

Income & Asset Questionnaire for LIHTC Housing

A separate form is to be completed by each ADULT household member – 18 year of age or older

This Questionnaire is for (Check one):	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Recertifying Tenant	<input type="checkbox"/> Other
Name:	Total Household Size:		
Unit # (if applicable):	# of Adults (18 & older):		
Phone#:	# of Children:		

Income is counted for anyone 18 or older (or legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

INCOME INFORMATION	Answer all questions Yes or No by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer 'Yes', include complete addresses where the information can be verified and the amount anticipated to be received. If the question does not apply, answer No . Do not leave any questions unanswered.	
Yes No	Include all income you are receiving, anticipate receiving or are entitled to receive in the next 12 months. Include unearned income you receive on behalf of a minor in your household.	
1. <input type="checkbox"/> <input type="checkbox"/>	Employment wages/salaries from current or anticipated jobs? (circle which – current or anticipates) (Include base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)	
employ.ver nonemp.cer seasonal.cer	Name, address & phone to verify information. List all employers for whom you work: _____ _____	Amount anticipated – Job 1? \$ _____ Amount anticipated – Job 2 / 3? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
2. <input type="checkbox"/> <input type="checkbox"/>	Self Employed? (Must provide last 2 years tax returns to support projected income.) (Includes but not limited to salaries received from business owned and net business income; contractor and subcontractor earnings; money received from ride-share and multi-level marketing companies; cash payments for other services provided.)	
selfemp.cer 2 years Taxes	List nature of self-employment? _____ How long in this business? _____	Net income anticipated for the next 12 months? \$ _____
3. <input type="checkbox"/> <input type="checkbox"/>	Regular pay as an active member of the Armed Forces including the Reserves or National Guard? (Include all allowances even if not taxable)	
military.ver	Name, address & phone to verify information: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
4. <input type="checkbox"/> <input type="checkbox"/>	Unemployment Benefits, Workman's Compensation or any form of Severance Pay?	
other.ver unemploy.ver	Name, address & phone to verify information: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
5. <input type="checkbox"/> <input type="checkbox"/>	Court order or private agreement for receiving Child or Spousal Support? (Copies of all court orders must be provided. 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 is being received directly from the payer through a private agreement.)	
childsup.ver childsup.cert fssa – kids line	Name, address & phone to verify information: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually

	<u>Yes</u>	<u>No</u>	INCOME INFORMATION (CONTINUED)	
6.	<input type="checkbox"/>	<input type="checkbox"/>	Cash Assistance from Public Aid in the form of TANF? (DO NOT INCLUDE FOOD STAMPS)	
			public.ver	Name, address & phone to verify information: _____ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI, SSD or any other payment from the Social Security Administration?	
			current benefit letter	Claim Number(s) must be listed here: _____ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	Unearned income from family members age 17 or under? (This includes payments from Social Security, Trust Fund disbursements, etc.)	
			current benefit letter	Name, address & phone to verify information: _____ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a Pension, Veteran's Benefit, Life Insurance Policy, Annuity or other Retirement Benefit?	
			other.ver veteran.ver	Name, address & phone to verify information: _____ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from any type of Settlement, Inheritances, Trust Funds, or Lottery Winnings?	
			other.ver	Name, address & phone to verify information: _____ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	Regular Gifts or Payments from anyone outside of your immediate household? (This includes anyone supplementing your income or paying any of your bills)	
			other.ver	Name, address & phone to verify information: _____ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from Rental Property or other types of Real Estate Transactions?	
			other.ver	Name, address & phone to verify information: _____ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	Financial Assistance for Higher Education? Include Grants, Scholarship, (Loans may be listed but are not included) Note: Income is only counted if household receives Section 8 rental assistance	
			financial aid transcript	Name, address & phone to verify information: _____ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	Regular payments received from any other source not listed?	
			other.ver	Name, address & phone to verify information: _____ _____

