

FAMILY BACKGROUND

Family members living with you full time:

<u>Name</u>	<u>Relationship</u>	<u>Age/Gender</u>	<u>Date of Birth</u>	<u>SS#</u>
1. _____	_____	____/____	_____	_____
2. _____	_____	____/____	_____	_____
3. _____	_____	____/____	_____	_____
4. _____	_____	____/____	_____	_____
5. _____	_____	____/____	_____	_____

What family members are with you part-time?

- 1. _____
- 2. _____
- 3. _____

Are you the parent of children not living with you now? Yes No

<u>Name(s)</u>	<u>Age(s)</u>
_____	_____
_____	_____
_____	_____

Do you plan for the above children to live with you at Coburn Place? Yes No

Abuser is my: spouse ex-spouse Live-in boyfriend/girlfriend child
 parent Unknown Boyfriend/Girlfriend not living together

For state and federal tracking purposes, we ask the following three questions:

Abuser's income level: _____ \$0-5,000 _____ \$5,000-\$15,000 _____ \$15,000-\$25,000
 _____ \$25,000-\$40,000 _____ \$40,000+ _____ Unknown

Did your abuser use alcohol or drugs at the time of your abuse? Yes No

Were you abused as a child: Yes No Was your abuser abused as a child? Yes No Unknown

FINANCIAL INFORMATION

Have you filed or are you currently receiving any assistance from any of the following resources?

- No Financial Resources Food Stamps\$_____ Employment\$_____ TANF (Temporary Aid to Needy Families) \$_____
- Medicaid Social Security\$_____ Child Support\$_____ SSDI (Social Security Disability Income) \$_____
- Wishard Advantage Unemployment\$_____ Veterans Benefits\$_____ SSI (Supplemental Security Income) \$_____
- Veterans Health Care Other(Specify)\$_____ General Public Assistance\$_____

HEALTHCARE INFORMATION

Are you currently under a doctor's care? Yes No

If yes, specify illness and prescribed treatment: _____

Are you currently taking any medication? Yes No

If yes, please list below:

<u>Name of Medication</u>	<u>Dose</u>	<u>What are you taking it for?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION INFORMATION

Please list the highest grade of school you completed: _____

Did you graduate from high school? Yes No

Did you complete your G.E.D.? Yes No N/A

RENTAL HISTORY

Permanent Living Arrangement:

(Street)	(City, State)	(Zip Code)
(Contact Name)	(Relationship)	(Phone #)
Date Moved In: _____		Reason for Moving Out: _____

Previous Living Arrangement:

(Street)	(City, State)	(Zip Code)
Date Moved In: _____		Reason for Moving Out: _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Current Employer:

Company Name	Position	
Address	City, State, ZIP	Phone
Contact Name	Type of Work	
Date Employed	Beginning Pay	Current Pay

Previous Employer

Company Name

Position

Address

City, State, ZIP

Phone

Contact Name

Type of Work

Reason Left

_____ to _____
Dates Employed

\$ _____
Beginning Pay

\$ _____
Ending Pay

LEGAL INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, explain: _____

Have you ever filed bankruptcy? Yes No If yes, when? _____

APPLICANT'S INCOME/ASSET CERTIFICATION WORKSHEET CHECKLIST

NOTE: ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER ARE REQUIRED TO COMPLETE A SEPARATE APPLICANT CHECKLIST. ALL QUESTIONS MUST BE COMPLETED.

Name: _____	Telephone Number: () _____
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Check YES or NO:

- YES NO
- 1) I am self-employed. (List the types of jobs.) _____
- YES NO
- 2) I have a job and receive money/wages, tips, and/or bonuses. (List the employers you work for.)

- YES NO
- 3) I receive assistance with my housing payment from an Agency.
If yes, Agency name: _____
- YES NO
- 4) I receive cash contributions or gifts including rent, utility payments, or bills paid for me on an ongoing basis from persons not living with me.
- YES NO
- 5) I receive Veteran's Administration benefits.
- YES NO
- 6) I receive National Guard/Military Income.
- YES NO
- 7) I receive unemployment benefits.
- YES NO
- 8) I receive Social Security.
- YES NO
- 9) I receive Supplemental Security Income (SSI).
- YES NO
- 10) I receive unearned income from family members age 17 or under. (Example: Social Security.)
- YES NO
- 11) I receive disability or death benefits **other than Social Security**.
- YES NO
- 12) I receive Public Assistance. (example: TANF) List source _____
- YES NO
- 13) I receive child support. If yes, from how many persons do you receive support? _____
- YES NO
- 14) I receive alimony.
- YES NO
- 15) I receive spousal maintenance.
- YES NO
- 16) I receive periodic payments from trust, annuity or inheritance, if yes, from how many sources? _____
- YES NO
- 17) I receive periodic payments from insurance policies, if yes, how many policies? _____

