

Thank you for applying to Turtle Creek Apartments! To process your application we will need a \$35.00 application fee per applicant. Once the application is completed you can mail or fax it to us at:

Turtle Creek Apartments
8253 Harcourt Road
Indianapolis, IN 46240

Phone: 317-872-4804

Fax: 317-872-0797

**THANK YOU FOR CONSIDERING TURTLE CREEK NORTH
FOR YOUR NEW HOME.**

You are applying for an apartment at an **Affordable Housing Community** (created by Section 42 of the Internal Revenue Code as part of the Tax Reform Act of 1986). In order to qualify for this housing, verification of your household's eligibility will need to be documented. Please provide a copy of your most recently **Filed Tax Return** along with your application for residency. The Tax Return must be a signed copy of the original document submitted to the IRS. If you did not keep a copy for your records, you may obtain a transcript of your Tax Return or a record of non-filing from your local IRS office or by calling 1-800-829-1040 or 1-800-829-8815 at no cost. If you are **self employed** you must provide copies of your **last two filed tax returns**.

In order to expedite the processing of your application for qualification with the LIHTC 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.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD.

1. All **Filed Divorce or Legal Separation Records** for all current and previous marriages. 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 4 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).
7. **Social Security Cards** for each member of your household including minors.



**COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION**

From:

ATTN:
**Turtle Creek Apartments
8253 Harcourt Road
Indianapolis, Indiana 46260**

Phone: **317-872-4804**

Fax: **317-872-0797**

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 the release of any information requested by Compliance Management Services, LLC (processing agent for the apartment community) 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: _____



RENTAL APPLICATION

Turtle Creek North Apartments
 8265 Harcourt Road, Indianapolis, IN 46260
 Phone: 317-872-4804 Fax: 317-872-0797.

PERSONAL INFORMATION						
Full name of Applicant		Home phone #:		Date of birth:	Age:	Gender: Male / Female
Social Security #	Drivers license #	State issued	Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years _____)			
Race: (check all that apply) American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/>			Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full name of Co-Applicant		Home phone #:		Date of birth:	Age:	Gender: Male / Female
Social Security #	Drivers license #	State issued	Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> (Number of years _____)			
List all others who will be occupying the apartment						
Name	Date of birth	Age	Gender	Soc. Sec. #	Relationship to Applicant	
Name	Date of birth	Age	Gender	Soc. Sec. #	Relationship to Applicant	
Name	Date of birth	Age	Gender	Soc. Sec. #	Relationship to Applicant	
Name	Date of birth	Age	Gender	Soc. Sec. #	Relationship to Applicant	

HOUSING INFORMATION				MUST HAVE 2 YEARS OF CONTINUOUS HISTORY. If additional space is needed, please attach a separate page.			
A P P L I C A N T	Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:						
	Present Street Address		Apt. #	City		State and Zip	
	Present landlord/mortgage company		Monthly rent or mortgage \$		Dates: month / year to 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 (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:						
	Present Street Address		Apt. #	City		State and Zip	
Present landlord/mortgage company		Monthly rent or mortgage \$		Dates: month / year to 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?				
C O - A P P L I C A N T	Co-Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:						
	Present Street Address		Apt. #	City		State and Zip	
	Present landlord/mortgage company		Monthly rent or mortgage \$		Dates: month / year to 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 Previous Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other:						
	Present Street Address		Apt. #	City		State and Zip	
Present landlord/mortgage company		Monthly rent or mortgage \$		Dates: month / year to 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?				

APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
Number of bedrooms needed?	Date you need an apartment?	Where did you hear about us?
Will you be receiving Section 8 rental assistants? If 'yes' list Agency Name, contact person and phone number.		Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
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"/>
Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain: Not Applicable <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been convicted of a felony? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one 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"/>
Have you or any one else named on this application broken a rental agreement or lease contract? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any one 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"/>

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 **\$35.00** 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. If the applicant accepts the proposed premises when notified, then later rejects occupancy, Lessor retains the right to keep the entire holding fee of **\$100.00** as liquidated damages. 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



Applicant Questionnaire for Section 42 Housing
(A separate form is to be completed by each ADULT applicant)

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

Adult Applicant Name: _____

Current or anticipated occupation is: _____

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 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 or anticipate receiving in the next 12 months. Include unearned income you receive on behalf of a minor in your household.	
1a.	<input type="checkbox"/> Yes employ.ver nonemp.cer empprior.ver seasonal.cer	<input type="checkbox"/>	<input type="checkbox"/>
		Employment wages/salaries from current or anticipated job? (circle which) Not self-employment (Includes base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)	
		Name, address & phone of current employer: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
1b.		How long have you worked at your current place of employment? Length of current employment: _____	If worked at current employment less than 2 year, provide name & phone of previous Employer Previous Employer: _____
2.	<input type="checkbox"/> Yes employ.ver seasonal.cer	<input type="checkbox"/>	<input type="checkbox"/>
		Additional Employment wages from current or anticipated 2nd job? (circle which) (Include base pay; overtime; tips; bonuses; commissions; shift, weekend, production and other similar type pays)	
		Name, address & phone to verify information: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
3.	<input type="checkbox"/> Yes military.ver	<input type="checkbox"/>	<input type="checkbox"/>
		Regular pay as a member of the Armed Forces including the Reserves? (Include all allowances even if not taxable)	
		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"/> Yes selfemp.cer 2 years Taxes	<input type="checkbox"/>	<input type="checkbox"/>
		Self Employed? (Must provide last 2 years tax returns to support projected income.) (Include salaries received from business and net business income. Include any payments received in cash.)	
		Type of business? _____ How long in business? _____	Net Business income anticipated for the next 12 months? \$ _____ Do you run this business out of your home? (circle one) Yes / No
5.	<input type="checkbox"/> Yes other.ver unemploy.ver	<input type="checkbox"/>	<input type="checkbox"/>
		Unemployment Benefits, Workman's Compensation or any form of Severance Pay?	
		Name, address & phone to verify information: _____ _____	Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually
6.	<input type="checkbox"/> Yes public.ver	<input type="checkbox"/>	<input type="checkbox"/>
		Cash Assistance from Public Aid including AFDC (ADC) or TANF?	
		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)	
7a.		<input type="checkbox"/>	<input type="checkbox"/>	Do you have a 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 payor through a private agreement.)	
7b.		<input type="checkbox"/>	<input type="checkbox"/>	If money is not actually received, are you taking legal action to remedy? Explain: _____ Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
	childsup.ver childnon.cer				
8.		<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI or any other payment from the Social Security Administration? (This includes payments received for the benefit of minors in the household.)	
	socsec.ver			Claim Number(s) (including any ending letters such as "A", "W", "C1" etc must be listed here. _____ Amount anticipated? \$ _____ / month	
9.		<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from a Pension, Annuities, Life Insurance Policy, Veteran's Benefit or other Retirement Benefit? (circle which) Please provide Name, Soc Sec or claim# if benefit originated from person other than yourself (i.e VA benefit received as a result of a deceased spouse).	
	other.ver veteran.ver			Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
10.		<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from any type of Settlement? (For example, insurance settlements .)	
	other.ver			Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
11.		<input type="checkbox"/>	<input type="checkbox"/>	Regular payments from Inheritances, Trust Funds, or Lottery Winnings?	
	other.ver			Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
12.		<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: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
13.		<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: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	
14.		<input type="checkbox"/>	<input type="checkbox"/>	Regular payments received from any other source not listed?	
	other.ver			Name, address & phone to verify information: _____ Amount anticipated? \$ _____ How often are you paid?: (circle one): weekly / bi-weekly / semi-monthly / monthly / annually	