ASSET INFORMATION		Answer all questions <u>Yes</u> or <u>No</u> by placing a check (✓) in the appropriate box. Please make sure you have answered every question completely. If you answer 'Yes', include complete addresses where the information can be verified and the amount anticipated to be received. If the question does not apply, answer 'No'. Do not leave any questions unanswered.		
	<u>Yes</u> <u>No</u>	Include all assets held and the income derived from the asset. Include all assets held by minors. (If additional space is needed to list assets, attach a separate sheet of paper.)		
15.	<input type="checkbox"/> <input type="checkbox"/> bank.ver	Checking or Savings Accounts or Direct Debit / Pay Cards? (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
16.	<input type="checkbox"/> <input type="checkbox"/> bank.ver	CD's or Money Markets? (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
17.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	Stocks, Bonds, Mutual Funds or Treasury Bills? (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
18.	<input type="checkbox"/> <input type="checkbox"/> life/annuity.ver	Whole Life Insurance Policies or Annuity Contracts with cash values? (List all accounts)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
19.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	Cash in retirement accounts such as IRAs, Keogh, 401K, Lump Sum Pensions, etc.? (List only those accounts not currently being distributed on a regular basis.)		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
20.	<input type="checkbox"/> <input type="checkbox"/> asset.ver	Revocable Trust Funds?		
		Name, address & phone to verify inf.:	Account Type & Number:	Cash Value:
		_____	_____	_____
		_____	_____	_____
21.	<input type="checkbox"/> <input type="checkbox"/> realest.ver	Real Estate, Rental Property, Land Contracts/contracts for deeds or other Real Estate Holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)		
		Address or Legal Description:		Cash Value:
		_____		_____
		_____		_____

		ASSET INFORMATION (CONTINUED)	
22.	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>No</u>	Have you disposed of or given away any asset for Less than fair market value within the past 2 years?
	disposal.ver		Explain: _____ _____
			Fair Market Value: _____
23.	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>No</u>	Have you received any Lump Sum payments in the past to 2 year or anticipate any in the next year?
	lumpsum.ver		Explain: (Where is the money now?) _____ _____
			Cash Value: _____

		MISCELLANEOUS	
24.	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>No</u>	Do you receive Section 8 Rental Assistance through the Local Housing Authority or CAP office?
	Section 8.ver		Name, address & phone to verify information: _____ _____
			Amount anticipated? \$ _____ / month
25.	<input type="checkbox"/> <u>Yes</u>	<input type="checkbox"/> <u>No</u>	Are you currently a Student, expect to be one in the next 12 months or have been one for any part of five or more months of the current calendar year?
	Student.ver		Name and location of School _____ _____
			Is your Student Status – <input type="checkbox"/> Full Time <input type="checkbox"/> Less than Full Time

I understand that the Owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) or HUD HOME Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. **Any falsification or misrepresentation of information will be considered a material breach of the lease agreement.** I hereby swear that to the best of my knowledge, the above information is true, correct and complete.

I authorize my consent to have management verify the information contained in this application 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 upon meeting management's resident selection criteria and the LIHTC or HOME Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

Applicant/Tenant Signature

Date



IRS STUDENT STATUS CERTIFICATION

One form must be completed by each adult member of the household

Checkmark the one statement (1, 2 or 3) that applies to your household - (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

1. My Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

2. My Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

3. My Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). ***If this statement is check marked, then check all statements (a,b,c,d and e) below that apply to your household.***
 - a. Is at least one student receiving assistance under Title IV of the Social Security Act? (TANF/AFDC assistance)
 - b. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)
 - c. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)
 - d. Does this household consist entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
 - e. Are the students married and entitled to file a joint tax return?

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date

Printed Name of Applicant/Resident



COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION
From:
ATTN:
River View
Vincennes, Indiana 47591
Phone: 812.449.9685
Fax:

Date: _____
Number of pages including cover sheet: _____

THE ATTACHED DOCUMENT IS
A STATE REQUIRED FORM

The undersigned individual(s) has applied for residency at federal housing. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

All regular sources of Income from but not limited to: wages, retirement, death and disability benefits, public aid, child support, settlements, gift, etc.	Identity and Marital Status	Residences and Rental Activity
	Student Status	Credit and Criminal Activity
	Asset and their earnings	Medical Allowances

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Past and Present Employers	Courts and Post Offices	Utility Companies
State Unemployment Agencies	Medical Providers	Previous Landlords (Including PHA's)
Veterans Administration	Welfare Agencies	Credit Providers and Bureaus
All Types of Retirement Systems	Banks and Other Financial Institutions	Law Enforcement Agencies
Social Security Administration	Insurance Agencies	Internal Revenue Service

I/we agree that a facsimile or photocopy of this authorization may be used for the purposes stated above and that this **Authorization is valid for one year from the date of execution.** The original of this authorization is on file in the management office. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect.

