

Monarch Management Group

LIHTC APPLICATION

ALL QUESTIONS MUST BE ANSWERED.

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
AMI Set Aside (20%, 30%, 50%, 60%)	
Program (LIHTC, HOME, etc.):	

Property Name: Carlisle Veterans Housing

County: Cumberland County

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with the relationship to the head of household, date of birth and social security number. Do not include minors who will be present less than 50% of the time.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Social Security Number
1		Head of Household					
2							
3							
4							
5							
6							

***List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

CONTACT INFORMATION

Current Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Are any household changes expected in the next 12 months? YES NO

If 'YES' explain: _____

Are any household members currently absent from the home? YES NO

If 'YES' explain: _____

Are any student changes expected in the next 12 months? YES NO

If 'YES' explain: _____



How many bedroom are you interested in? 1 BR 2 BR 3 BR

RENTAL HISTORY

Address: _____

Rent: \$_____ Length of Residency: _____ Landlord's Name: _____

Landlord's Phone#: _____ Landlord's Address: _____

If you lived at your current Address LESS than three (3) years, provide previous address:

Rent: \$_____ Length of Residency: _____ Previous Landlord's Name: _____

Landlord's Phone#: _____ Landlord's Address: _____

STUDENT STATUS

Is every member of the household a Full-Time Student as defined on Pg 1? Yes No

Are there any Part-Time adult students in the household? Yes No

*If you answered **YES** to either question above, you **MUST** answer the following questions. If you answered, no to both questions above, you may proceed to the next part of the application.*

Are you of legal age in accordance with state law or otherwise legally able to enter into a binding contract under state law? Yes No

Is the full-time adult student(s) married and filing a joint tax return? Yes No

Does full-time adult student receive assistance under Title IV of the Social Security Act? (i.e, AFDC or TANF, but not SS or SSI)? Yes No

Is full-time adult student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? Yes No

Is the full-time adult student a single parent who is not claimed as a dependent by another individual? Yes No

Was the full-time adult student previously a foster child under Part B of E Title IV of the Social Security Act? Yes No

Are the minors in the household claimed as a dependent by a parent? Yes No



HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12-month period following effective date of certification.
- For minors include unearned income such as benefits, SS, SSI, gifts, child support, income from assets.
- For adults include both earned income from jobs and unearned income.
- Answer each 'YES' – 'NO' question. For each 'YES' include the gross amount and frequency.
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**
- Use an extra copy of pages 2 & 3, as needed, based on number of household members that have income.

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[] YES [] NO	\$	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$	[] YES [] NO	\$
8. Periodic Gift Income	[] YES [] NO	\$	[] YES [] NO	\$
9. Non-cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Formal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
Is child support awarded but not paid? [] YES [] NO			[] YES [] NO	
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. Formal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
Is spousal support awarded by not paid? [] YES [] NO			[] YES [] NO	
13. Informal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$	[] YES [] NO	\$
17. TANF/AFDC/etc.	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Retirement Account	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment Account	[] YES [] NO	\$	[] YES [] NO	\$
23. Worker's Comp	[] YES [] NO	\$	[] YES [] NO	\$
24. Annuity Account	[] YES [] NO	\$	[] YES [] NO	\$
25. Trust Account	[] YES [] NO	\$	[] YES [] NO	\$
26. Disability/Death Benefits	[] YES [] NO	\$	[] YES [] NO	\$
27. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$



28. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
29. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
30. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
31. Other:	[] YES [] NO	\$	[] YES [] NO	\$
32. Other:	[] YES [] NO	\$	[] YES [] NO	\$
	TOTAL	\$	TOTAL	\$

Are any income changes expected in the next 12 months? [] YES [] NO
 If 'YES', please describe: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [] YES [] NO

For each source of income on the Income Chart checked 'YES', please complete the following:

Income #	HH Member	Name of Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional income sources.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSET INSTRUCTIONS:

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
2. 2 nd Checking Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
3. Savings Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
4. 2 nd Savings Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
5. Debit/Direct Express/Access Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$



6. 2 nd Prepaid Debit Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. Cash on Hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Certificate of Deposit(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
9. Other Bank Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
12. Portfolio, Brokerage, Investment Accounts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
15. Savings Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
16. Treasury Bills	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
20. Life Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
21. Real estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$_____

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? YES NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If you answered 'YES' to either question above, please explain:

For each asset on the Asset Chart checked 'YES', please complete the following:

Asset #	HH Member	Name of Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional asset sources.)



OTHER INFORMATION

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No

Have you or any other household member or person you wish to reside with you ever been convicted Of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) Yes No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? Yes No

Do you have a Housing Choice Voucher? Yes No

Do you have a pet? If yes, describe: _____ Yes No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually-impaired or hearing-impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? Yes No. If Yes, please list:

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____



Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

Mail Applications to:

Carlisle Veterans Housing
238 C Street
Carlisle, PA 17013

Phone: 717-254-6028



**CONSUMER NOTICE
THIS IS NOT A CONTRACT**

CNT

(Licensee) _____ hereby states that with respect to this property
(describe property) _____, I am acting in the
following capacity: (check one)

- (i) Owner/Landlord of the Property;
- (ii) A direct employee of the Owner/Landlord; OR
- (iii) An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge that I have received this Notice:

Date: _____

_____	Print (Consumer)	_____	Print (Consumer)
_____	Signed (Consumer)	_____	Signed (Consumer)
_____	Address (Optional)	_____	Address (Optional)
_____	Phone Number (Optional)	_____	Phone Number (Optional)

I certify that I have provided this Notice: _____ (Licensee) _____ (Date)

