

Thank you for your interest in applying to live at a Lloyd Management property.

In order to get you in your new home as soon as possible it is very important that you read and follow the guidelines listed below. These standards adhere to government regulations.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception to prove qualification. Please review each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information may subject you to criminal penalties.

INCOMPLETE APPLICATIONS WILL BE RETURNED! Government regulations require that you submit specific documents before you can move in. If you do not have the required documents, please immediately begin the process of obtaining them. **We will begin to process your application without these documents, but you will not be able to move in until the documents are obtained for all household members.**

SUBMISSION CHECKLIST

Place a check mark next to the completed items.

- Complete this entire form by answering ALL questions. If a question does not apply to your household, please write n/a or not applicable in the space provided.
- Include complete addresses and/or contact information where requested on the application.
- If you make any changes or corrections to your information, draw a single line through the error, make the correction, and initial and date the change. Whiteout is NOT accepted!
- Each adult household member (age 18 or older) must sign and date on all signature lines. Your application will be returned if this step is not completed.
- If you don't understand something on the application, please ask questions. It's always better to be safe than sorry.
- Proofs of income and assets noted throughout the application are attached.
- SECURITY DEPOSIT:** A security deposit of \$500 is required to start processing your application. We can accept checks or money orders written out to Tenth Street Townhomes.
- APPLICATION FEE:** A \$25 application fee PER adult is required to start processing your application. We can accept checks or money orders written out to Tenth Street Townhomes. This must be a separate payment from the security deposit payment.

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either Yes or No in response to each question. Add an explanation if the answer is "YES". Use additional sheets if necessary. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".

ELIGIBILITY INFORMATION

1. Do you certify that this will be your only place of residence? Yes No
2. Are you currently receiving Rental Assistance? Yes No
- I am currently receiving housing assistance in another complex. I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.*

3. Have you ever been evicted from any type of housing? Yes No
4. Have you ever been convicted of a felony? Yes No
5. Is at least one member of your household a US citizen or eligible immigrant? Yes No
6. Are ANY members of your household currently or expected to be a student (including children)? Yes No

If yes, then list all household members who are students:

Student Name	Age	School Name & Address	Full/Part Time (Check One)	Financial Aid (Check One)
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

7. Is there someone not listed on this application who would normally be living in the household? Yes No
- If YES, please explain: _____
8. Do you have a live-in care attendant? Yes No
9. Do you expect the following change(s) to your household? Yes No
- Baby due or obtaining full or joint custody on: _____
- Adopting a child(ren) or receiving a foster child on: _____
- Other addition to household on: _____
10. Do you wish to have priority for a handicapped accessible unit with special design features? Yes No
11. Do you have a pet? Yes No
12. How did you hear about this housing? Online Newspaper Local Agency Drive By Resident Referral Other
13. Are you, or any member of the household, subject to a lifetime sex offender registration in any state? Yes No
- If YES, which household member: _____



INCOME

14. Do you or any household members, including minor children, currently receive or expect to receive income from the following?

A. Employment Yes No *If YES, include 2 full months of your most recent, consecutive paystubs.*

Household Member Name	Employer Name, Full Address, & Phone Number

B. Unemployment Benefits or Severance Pay Yes No *If YES, household member name: _____
If YES, include a printout that shows the amount you have received in the last 12 months.*

C. Worker's Compensation Yes No *If YES, household member name: _____
If YES, include 2 full months of your most recent, consecutive paystubs.*

D. Are you self-employed or run your own business? (At home party sales, babysitting, cleaning, etc.) Yes No
If YES, household member name: _____ Date business opened: _____

F. Cash Benefits from the County (Do not include food or medical support) Yes No
If YES, household member name: _____ If YES, County contact info: _____

G. Military pay (including allowances) Yes No *If YES, household member name: _____
If YES, include 2 full months of your most recent, consecutive paystubs.*

H. Veteran's Administration Benefits Yes No *If YES, household member name: _____
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by VA Administration.*

I. Social Security Benefits, Disability, or Death Benefits Yes No *If YES, household member name: _____
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by SSA Administration.*

J. Regular payments from a pension or retirement plan (PERA, Railroad, etc.) Yes No
If YES, household member name: _____ Company Information: _____

K. Regular payments from an annuity, trust, or insurance policy Yes No
If YES, household member name: _____ Company Information: _____

L. Alimony or Government Ordered Child Support (include if it is court ordered even if it is not being received) Yes No
If YES, household member name: _____ If YES, include a printout showing the payments received in the last 12 months.

OR, if not paid through a government agency, provide the payor and their contact information:

M. Student Financial Aid in excess of tuition (from public or private sources; do not include student loans) Yes No
If YES, household member name: _____ Name of School: _____

N. Regular contributions from persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes No
If YES, contact person: _____ Address & Phone: _____

O. Any other source not listed above Yes No *If YES, please specify: _____*

15. Does any adult member of your household have zero income? Yes No *If YES, household member name: _____*



ASSETS

16. Do you or any other member of the household, including minor children, have any of the following?

A. Checking or Savings accounts Yes No

Household Member Name	Institution Name & Full Address

B. Prepaid Debit Card (reloadable cards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No

If YES, include a current printout of the balance or a copy of your most recent statement AND a copy of your card.

Certificate of Deposit or Money Market Fund, IRA, Annuity, 401K account, or Keogh account Yes No

Household Member Name	Institution Name & Full Address

C. Pension or Retirement funds Yes No

If YES, household member name: _____ Agency: _____

D. Stocks, Bonds, Securities or Treasury bills Yes No

If YES, household member name: _____ Agency: _____

E. Trust fund Yes No

If YES, household member name: _____ Agency: _____

F. Whole life or Universal life insurance policy Yes No

If YES, household member name: _____ Agency: _____

G. Any other assets not listed above Yes No

If YES, household member name: _____ Specify: _____

17. Do you or any other members of the household own Real Estate or hold a contract for deed? Yes No

18. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24 month) period prior to the date of your application? Yes No



Student Status Certification



Property Name:	
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable (note that “student(s)” include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.

- B. Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

- 1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3rd party verification)? (YES) (NO)

- 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) (YES) (NO)

- 3. 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 documentation of participation) (YES) (NO)

- 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (YES) (NO)

- 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)? (YES) (NO)

- D. No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date