The undersigned hereby authorizes Compliance Management Services to act on my/our behalf to obtain information from third parties (including automated and on-line services) in order to determine my/our eligibility for the LIHTC program.

 To be completed by applicant: Date: _____

Applicant/Resident Name (Printed): _____
Social Security Number: _____
Authorizing Signature: _____

Co-Applicant/Co-Resident Name (Printed): _____
Social Security Number: _____
Authorizing Signature: _____



**THANK YOU FOR CONSIDERING RIVER VIEW
FOR YOUR NEW HOME.**

You are applying for an apartment at an **Affordable Housing Community** (created by a federally regulated program).

In order to expedite the processing of your application for qualification with the LIHTC and/or HOME program guidelines, you may provide us with any of the documents listed below that apply to your household. These documents may not be required if your household's income, assets and other eligibility information is verified and documented completely by a third-party source. However, providing the documents at the time of application may speed up our approval process and/or clarify incomplete third-party documentation. A photocopy of the following documents is acceptable. If you do not have copies, we will be happy to make copies of any original documents you have.

IN ORDER TO HELP EXPEDITE THE APPLICATION PROCESS YOU MAY PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD.

1. All **Filed Divorce or Legal Separation Records** for all marriages dissolved in past two years. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
2. All **Court Ordered Child Support Documents and Paternity Records** if court order is not part of a divorce filing.
3. **Award Letters** for Social Security, Supplemental Social Security (Disability), Temporary Aid to Needy Families (TANF) (used to be AFDC), Pensions and Trusts Funds, Unemployment Benefits, Annuity Payments, and Death or Disability Payments.
4. **Last 6 Consecutive Pay stubs** for all adults (18 years of age or older) in your household.
5. Most **Current Bank or other Financial Institution Statement** for all asset accounts held. These assets accounts include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401Ks, and IRAs.
6. **Birth Certificates** for all children under the age of 18 and adult students living as a dependent with parent(s). (REQUIRED)
7. **Social Security Cards** for each member of your household including minors. (REQUIRED)
8. **Drivers License or Picture ID** for all adults (18 years of age or older) in your household. (REQUIRED)



1. - PERSONAL INFORMATION						
Full Legal Name of Head of Household (Applicant):				Contact phone #:	DL # & State of Issue	
Marital status (check one)		Single (never married) <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
Race: (check all that apply)	White <input type="checkbox"/>	Black/African American <input type="checkbox"/>	American Indian / Alaskan Native <input type="checkbox"/>	Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Asian <input type="checkbox"/>	Other Pacific Islander <input type="checkbox"/>	Other multi-racial <input type="checkbox"/>			
Full Legal Name of Co-Head (Co-Applicant):				Contact phone #:	DL # & State of Issue	
Marital status (check one)		Single (never married) <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
Race: (check all that apply)	White <input type="checkbox"/>	Black/African American <input type="checkbox"/>	American Indian / Alaskan Native <input type="checkbox"/>	Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Asian <input type="checkbox"/>	Other Pacific Islander <input type="checkbox"/>	Other multi-racial <input type="checkbox"/>			

2. - HOUSEHOLD COMPOSITION (List all who will be occupying the apartment – including Applicant and Co-Applicant)						
Full Name	Relationship to Head of Household	Birth Date	Age	Gender	Student (circle)	Soc. Sec. #
1.	Head of Household				Yes / No	
2.					Yes / No	
3.					Yes / No	
4.					Yes / No	
5.					Yes / No	
6.					Yes / No	
7.					Yes / No	
8.					Yes / No	

