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*A Summit Property Management Group, LLC Managed Community*

**Low Income Housing Tax Credit Program**

**APPLICANT QUESTIONNAIRE**

**HOUSEHOLD INFORMATION:**

Complete the following information for each household member who will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status?	Male or Female?	Social Security Number	Birth Date <i>Month, Date, Year</i>

**CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAYTIME TEL:** (\_\_\_\_) \_\_\_\_\_ **EVENING TEL:** (\_\_\_\_) \_\_\_\_\_

*Circle either YES or NO to each question.*

**Yes No 1. Do you expect any additions to the household within the next twelve months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**Yes No 2. Is there anyone living with you now who won't be living with you at this property?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**Yes No 3. Do you have full custody of your children?**  
 Explanation: \_\_\_\_\_

Yes No 4. Are there any absent household members who under normal conditions would live with you?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**RENTAL HISTORY:** Circle either YES or NO to each question.

Yes No 6. Have you or anyone else named on this application filed for bankruptcy?  
 Explanation: \_\_\_\_\_

Yes No 7. Have you or anyone else named on this application ever been convicted of a felony?  
 Explanation: \_\_\_\_\_

Yes No 8. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs?  
 Explanation: \_\_\_\_\_

Yes No 9. Have you or anyone else named on this application ever been convicted of property damage?  
 Explanation: \_\_\_\_\_

Yes No 10. Have you or anyone else named on this application ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
 Explanation: \_\_\_\_\_

**HOUSING REFERENCES:** Please indicate your place(s) of residence for the past three years.

Landlord's Name/Address/Telephone #	Your Address	Own/Rent?	Dates
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

**PERSONAL REFERENCE:** *List a personal reference other than a relative.*

**Name/Address of Reference**

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Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**EMERGENCY CONTACT:** *(If possible list someone in the area that is not listed on the application.)*

**Name/Address**

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Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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### **INCOME INFORMATION**

**INCOME INFORMATION:** Include the **gross amount** of all income anticipated for the next 12 months. Cite the source and the full address for each type of income received. Please include the dollar (\$) amount in the space provided. All questions must be answered with a Yes or No. Questionnaires not answered completely will be returned to applicant as incomplete.

**(CIRCLE either YES or NO to each question.)**

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

Yes    No    11.    **Social Security, SSI, or other payments from the Social Security Administration?** *(Be sure to list the **gross amount** before the Medicare deduction. This is **not** the amount that is deposited in the bank each month.)*

<b>Household Member</b>	<b>Type of Income</b>	<b>Gross Amount Per Month</b>
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Yes No 12. **Employment pensions or retirement benefits, veteran's benefits or annuities?** *(This is compensation received on a regular basis over which you have no control. For example, your monthly retirement for working for XYZ corp for 35 year or the monies distributed from an annuity that you or they purchased and over which you have NO control.)*

Household Member	Name of Source	Account #	Gross Amount/Month

Any increases anticipated within the next twelve months? \_\_\_\_\_ If yes, how much: \$ \_\_\_\_\_

Source Contact and Address: \_\_\_\_\_  
 Source Telephone Number: \_\_\_\_\_

Yes No 13. **Employment wages or salaries?** *(Please indicate pay period, i.e. weekly, biweekly, monthly etc.) Include overtime, tips, bonuses, commissions and payments received in cash.*

Household Member	Employer	Amount Rec'd	Per Pay Period

Employer Contact and Address: \_\_\_\_\_  
 Employer's Telephone: \_\_\_\_\_

Yes No 14. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash. You will need to provide tax returns for the last three years for verification purposes)*

Household Member	Type of Work	Amount Rec'd Per Year

Yes No 15. **Unemployment benefits or workman's compensation?**

Household Member	Source	Amount

Agency Contact and Address: \_\_\_\_\_  
 Agency Telephone Number: \_\_\_\_\_

Yes No 16. Public Assistance, General Relief or Aid to Families with Dependent Children or other public support program?  
Household Member Program Type Amount Rec'd Per Month

Agency Contact and Address: \_\_\_\_\_  
Agency Telephone Number: \_\_\_\_\_

Yes No 17. Alimony or Child Support? (We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court ordered but received directly from the payor.)

A. Household Member Amount

B. How is the support received? (Check all that apply.)

- Child Support Enforcement Agency  
 Court of Law  
 Directly from Individual  
 Other

Name of Agency: \_\_\_\_\_  
Name of Court: \_\_\_\_\_  
Name of Person: \_\_\_\_\_

Explain: \_\_\_\_\_

Yes No C. If money is not actually received, are you taking legal action to remedy? (If yes, please provide copy of court papers.)

Explain: \_\_\_\_\_

Yes No 18. Regular payments from a severance package?  
Household Member Source Amount

Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 19. Regular payments from any type of settlement? (Such as insurance settlements or awards from a law suit.)

