

**APPLICATION AND INCOME CERTIFICATION  
FEDERAL TAX CREDIT PROGRAM**

Project Name: TABORWOOD TOWNHOMES Initial Application   x  

Unit No.: \_\_\_\_\_ No. of Bedrooms:   2 (TWO)   Annual Recertification \_\_\_\_\_

1. List all occupants of the unit, their relationship to each other (if any), social security number and birthday.

Occupant	Maiden/Other Name	Relationship	Soc. Sec. Number	Birthday
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2. **Please answer each of the following questions.**

	<u>Yes</u>	<u>No</u>	<u>Annual Amount</u>
Is this your sole place of residence?	_____	_____	_____
Are any of the occupants a student? (a student is anyone who has been or will be a full-time student at an educational institution during any five (5) months of the year this application is submitted, other than correspondence school)	_____	_____	_____
Is any member of your household employed full-time, part-time or seasonally?	_____	_____	_____
Does any member of your household expect to work for any period during the next 12 months?	_____	_____	_____
Is any member of your household on leave of absence from work due to lay off, medical, maternity, or military leave?	_____	_____	_____
Does any member of your household now receive or expect to receive child support?	_____	_____	_____
Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____	_____
Does any member of your household receive or expect to receive welfare assistance?	_____	_____	_____
Does any member of your household receive or expect to receive Social Security benefits?	_____	_____	_____
Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____	_____
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____	_____
Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stock or bonds, or income from the rental of property?	_____	_____	_____

For each source of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months. **YOU MUST INCLUDE A MAILING ADDRESS FOR EACH SOURCE LISTED BELOW.**

Family Member	Source/Type of Income	Annual Income

3. List all checking and savings accounts (including Individual Retirement Account (IRA), 401 K, Keogh account and Certificate of Deposit) of all household members, including accounts disposed of during the past two years. **YOU MUST INCLUDE A MAILING ADDRESS FOR EACH SOURCE LISTED BELOW.**

Financial Institution	Account No.	Balance	Interest Received

4. List the value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_

5. Do you own a home or other real estate? Yes \_\_\_ No\_\_\_ Fair Market Value \_\_\_\_\_

7. Did you have any assets in the last two years not listed above? \_\_\_ If yes, did you dispose of any assets for less than fair market value? \_\_\_ (This means that the assets were either given away or sold at less than the allotted market value.) What were the assets, the market value at the time of disposition, the amount received and the date you disposed of them? \_\_\_\_\_

FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
Annual Household Income	\$ _____
Actual Income from Assets if Valued at Less Than \$5,000:	\$ _____
Actual Income from Assets if Valued at More Than \$5,000: =	\$ _____
Assets Value Greater than \$5,000 x Imputed Rate of 2% =	\$ _____
For Assets Valued at More than \$5,000, Add to total Income the Greater of Actual or Imputed Income	\$ _____
<b>TOTAL HOUSEHOLD INCOME:</b>	<b>\$ _____</b>

RESIDENT'S STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal Law.

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse or Co-Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Length of Time at Current Address: \_\_\_\_\_ (Years)

Current Landlord (if applicable): \_\_\_\_\_ Telephone: \_\_\_\_\_

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in Section 1 of the Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident whose anticipated annual income for the next twelve months does not exceed \$ \_\_\_\_\_. (Qualifying Income)

Signature of Owner's or Developer's  
Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION IS ELIGIBLE FOR 90 DAYS FROM DATE OF COMPLETION