



# APPLICATION FOR HOUSING

Housing Tax Credit Property

KCII

The information you give below will be used to decide if you meet the qualifications to become a resident of our community. Please fill in all sections of this application. If a question does not apply to you, write N/A. Incomplete applications may be delayed or returned to you. Everyone in the household age 18 and over must report all income/assets and sign all necessary forms.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bedroom size requested:  One BR  Two BR  Three BR  Four BR  **Handicap unit**

**Accessibility:** If you or any household members require any unit modifications or accommodations, (such as handrails, ramps) please explain: \_\_\_\_\_

Do you currently have or plan to have a mobile Section 8 Voucher/Certificate?  Yes  No

## B. HOUSEHOLD MEMBERS & STUDENT STATUS

Household Members Full Name (First & Last)	Relationship to Head of Household	Birth Date	Sex	Race/Ethnic Background	Social Security #	Student Status Yes, Part or Full- time or No (Example: Yes, FT)
	Head					

Use back of sheet if needed

Do you foresee any changes in household composition in the next twelve months? Yes No

If yes, explain:

**ONLY answer the questions in this box if ALL household members (age 18 and older) listed on page 1 are full-time (FT) students.**

Are any full-time students FIP/ AFDC/ TANF or Title IV recipients? Yes No

Are any full-time students enrolled in a job-training program funded by the Job Training Partnership Act (JTPA)? Yes No

Are any full-time students married and filing a joint tax return? Yes No

Is the household made up entirely of a single parent and child(ren), none of whom are listed as dependents on another person's tax return? Yes No

Is any student a person who was at one time under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

Are you or any other household members planning on enrolling as a full time student within the next 6 months? Yes No

**C. INCOME & ASSETS**

**List ALL sources of income below.** This includes but is not limited to: full or part-time employment, public assistance (FIP/TANF), Social Security, pensions, SSI, Disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, lottery income, income from sale of property, trusts or recurring gifts of money received from people not living with you.

Household Member Name	Source of Income	Gross (total) Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Use back of sheet if needed

.Do you foresee any upcoming changes in this income in the next 12 months? Yes No

**Current Employment Information**

Company Name:	Title:
Address:	Date of Hire:
City/State/Zip:	Gross (total) Monthly Wage: \$
Phone/Fax:	Supervisor:

Use back of sheet if needed.

**Additional Employer Information (for co-head of household, if any)**

Company Name:	Title:
Address:	Date of Hire:
City/State/Zip:	Gross (total) Monthly Wage: \$
Phone/Fax:	Supervisor:

Use back of sheet if needed.

**List ALL assets below.** This includes but is not limited to: checking/savings accounts, 401K, money market accounts, IRA, stocks/bonds, CD's, trusts, whole or universal life insurance policies, money held in safety deposit boxes, and items held as investment. If a section doesn't apply, write N/A.

Name	Assets	Cash Value	Income from Assets	Bank Name	Account #
	Checking Account	\$	\$		
		\$	\$		
	Savings Account	\$	\$		
		\$	\$		
	Other:	\$	\$		
		\$	\$		
		\$	\$		

Use back of sheet if needed.

Have you sold/disposed of any property or assets in the last 2 years? Yes No  
 If yes, type of property or asset: \_\_\_\_\_  
 Market value and date when sold/disposed: \$ \_\_\_\_\_

Do all of the combined assets for the household total less than \$5,000? Yes No

Have you given away gifts of money totaling more than \$1,000 in the past 2 years? Yes No

**D. ADDITIONAL INFORMATION**

Are you or any household member currently using an illegal substance? Yes No

Have you or any household member ever been convicted of a felony or subject to any sex offender registration requirement? Failure to respond to this question may risk your application approval. Yes No

If yes, explain:

Have you or any household member ever filed for bankruptcy? Yes No

If yes, explain:

Has any landlord ever taken legal action against you or any household member for non-payment of rent? Yes No

Have you had to go to court with a landlord for any other reason? Yes No  
If yes, explain:

<b>Current Housing Situation:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own Reason for leaving: _____
<input type="checkbox"/> Shelter or Transitional Housing <input type="checkbox"/> Foreclosure/Eviction <input type="checkbox"/> Other: _____

**Will you take an apartment when one is available?** Yes No

Do you own a pet or pets? Yes No

Does anyone in your household smoke? Yes No

**E. REFERENCE INFORMATION**

<b>Current Landlord</b>	
Name:	
Mailing Address:	
Home Phone:	Business Phone:
Dates you lived there: Start:	End:

<b>Prior Landlord</b>	
Name:	
Mailing Address:	
Home Phone:	Business Phone:
Dates you lived there: Start:	End:

<b>Credit Reference #1:</b>	
Address:	
Account #:	Phone #:

<b>Credit Reference #2:</b>	
Address:	
Account #:	Phone #:

<b>In Case of Emergency, Notify:</b>	
Address:	
Relationship:	Phone #:

**F. VEHICLE 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.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

**How did you hear about our apartments?** \_\_\_\_\_

**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 full time residence. I/We understand I/We must pay a security deposit for this apartment prior to moving in. 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 you will be required to leave the apartment after having moved in, (termination of tenancy after occupancy). **All adult applicants, 18 or older, must sign this application.**

SIGNATURE (S):

\_\_\_\_\_  
(Signature of Tenant, Head of Household) Date

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

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

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

Mailing address: **11 Merrill Lane, North Kingstown, RI 02852**

Phone contact: **401-294-7723**