Household Member Source Amount

Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 20. Regular payments as a member of the Armed forces? (Please indicate pay period, i.e. weekly, biweekly, monthly etc.)  
Household Member Base Name and Branch Amount Rec'd Per Pay Period

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Pay Master Contact and Address: \_\_\_\_\_  
Pay Master Telephone Number: \_\_\_\_\_

Yes No 21. Regular payments for disability, death benefits or life insurance dividends? (Be careful not to duplicate your answers as the income may be counted twice.)

Household Member	Source	Amount
_____	_____	_____
_____	_____	_____

Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 22. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)

Household Member	Source	Amount
_____	_____	_____
_____	_____	_____

Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 23. Regular payments from lottery winnings or inheritances?

Household Member	Source	Amount
_____	_____	_____
_____	_____	_____

Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 24. Regular payments from rental property, land contracts or other forms of real estate transactions?

Household Member	Source	Amount
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Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 25. Educational grants, scholarships or other student benefits?

Household Member	Source	Amount
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Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 26. Any other income sources or types not listed?

Household Member	Source	Amount
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Source Contact and Address: \_\_\_\_\_  
Source Telephone Number: \_\_\_\_\_

Yes No 27. Do you or any other household members expect any changes to your income in the next 12 months?

Explain: \_\_\_\_\_

## ASSET INFORMATION

**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 can access, even though a financial penalty may be imposed. Include the current value of the asset and corresponding income from the asset in the space provided. In addition, please list all owners of the asset and the addresses for each institution that maintains the asset or other contact for verification purposes. Note: According to the regulations which govern this program, we can prorate the ownership of an asset among “effective” owners of an asset. “An asset is not effectively owned when the asset is held in an individual’s name but (a) the asset and any income it earns accrue to the benefit of someone else who is not a member of the family (household), and (b) that other person is responsible for income taxes incurred on income generated by the assets.” (HUD Handbook 4350.3 Rev-1, 5-7, D.2) This means that assets which list other non-household members for the sole reason of access to the asset in the case of emergency or death are not considered to be jointly owned for the purposes of this program.*

Please be careful not to duplicate answers that you may have already given in the income section.

Circle Yes or No for each question,  
Include ALL assets held by ALL household members including minors.  
Do YOU or ANYONE in your household hold:

Yes    No    28.    Checking accounts?

Owners	Institution	Account#	Amount	Interest %
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1.

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2.

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3.

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1. Institution's Address: \_\_\_\_\_

    Telephone Number: \_\_\_\_\_

2. Institution's Address: \_\_\_\_\_

    Telephone Number: \_\_\_\_\_

3. Institution's Address: \_\_\_\_\_

    Telephone Number: \_\_\_\_\_

Yes No 29. Savings accounts?

Owners Institution Account# Amount Interest %

1.

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2.

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3.

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1.Institution's Address:

Telephone Number:

2.Institution's Address:

Telephone Number:

3.Institution's Address:

Telephone Number:

Yes No 30. CD's, money market accounts or treasury bills? *Please indicate the specific type here:* \_\_\_\_\_

Owners Institution Account# Amount Interest %

1.

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2.

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3.

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1.Institution's Address:

Telephone Number:

2.Institution's Address:

Telephone Number:

3.Institution's Address:

Telephone Number:

Yes No 31. **Stocks, bonds, mutual funds or securities?** *Please indicate the specific type below.*

Owners	Current Value	Amount/ Dividends Per Quarter	Interest %	Institution	Account#	Type
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1. \_\_\_\_\_

2. \_\_\_\_\_

1. **Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

2. **Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

Yes No 32. **Any Capital Gains received during the previous year?**

Owners	Asset Name	Annual Amount Rec'd	Institution
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1. \_\_\_\_\_

2. \_\_\_\_\_

1. **Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

2. **Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

Yes No 33. **Trust funds?** *Please indicate the date that the trust was established here:*

\_\_\_\_\_

Revocable or Irrevocable \_\_\_\_\_ (Type)

Trust Name	Amount Rec'd per Month	Principal?	Institution/Trustee?	Account#
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\_\_\_\_\_

**Trust Contact, Address and Telephone:** \_\_\_\_\_

\_\_\_\_\_

Yes No 34. IRAs, KEOGH or other retirement accounts?

Owners Specify Type Amount Interest % Institution Account#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Institution's Address: \_\_\_\_\_

Institution's Address: \_\_\_\_\_

Yes No 35. Cash on hand over \$500 other than amounts reported in your checking, savings or money market accounts, such as "under the mattress?" Please do not list any asset that you have already listed on the application.

