

**APPLICATION FOR  
 GUADALUPE APARTMENTS**

**Kind of Housing**

LIHTC Studio, 1, and 2 bedroom apartments for people at or below 30% of area median income Section 8 vouchers for each unit provides rent to based on income.

**Income Limits Effective 04/14/2017**

In order to qualify, the entire annual gross household income cannot **exceed** the following limits for LIHTC:

Number of people in household	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Annual income limit (30% of AMI)	\$15,420	\$17,640	\$19,830	\$22,020

A Security deposit of \$100 for a studio, \$200 for a 1-bedroom and \$300 for a 2-bedroom is required at time of move in or a payment plan that will be worked out with your case manager.

**Application Requirements**

All household members 18 or older who intend to live in the unit must complete an application regardless of whether they have income or assets.

Household members under the age of 18 must fill out an application if they are the head of household, spouse, or co-head.

Copies of the following documents must be provided for **every** person who will live in the apartment:

- Birth certificate are required for dependents
- Valid driver’s license or picture identification card
- Social Security card must be provided for the head of household

Our screening process includes third-party income verifications from your employer(s), landlord references, credit, eviction, and criminal background checks for every applicant over the age of 18.

**All applicants will be screened for eligibility based on the Tenant Selection Criteria.**

**Student Screening**

**Eligible Status:** Households consisting entirely of full-time students are **not eligible** for Tax Credit units unless:

1. all students are married and filing a joint tax return; or
2. student is a single parent(s) with their minor child(ren) and no one is a dependant of a third party; or
3. one student receives Title IV Social Security or TANF assistance; or
4. one student is participating in an officially sanctioned job training program; or
5. one student was previously under foster care.



**General Information**

- Our initial lease is for one year. After the first year, we lease month-to-month.
- No additional persons can be added to the household during the initial lease term of one year unless that addition is due to the documented birth of a child, marriage, legal adoption, foster child or, as a need of a verified Reasonable Accommodation request due to a disability.
- 24-hour maintenance emergency service is provided.
- Rent includes gas, electric, water, sewer and trash services.
- We will not be able to accept HUD vouchers (Section 8). Since, the property has Project based Section 8 vouchers.
- No pets other than confined birds and fish are permitted.
- Waterbeds are not permitted.
- It is highly recommended residents obtain renter's insurance covering personal belongings before move-in.

**All persons will be treated fairly and equally without regard to Race, color, religion, sex, familial status, handicap, or national origin in compliance with Fair Housing Act and Section 504 of the Rehabilitation Act of 1973.**

**Application for: Guadalupe Apartments**

Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Have you lived at Archdiocesan Housing property before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," where? \_\_\_\_\_ Year you moved out: \_\_\_\_\_

**Applying for:**

Guadalupe Apartments Studio \_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_

Number of people moving into apartment: \_\_\_\_\_

Handicapped-accessible apartment? \_\_\_\_\_ (procedures for verification of mobility impairment must be followed)

Is any member of the household a registered life time sex offender in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate which household member(s): \_\_\_\_\_

List all the states where each household member has ever lived: \_\_\_\_\_

**Applicant A**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Street/P.O. Box Apt.

City State ZIP

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_

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

Street

City State ZIP

Work Phone: \_\_\_\_\_

Student 23 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent children? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant B**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Street/P.O. Box Apt.

City State ZIP

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Employer: \_\_\_\_\_

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

Street

City State ZIP

Work Phone: \_\_\_\_\_

Student 23 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent children? Yes \_\_\_\_\_ No \_\_\_\_\_

**PAST TWO FULL YEARS OF LANDLORD REFERENCES WITH ADDRESSES**

**Current Landlord**

Rental dates: From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

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

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

**Previous Landlord**

Rental dates: From \_\_\_\_\_ To \_\_\_\_\_

Landlord Name: \_\_\_\_\_

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

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

By signing below, I give permission to Housing Management Services to run a background check on my credit history, run a background check on my criminal history, verify my employment, and verify my landlord references.

\_\_\_\_\_  
Applicant A signature Date

\_\_\_\_\_  
Applicant B signature Date



**Person(s) to reside in apartment**

This information is requested only in order to determine eligibility for LIHTC housing; all persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973.

Name	Sex	Birthdate	Social Security #	Marital Status	Relationship to Applicant(s)

**Income**

All income must be shown. List any income from overtime, tips, bonuses, commissions, or other sources under "Other." If you have a second job, list that income under "Wages."

Name	Wages (monthly)	Social Security	Disability	TANF	Other
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**Employment Information**

If you are unemployed or non-employed, and anticipate becoming employed in the next 12 months, please provide information for your **last** employer.

Applicant Name	Employer Name	Employer Address	Phone	Dates Employed

If unemployed or non-employed, please check status for each adult applicant:

\_\_\_\_\_  Unemployed       Non-employed

Applicant Name (print)

\_\_\_\_\_  Unemployed       Non-employed

Applicant Name (print)



**Assets (current value)**

You will need verification of these at the time of move-in certification.

Name	Property Value	Checking Acct.	Savings Acct.	Trust	CDs	Stocks/ Bonds	Other
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

**Income from Assets**

You will need verification of this income at the time of move-in certification. Income is often earned from interest or dividends, and is usually shown on any periodic (monthly, quarterly, or annual) statements.

Name	Property Income	Checking Income	Savings Income	Trust Income	CDs Income	Stocks/ Bonds	Other Income
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

**I/We have disposed of assets for less than market value in the last two (2) years.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, verification needs to be provided.)

Please note that assets **include** bank accounts (use 6-month average for checking account); trust funds (excluding irrevocable trusts); equity in real estate or other capital investments, stocks, bonds, treasury bills, certificate of deposit, money market funds, IRA, Keogh Accounts, retirement, pension funds and life insurance policies (available to the family); lump sum receipts, mortgage or deed of trust held by a resident/applicant; and personal property held as an investment.

Please note that assets **do not include** necessary personal property, interest in Indian Trust Land, life insurance policies with no cash value, equity in the cooperative unit in which the family lives, assets that are a part of an active business, assets that are not effectively owned by the resident/applicant, and assets that are not accessible to the resident/applicant and provide no income to the resident/applicant.

Guadalupe Apartments is operated under the LIHTC (low-income housing tax credit) program and any falsification or misrepresentation will be considered a material breach. Giving fraudulent or misrepresented information will invalidate this application and the applicant(s) will be denied housing/

I/we acknowledge that I/we have not given any misinformation in this application.

\_\_\_\_\_  
Applicant A signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant B signature

\_\_\_\_\_  
Date

**Certification of Student Status**



Head of Household: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose the option below that best describes your household:

- The household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*).
- The household contains all students, but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required for at least one occupant. Please list the names of all **part time** students: \_\_\_\_\_
- The household contains all **full time** students for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*). Please answer questions 1-5 below:

	Yes	No
1. Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date this form.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

*Full time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **no**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

**Guadalupe Apartments**  
**Managed by Housing Management Services**  
**Tenant Release and Consent**

I/We \_\_\_\_\_, the undersigned hereby  
 authorize \_\_\_\_\_ to release without liability,  
 (employer or other source)  
 information regarding my/our employment, income, and/or assets to **Housing Management Services**  
 (owner or agent)  
 for purposes of verifying information provided as part of my/our apartment rental application.

**Information Covered**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**Groups or Individuals That May be Asked**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                               | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords(including<br>Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                            | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

**Conditions**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/we can prove is incorrect.

**Signatures**

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

*Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form," must be prepared and signed separately.*

