credit Reference #1:			
Address:			
Account #:		Phone #:	
81. Credit Reference #2:			
Address:			
Account #:		Phone #:	
82. Personal Reference #1:			
Address:			
Relationship:		Phone #:	
83. Personal Reference #2:			
Address:			
Relationship:		Phone #:	
84. Personal Reference #3:			
Address:			
Relationship:		Phone #:	



Notice: The information regarding race, national origin, and sex designation solicited below is requested in order to assure the Federal Government acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Member Name	*****Sexual Preference (Male/Female/Decline)	Race
85. IN CASE OF EMERGENCY NOTIFY:		
Address:		
Relationship:	Phone#:	

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
86. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
87. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
88. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			



H. APPLICATION ASSISTANCE

89. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

Warning: WARNING STATEMENT: Section 1001 of Title 13, United States Code provides, “Whoever on any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000, or imprisoned no more than five years, or both.”

Statement Required By The Privacy Act: Title V of the Housing Act of 1949 authorizes FmHA to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay processing of your eligibility or rejection. It is unlawful for FmHA to deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

“Whenever Virginia Housing Development Authority” “VHDA” may appear, the term “United States of America” is substituted.

SIGNATURE(S) (Must be dated):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