3. - HOUSING INFORMATION						
MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.						
If additional space is needed, please attach a separate page.						
Applicant's Present Address (check one)		Apartment <input type="checkbox"/>	Leased Home <input type="checkbox"/>	I Own My Home <input type="checkbox"/>	Other <input type="checkbox"/>	
Present Street Address		Apt. #	City	State and Zip		
Present landlord/mortgage company		Monthly rent or mortgage \$		Dates of Occupancy (month/year): From: To:		
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship:		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?				
Co-Applicant's Present Address (check one)		Same as Above <input type="checkbox"/>	Apartment <input type="checkbox"/>	Leased Home <input type="checkbox"/>	I Own My Home <input type="checkbox"/>	Other <input type="checkbox"/>
Present Street Address		Apt. #	City	State and Zip		
Present landlord/mortgage company		Monthly rent or mortgage \$		Dates of Occupancy (month/year): From: To:		
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship:		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?				
Applicant's Previous Address (if less than 2 years at present address)		Apartment <input type="checkbox"/>	Leased Home <input type="checkbox"/>	I Own My Home <input type="checkbox"/>	Other <input type="checkbox"/>	
Previous Street Address		Apt. #	City	State and Zip		
Previous landlord/mortgage company		Monthly rent or mortgage \$		Dates of Occupancy (month/year): From: To:		
Address of landlord/mortgage company		Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship:		
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?				

4. - APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
a. Number of bedrooms needed?	b. Date you need an apartment?	c. Where did you hear about us?
d. Would you or anyone in your household benefit from the features of a handicap unit should this property offer any? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Is there anyone living with you now who won't be living with you at this property? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
i. Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Have you or anyone else named on this application filed for bankruptcy? Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Have you or anyone else named on this application been convicted of a felony? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
m. Have you or anyone else named on this application had legal action taken against you for nonpayment of a bill or for property damage? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
n. Have you or anyone else named on this application broken a rental agreement or lease contract? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
o. Have you or anyone else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. - MISCELLANEOUS INFORMATION				
How many autos would you keep at this property?				
Make	Model	Year	Color	License # and State
In case of emergency, notify:		Work phone #	Home phone #	Relationship
Street Address:		City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.	

APPLICATION FEE & SIGNATURE CLAUSE

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Co-Applicant

Date



Special Needs Questionnaire for Set-Aside Units

Our Apartment Community has made a commitment to the State of Indiana to set-aside certain units for occupancy by Households having Special Needs. Completion of this Special Needs Questionnaire is optional. However, if your household does qualify to occupy one of the reserved Special Needs Set-Aside Units and would like to be given preference for one of these units, this Special Needs Questionnaire must be completed and documentation supporting the Special Need will be obtained. We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status. All households (whether Special Needs or not) will be required to meet all of the additional Resident Selection Criteria and Income Guidelines prior to being approved for residency at our Low-Income Housing Tax Credit (LIHTC) or HOME Investment Partnership (HOME) Property.

Head of Household Name: _____

Name of household Member for whom the Special Needs category applies (if any): _____

		Please check whether or not your household qualifies for a Special Needs Unit.
1.	<input type="checkbox"/>	Our household does not meet any of the below-described Special Need.
2.	<input type="checkbox"/>	Person with physical or developmental disabilities
3.	<input type="checkbox"/>	Persons with mental impairment
4.	<input type="checkbox"/>	Single parent households
5.	<input type="checkbox"/>	Victims of domestic violence
6.	<input type="checkbox"/>	Abused children
7.	<input type="checkbox"/>	Persons with chemical addictions
8.	<input type="checkbox"/>	Homeless persons
9.	<input type="checkbox"/>	Elderly
List name, address and phone of person or agency able to verify your Special Need:		

I authorize my consent to have the above listed Doctor, Service Care Provider, Social Service Worker or other qualified individual verify the existence of my Special Needs eligibility based on the description above. I understand that my occupancy is contingent upon meeting management's resident selection criteria, verification of my Special Needs status and the LIHTC or HOME Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature of Applicant

Date

I do hereby certify that the above-named individual is under my care and meets one or more of the elements described above or more specifically meets the definition of Disabled Person as defined in the Indiana Code or the American with Disability Act of 1990.

Signature of Verifier

Date

Printed Name

Title

To be completed by Referring Agency, Doctor, Service Care Provider or Social Service Worker.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.