Household Member: \_\_\_\_\_

Amount: \_\_\_\_\_

Yes No 36. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Owners: \_\_\_\_\_  
Type of property: \_\_\_\_\_  
Location of property: \_\_\_\_\_  
Appraised value: \$ \_\_\_\_\_  
How determined? \_\_\_\_\_  
Mortgage or outstanding loans balance due: \$ \_\_\_\_\_  
Amount of annual insurance premiums: \$ \_\_\_\_\_  
Amount of most recent tax bill: \$ \_\_\_\_\_  
Is the property listed for sale? \_\_\_\_\_

Yes No 37. Have you sold/dispensed of any property in the last 2 years? \_\_\_\_\_

If yes, Type of Property \_\_\_\_\_  
Market Value when sold/dispensed \$ \_\_\_\_\_  
Amount sold/dispensed for \$ \_\_\_\_\_  
Party who received or bought the Property \_\_\_\_\_  
Relationship to Seller? \_\_\_\_\_  
Date of Transaction: \_\_\_\_\_

**Yes No 38. Personal property as an investment?** *This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.*

Owners	Explanation	Value	How determined?

**Yes No 39. Whole or Universal life insurance policies?**

Owners	Institution	Account#	Cash Value of Policy	Dividends/year?
1.				
2.				
3.				

**1. Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**2. Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**3. Institution's Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

**Yes No 40. A safe deposit box?** *Please list only contents with a monetary value of \$500 of more.*

**Household Member:** \_\_\_\_\_  
**Monetary Value of Contents:** \_\_\_\_\_

**Yes No 41. 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:** \_\_\_\_\_  
**Describe asset:** \_\_\_\_\_  
**Date of Disposition:** \_\_\_\_\_  
**Fair Market value of Asset:** \_\_\_\_\_  
**Amount Disposed: \$** \_\_\_\_\_

## OTHER INFORMATION

**ZERO INCOME VERIFICATION:** *This question refers to household members who have no income whatsoever. This means that they do not have a checking or savings account or have ownership of any of the assets listed in this application.*

**Are YOU or is ANY OTHER ADULT member of your household:**

**Yes No 42. Claiming zero income?**

Household Member: \_\_\_\_\_

### **STUDENT INFORMATION:**

**Are you or is anyone in your household:**

**Yes No 43. A full-time student currently or planning to be in the next 12 months?**

**IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS:**

- Yes No** a. Are you married and currently filing a joint tax return?  
**Yes No** b. Are you receiving AFDC (Aid to Families with Dependent Children)?  
**Yes No** c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local or state, county or state program?  
**Yes No** d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependents on anyone else's tax return?  
**Yes No** e. Will you be living with someone who is not a full-time student?  
Who? \_\_\_\_\_

### **LIVE-IN CARE ATTENDANT:**

**Yes No 44. Will you or anyone in your household require a live-in care attendant?**

Name of Live-in Care Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

### **SECTION 8 RENTAL ASSISTANCE:**

**Yes No 45. Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

**Yes No 46. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**

Explanation: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**APARTMENT PREFERENCE**

Please indicate the type of apartment that you are interested in renting:

One bedroom \_\_\_\_\_  
Two bedroom \_\_\_\_\_

***APPLICANT RESPONSIBILITIES***

*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 recertification and verify your on-going eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.*

**RELEASE AND 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 and to perform a credit check 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.**

Signature	Date
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**All ADULT household members must sign below:**

Signature	Date
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FOR OFFICE USE ONLY:      Date of Interview: \_\_\_\_\_      Apartment Location: \_\_\_\_\_

Management Representative: \_\_\_\_\_  
Signature and Print Name

Date of Review: \_\_\_\_\_

**SOCIAL SECURITY INCOME  
SUPPLEMENTAL SECURITY INCOM  
DISABILITY INCOME**

**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_ hereby give permission to the U.S Social Security Administration to release any and all income information pertaining to my social security income, and/or supplemental security income and/or disability income to Pines Senior Living Community.

I understand and agree that this information is necessary to make a final determination about my eligibility to reside at Pines Senior Living Community, So Burlington, VT. Pines Senior Living Community agrees to keep this information confidential and will use it only to determine eligibility to reside in an income qualified apartment.

I also understand and agree that this determination needs to be made on an annual basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION

I/We do hereby authorize Pines Senior Living Community and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing at Pines Senior Living Community.

**SIGNATURE:**

\_\_\_\_\_  
Head

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Dated

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Department of Housing and Urban Development that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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. However if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**Gender:**     Male \_\_\_\_\_     Female \_\_\_\_\_

**Ethnicity:**

1. Hispanic or Latino \_\_\_\_\_
2. Not Hispanic or Latino \_\_\_\_\_

**Race:** (Mark one or more)

1. American Indian/Alaska Native \_\_\_\_\_
2. Asian \_\_\_\_\_
3. Black or African American \_\_\_\_\_
4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
5. White \_\_\_\_\_