

APPLICATION NO. \_\_\_\_\_

REQUIRED BEDROOM SIZE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS NO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS LAST THREE YEARS \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPOUSE EMPLOYED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU BEEN ON HUD OR RENTAL ASSISTANCE, IF SO WHERE?  YES  NO

ARE YOU CURRENTLY USING AN ILLEGAL CONTROLLED SUBSTANCE, OR BEEN CONVICTED OF THE SAME? YES  NO

**PERSONAL REFERENCE:**

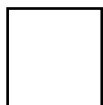
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**CREDIT REFERENCE:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**INCOME INFORMATION:**

WAGES (applicant) ----- \$ \_\_\_\_\_  
WAGES (spouse) ----- \$ \_\_\_\_\_  
SSA (applicant) ----- \$ \_\_\_\_\_  
SSA (spouse) ----- \$ \_\_\_\_\_  
SSI (applicant) ----- \$ \_\_\_\_\_  
SSI (spouse) ----- \$ \_\_\_\_\_  
AFDC ----- \$ \_\_\_\_\_  
PENSION ----- \$ \_\_\_\_\_  
INCOME FROM ASSETS ----- \$ \_\_\_\_\_  
OTHER INCOME ----- \$ \_\_\_\_\_



(a) TOTAL ANNUAL INCOME OF APPLICANT ----- \$ \_\_\_\_\_

(b) TOTAL ANNUAL INCOME OF SPOUSE ----- \$ \_\_\_\_\_

(c) TOTAL ANNUAL INCOME OF OTHER FAMILY MEMBERS (except eligible minors) ----- \$ \_\_\_\_\_

(d) TOTAL FAMILY ANNUAL INCOME a+b+c ----- \$ \_\_\_\_\_

**NAME, RELATIONSHIP, SEX, AGES AND SOCIAL SECURITY NUMBERS OF OTHERS WHO WILL LIVE IN THE UNIT:**

NAME	SEX	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC NUMBER

Required unit size \_\_\_\_\_ BR Date Needed \_\_\_\_\_

Elderly  Family  Special Consideration

**ATTENTION HANDICAPPED/DISABLED APPLICANTS:**

Applicants may be eligible for income adjustments if the tenant or co-tenant has a handicap or disability, as defined by federal law. Certain other adjustments to income may be applicable if a household member other than the tenant or co-tenant has a handicap or disability, as defined by federal law. Additional information will be required to verify eligibility.

- PLEASE CHECK HERE to request adjustments for a tenant or co-tenant who is disabled/handicap:
- PLEASE CHECK HERE to request adjustments for another household member who is disabled/handicapped:
- PLEASE CHECK HERE TO REQUEST A WHEELCHAIR-ACCESSIBLE UNIT: Apartments with special modifications for accessibility to persons in wheelchairs or with other mobility impairments may be available.

*Rent on the above apartments is determined by the applicant's income. Handicap units are available and priority will be given to those who require special design features. All reasonable request for special accommodations will be reviewed by Management and in all cases possible will be met. Arkansas State Relay Service provides a toll free 24-hour-a-day service for the hearing impaired. That phone number is 1-800-285-1131. White River Regional Housing Authority provides Equal Housing Opportunities.*

**MARTIAL STATUS**

MARRIED  SEPARATED  UNMARRIED (INCLUDING SINGLE, DIVORCED& WIDOWED)

HOW DID YOU LEARN ABOUT THESE APARTMENTS? Newspaper  Name of Newspaper \_\_\_\_\_  
 Radio  Name of Station \_\_\_\_\_ Driving by project  Road Signs  Web Site  Residents   
 Other  \_\_\_\_\_  
*Please Explain*

**Applicant certifies that the unit applied for will be the applicant household's permanent residence and does/will not maintain a separate subsidized rental unit in a different location.**

**LIST ALL ASSET OWNED BY HOUSEHOLD MEMBERS:**

Cash on Hand, not in bank: \_\_\_\_\_

Checking Account(s) Balance: \_\_\_\_\_

Savings Account(s) Balance: \_\_\_\_\_

Balance in CD's: \_\_\_\_\_

Stocks, Bonds, Trust Account, Mutual Funds, etc: \_\_\_\_\_

Does any household member have life insurance policies with \$3000 or more face value: YES    NO

Market Value of Real Estate Owned: \_\_\_\_\_

Outstanding mortgage or loan balance: \_\_\_\_\_

Have you sold or disposed of any property in the last 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, type of property: \_\_\_\_\_

