



YORK HOUSING AUTHORITY
Village Woods
 4 Pine Grove Lane
 York, Maine 03909

Housing Tax Credit Program
Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

WHAT SIZE APARTMENT ARE YOU APPLYING FOR 1 BR 2 BR

- YES NO Are you requesting a first floor unit for medical reasons?
(You must submit a letter from your physician stating your need for a first floor unit.)
- YES NO 1. Do you, or any member of your household request a handicap
 accessible unit? (Special unit design)
- YES NO 2. Does your household have or anticipate having any pets other than
 those used as service animals?
- YES NO 3. Do you own your current residence? If so, please
 submit a fair market estimate with this application.

Housing References

List the past THREE years of housing references.

<u>Your Address</u>	<u>Dates</u>	<u>Own/Rent</u>	<u>Landlord's Name/Address</u> <i>(if applicable)</i>
_____	_____	Own <input type="checkbox"/>	_____
_____	From _____	Rent <input type="checkbox"/>	Name _____
_____	To _____		Phone _____
_____	_____	Own <input type="checkbox"/>	_____
_____	From _____	Rent <input type="checkbox"/>	Name _____
_____	To _____		Phone _____

		Own <input type="checkbox"/>	
	<i>From</i>		<i>Name</i>
		Rent <input type="checkbox"/>	
	<i>To</i>		<i>Phone</i>

Vehicle Identification

Please complete the information below for the household vehicle. *(One vehicle per unit)*

<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>

Income Information

Include all income anticipated for the next 12 months.

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

YES NO 4. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>

YES NO 5. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>

YES NO 6. **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>

YES NO 7. **Public Assistance, General Relief, AFDC or TANF?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>

YES NO 8. (a) **Child support or Alimony?**
(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 rather received directly from payor.)

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>

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

- Child Support Enforcement Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

YES NO

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

YES NO

9. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
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YES NO

10. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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YES NO

11. Regular payments from a severance package?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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YES NO

12. Regular payments from any type of settlement? *(For example, insurance settlements.)*

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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YES NO

13. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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YES NO

14. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
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YES NO 15. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO 16. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO 17. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS.

YES NO 18. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO 19. CD's, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO 20. Annuities or Capital Gains?

<u>Household Member</u>	<u>Source or Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO 21. Stocks, bonds or securities?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **22. Trust Funds?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **23. Pensions, IRA's, Keogh or other retirement accounts?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **24. Whole life insurance policy?**

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Cash Value</u>
_____	_____	_____
_____	_____	_____

YES NO **25. 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.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **26. 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 your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **27. A safe deposit box?**

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES NO **28. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: _____ Amount: _____

Explanation: _____

Date of Disbursement: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Tax Credit Program.

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 29. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school with regular faculty and students)? |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If you answered YES, complete the following:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving Assistance Under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) Title IV (APDC/TANF) recipients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time students(s) a single parent living with his/her Minor child who Is not a dependent on another's tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

- | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 30. Are you or any other household members claiming zero income?
Household Member: _____
Explanation: _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 31. Will you or any household member require a live-in care attendant to live independently?
Name of Attendant: _____

Relationship (if any): _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 32. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency: _____

Contact Person: _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 33. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Expected Date: _____

Name of Agency: _____

Contact Person: _____ |

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the 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 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 Housing Tax Credit Program requirements.

All household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only	
Date of Interview: _____	