- YES NO
 18) I receive periodic payments from retirement funds or pensions, if yes, how many funds or pensions? _____
- YES NO
 19) I receive periodic payments from lottery winnings.
- YES NO
 20) I am a full-time or part-time student, at an institute of higher learning, (above high school level) **and** receive financial assistance. "Financial assistance" includes Pell grants, work study programs, scholarships, grants, GI Bills, or assistance from private sources (example parents, grandparents). (Please circle the assistance you receive.) Note: Financial assistance does not include student loans.
 a.) Are you 24 or older with a dependent child? _____ yes _____ no
 b.) Will you be residing with your parent(s)? _____ yes _____ no
 (NOTE: If 'yes' is checked to one of the above, this income does not apply.)

ASSET INFORMATION – Head of Household must include assets of minors.

*CASH VALUE: Remaining balance after all cost incurred for converting the asset(s) to cash have been subtracted. (Examples: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate; penalties for early withdrawals are subtracted from CD's and IRA's).

- YES NO
 21) I own a home, rental property or other capital investment. Cash Value
 \$ _____
 Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away
 (provide description) _____

- YES NO
 22) I own a mobile home. (provide description) _____ Cash Value
 \$ _____

- YES NO
 23) I have an IRA/Lump Sum Pension/Keogh Acct/401K. (provide description) _____
 Cash Value \$ _____ Annual Earnings \$ _____

- YES NO
 24) I have whole life or universal life insurance policy(ies), if yes, how many policies? _____
 (These policies can be cashed in for money. If yours can't be cashed in for money, please answer "NO".) Cash Value \$ _____ Annual Earnings \$ _____

- YES NO
 25) I have revocable trusts, if yes, how many trusts? _____
 Cash Value \$ _____ Annual Earnings \$ _____

	*Cash Value	Income	Bank/Source
	<u>Six Month</u>		
	<u>Average for Checking</u>		
YES NO			
26) <input type="checkbox"/> <input type="checkbox"/>	I have a checking acct.(s) Bal.\$ _____	Interest Rate _____	Name _____
	Bal.\$ _____	Interest Rate _____	Name _____
	Bal.\$ _____	Interest Rate _____	Name _____
	<u>Current</u>		
YES NO			
27) <input type="checkbox"/> <input type="checkbox"/>	I have a savings acct.(s) Bal.\$ _____	Interest Rate _____	Name _____
	Bal.\$ _____	Interest Rate _____	Name _____
	Bal.\$ _____	Interest Rate _____	Name _____

YES NO
 28) I have certificates of deposit. (CDs) Bal.\$ _____ Interest Rate _____ Name _____
 Bal.\$ _____ Interest Rate _____ Name _____
 Bal.\$ _____ Interest Rate _____ Name _____

YES NO
 29) I have treasury bills. Bal.\$ _____ Annual Earnings _____ Name _____

YES NO
 30) I have savings bonds. Bal.\$ _____ Dividends/Yield _____ Name _____

YES NO
 31) I have an annuity(ies). Bal.\$ _____ Interest Rate _____ Name _____

YES NO
 32) I have stocks. Bal.\$ _____ Dividends/Yield _____ Name _____

YES NO
 33) I have cash on hand. Amount \$ _____

YES NO
 34) I have a safety security box(es). What is held in the box? _____ Cash Value \$ _____

YES NO
 35) I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date: _____

YES NO
 36) I have income or assets from sources other than those listed above. (List type below.)

*CASH VALUE: Remaining balance after all cost incurred for converting the asset(s) to cash have been subtracted. (Examples: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate; penalties for early withdrawals are subtracted from CD's and IRA's).

YES NO
 37) Are you now or do you plan to become a full time student in the next 12 months?

YES NO
 38) Were you a full time student sometime during the past 12 months?

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE, ACCURATE AND COMPLETE. I further authorize you and direct any Federal, State, or local agency, organization, business, or individual to release information to and verify my application for residency based on a copy of this authorization. I agree that previous or current information regarding my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: identity and marital status, child support, alimony, employment, income and assets, credit and criminal custody. This authorization will stay in effect for thirty days from the date signed.

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.

PRINTED NAME OF APPLICANT _____ **DATE** _____

SIGNATURE OF APPLICANT _____ **DATE** _____