Market value when sold/disposed of \_\_\_\_\_

Amount sold/disposed for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

**STUDENT STATUS**

Are you a full time student? YES  NO

*If Yes, you must provide verification .*

Is anyone else in your family a full time student? YES  NO

Are you a single parent full time student with children? YES  NO

If you are a married couple, are both of you full time students? YES  NO

**GO TO LAST PAGE OF APPLICATION AND FILL OUT STUDENT ELIGIBILITY CERTIFICATION**

*I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY ANY STATEMENTS MADE IN THIS APPLICATION INCLUDING VERIFICATION OF INCOME AND CREDIT..*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**RACE/NATIONAL ORIGIN OF APPLICANT**

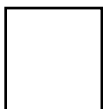
White, Non-Hispanic     Black, Non Hispanic     Hispanic

Asian or Pacific Islander     American Indian or Alaskan Native

**SEX OF APPLICANT**

Male     Female

"You are not required to furnish this information, but are encouraged to do so. "The Information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."



APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

10/2000

WHITE RIVER REGIONAL HOUSING AUTHORITY

I authorize the release of any information (including documentation and other materials pertinent to eligibility for or participation in any assisted housing program

*INFORMATION INQUIRIES ABOUT.*

- |                                      |  |
|--------------------------------------|--|
| CHILD CARE EXPENSES                  | FEDERAL, STATE, TRIBAL OR LOCAL BENEFITS |
| CITIZENSHIP                          | HANDICAPPED ASSISTANCE EXPENSES          |
| CREDIT HISTORY                       | IDENTITY AND MARITAL STATUS              |
| CRIMINAL ACTIVITY                    | MEDICAL EXPENSE                          |
| FAMILY COMPOSITION                   | SOCIAL SECURITY NUMBERS                  |
| EMPLOYMENT, INCOME PENSION, & ASSETS | RESIDENCES AND RENTAL HISTORY            |

*INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:*

- |  |                                   |
|--|-----------------------------------|
| BANKS & OTHER FINANCIAL INSTITUTIONS             | US SOCIAL SECURITY ADMINISTRATION |
| COURTS   | UTILITY COMPANIES                 |
| LAW ENFORCEMENT AGENCIES                         | WELFARE AGENCIES                  |
| CREDIT BUREAUS                                   | PROVIDERS OF                      |
| EMPLOYERS, PAST AND PRESENT                      | ALIMONY                           |
| LANDLORDS  | CHILD CARE                        |
| PENSIONS AND/OR ANNUITIES                        | CREDIT                            |
| SCHOOLS AND COLLEGES                             | HANDICAPPED ASSISTANCE            |
| US DEPARTMENT OF VETERANS AFFAIRS                | MEDICAL CARE                      |
| US DEPARTMENT OF IMMIGRATION &<br>NATURALIZATION |                                   |

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

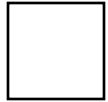
I certify that the above-named individual has read this document fully or that I have read it to him/her and I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date



# STUDENT ELIGIBILITY CERTIFICATION



NOTE: *If members of the household are full time students, the Owner/Management Representative must have the applicant/resident complete this form and obtain documentation to prove household's eligibility under the LIHTC Regulations.*

## STATEMENT OF APPLICANT/RESIDENT

- \_\_\_\_\_ A. At least one (1) member of the household receives assistance under the Title V of the Social Security Act (i.e. payment under AFDC)
- \_\_\_\_\_ B. At lease one (1) member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership act (JTPA) or is funded by a state or local public . agency
- \_\_\_\_\_ C. The Head of Household is a single parent with children and neither the parent nor the children is dependent of another individual.
- \_\_\_\_\_ D. The members of the household are married and file a joint Federal Income Tax Return.
- \_\_\_\_\_ E. The household is not made up entirely of full-time students. Names of non-student members:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ F. None of the exceptions listed above are applicable.

I/We hereby certify that the statement above is true and complete to the best of my/our knowledge.

Applicant/Resident Signature	Date	Applicant/Resident Printed Name
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Applicant/Resident Signature	Date	Applicant/Resident Printed Name
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**TO BE COMPLETED BY MANAGEMENT REPRESENTATIVE**

\_\_\_\_\_ The unit may be eligible, if all other tax Credit eligibility requirements are met (ITEMS A,B,C,D,or E applies)  
 \_\_\_\_\_ The unit is not eligible (Item F Applies).

I have verified and processed documentation supporting the applicant's/resident's statement. Nothing has been provided causing me to believe this information is inaccurate.

Management Representative	Title	Date
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**WARNING:** *Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.*

*The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, sex, religion, persons with disabilities, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, RECD, USDA, Washington, DC.*