ASSET 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.				
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><u>Yes</u></td> <td style="text-align: center; width: 15%;"><u>No</u></td> </tr> </table>	<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.)		
<u>Yes</u>	<u>No</u>				
15.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Checking or Savings Accounts? (List all accounts)	
<input type="checkbox"/>	<input type="checkbox"/>				
bank.ver	Name, address & phone to verify inf.:	Account #:	Cash Value:		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
16.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	CD's, Money Markets, Mutual Funds, or Treasury Bills? (List all accounts)	
<input type="checkbox"/>	<input type="checkbox"/>				
bank.ver	Name, address & phone to verify inf.:	Account #:	Cash Value:		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
17.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds, Securities or Whole Life Insurance Policies? (List all accounts)	
<input type="checkbox"/>	<input type="checkbox"/>				
asset.ver	Name, address & phone to verify inf.:	Type:	Cash Value:		
	_____	_____	_____		
	_____	_____	_____		
18.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Pensions, IRAs, Keogh, 401K or other retirement accounts? (List only those accounts <u>not</u> currently being distributed on a regular basis.)	
<input type="checkbox"/>	<input type="checkbox"/>				
asset.ver	Name, address & phone to verify inf.:	Account #:	Cash Value:		
	_____	_____	_____		
	_____	_____	_____		
19.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Trust Funds?	
<input type="checkbox"/>	<input type="checkbox"/>				
asset.ver	Name, address & phone to verify inf.:	Account #:	Cash Value:		
	_____	_____	_____		
	_____	_____	_____		
20.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> <td style="text-align: center; width: 15%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	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)	
<input type="checkbox"/>	<input type="checkbox"/>				
realest.ver	Address or Legal Description:		Cash Value:		
	_____		_____		
	_____		_____		

<u>Yes</u> <u>No</u>			ASSET INFORMATION (CONTINUED)	
21.	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property held 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 car, furniture or clothing)	
	asset.ver		Description: _____	Cash Value: _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	Have you disposed of or given away any asset for Less than fair market value within the past 2 years?	
	disposal.cer		Explain: _____	Fair Market Value: _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	Have you received any Lump Sum payments in the past 2 years or anticipate any in the next year?	
	lumpsum.cer		Explain: (Where is the money now?) _____	Cash Value: _____
STUDENT STATUS				
	<u>Yes</u>	<u>No</u>		
24.	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently a full-time student or expect to be one in the next 12 months?	
If you answered Yes to the above question please continue. If you answered No, you may stop here.				
a.	<input type="checkbox"/>	<input type="checkbox"/>	Will an adult who is not a full-time student reside in your home?	
b.	<input type="checkbox"/>	<input type="checkbox"/>	Are you married filing a joint tax return with your spouse?	
c.	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive AFDC (Aid for Dependent Children)?	
d.	<input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with minor children and neither you or your children are being claimed as a dependent on another persons tax return?	
e.	<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state, and local laws?	
f.			Please provide the name of the educational institution where you are or will be enrolled as a Full Time Student: _____	

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), the HOME, Rural Development (RD) or other similar Programs. 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, under penalty of perjury, 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, HOME, RD or other similar 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

Date



Special Needs Questionnaire for LIHTC 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 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) Property.

Head of Household Name: _____

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

	Please check weather or not your household qualifies for a Special Needs Unit.	
1.	<input type="checkbox"/>	Disabled Person: Pursuant to Indiana Code ("IC") 5-20-1-4.5, which defines disabled as a "person with a disability who, by reason of physical, mental, or emotional defect or infirmity, whether congenital or acquires by accident, injury, or disease, is totally or partially prevented from achieving the fullest attainable physical, social, economic, mental, and vocational participation in the normal process of living."
2.	<input type="checkbox"/>	Homeless: Homeless is defined as an individual or family that lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State law.
		Please provide the name, address and phone number of the Doctor, Service Care Provider, Social Service Worker or other individual qualified to verify your Special Needs eligibility.
3.	<input type="checkbox"/>	Our household does not meet the above-described 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 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 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.