

SIZE OF UNIT _____
DATE AND TIME APPLICATION REC'D _____
RECEIPT # _____

APPLICATION PACKET

Trinity Gardens/Villa Isenbart
3801 NW 19th St.
Oklahoma City, Oklahoma, 73107

Phone: 405-947-4143 TTY: 711 Fax: 405-947-4199

Dear Applicant,

Thank you for your interest in our community. Included in this packet you will find an Application for Rental, Resident Rights and Responsibilities, HUD Fact Sheet, Is Fraud Worth It, EIV & You, Supplement to Application (HUD form 92006) and an Acknowledgement of Brochures. The Acknowledgment of Brochures will need to be signed and returned with the application packet.

PER HUD'S REGULATIONS, ALL HOUSEHOLD MEMBERS 18 YEARS AND OVER MUST SIGN THE APPROPRIATE PAGES IN THIS PACKET AND PROVIDE A COPY OF THEIR PHOTO ID AND SOCIAL SECURITY CARD. ONCE THIS INFORMATION IS COMPLETED IN FULL, YOU WILL BE PLACED ON THE WAITING LIST.

Additionally, please include the following information with your Application Packet to expedite your future interview appointment:

- _____ Birth certificates for all persons who will be living in the unit.
- _____ Social Security Cards for all persons who will be living in the unit.
- _____ Letter from Social Security Administration if any household member receives benefits.

Thank you,

Management

Trinity Gardens/Villa Isenbart does not discriminate on the basis of disability status in the admission for access to, or treatment or employment in its federally assisted programs and activity. Please see the 504 Grievance Policy posted outside the management office should you need assistance with coordinating compliance and nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).



LIHTC RENTAL APPLICATION Trinity Gardens

SECTION I – APPLICANT/CO-APPLICANT

<u>Applicant's Full Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Work Phone #</u>
<u>Present Street Address (City, State, & Zip code)</u>		<u>Since</u>	<u>Male or Female (optional)</u>
<u>Email Address</u>			
<u>Previous Street Address (City, State, Zip Code)</u>		<u>Date from:</u>	<u>Date to:</u>
<u>Co-Applicant's Full Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Work Phone #</u>
<u>Present Street Address (City, State, Zip code)</u>		<u>Since</u>	<u>Male or Female (Optional)</u>
<u>Previous Street Address (City, State & Zip Code)</u>		<u>Date from:</u>	<u>Date to:</u>
<u>Email Address</u>			

SECTION II – HOUSEHOLD MEMBERS *(continued on page two)*

Race: Enter each household member's race by using one of the following coded definitions: **1 – White, 2 –Black/African American, 3 – American Indian/Alaska Native, 4 – Asian, or 5 - Native Hawaiian/Hawaiian/Another Pacific Islander**

Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions: **1 – Hispanic or Latino, 2 – not Hispanic or Latino**

Disabled: Write "Yes" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that : (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) Is manifested before the person attains age 22; (iii) Is likely to continue indefinitely; (iv) Results in substantial functional limitation in three or more of the following areas of major life activity; (A) Self-Care (B) Receptive and expressive language, (C) Learning, (D) Mobility, (E) Self-direction, (F) Capacity for independent living, and (G) Economic self-sufficiency; and (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)
Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.
- A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C.) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

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LIST ALL HOUSEHOLD MEMBERS (Use Race and Ethnicity codes from previous page)

*Note: Answering Race, Ethnicity and Disabled Status on page two is voluntary.

Last Name, First, Middle Initial	Race	Ethnicity	Disabled	Social Security Number	Date of Birth	Relation-ship to HOH	M/F (optional)

Do you have full custody of all children listed above? _____

Are any of the household members listed above foster children or foster adults? _____

Do you expect any changes to the household in the next twelve months? _____

Please Explain: _____

Are you married, never married, divorced, separated, legally separated, or widowed? _____

Have you ever been married? _____

Does your household have any pets? _____

SECTION III – VEHICLE INFORMATION

Vehicle Make	Vehicle Model	Vehicle Tag Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IV – RENTAL HISTORY

CURRENT LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO
PREVIOUS LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO
PREVIOUS LANDLORD'S NAME/PHONE #	ADDRESS	DATES: FROM/TO

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SECTION IV – REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO HOH

SECTION V – APPLICANT INFORMATION

Check "Yes" or "No". Answer for all household members	Yes	No
Has any member ever been arrested for a felony? If yes, what was the charge?		
If arrested for a felony, did the arrest result in a conviction? If yes, what was the date of conviction?		
If no, is the case still pending?		
If the case is not pending, were you acquitted of the charge?		
If you were convicted of the felony, were you incarcerated? If yes, what was the date of your release?		
Is anyone in the household a full-time student or been a student for five months in the calendar year? If yes, list name (s) of person (s):		
Is a live-in care attendant needed for any household member? If yes, list name of attendant:		
Is your household eligible for Section 8 rental assistance? If yes, give name of agency:		
Has any member ever filed bankruptcy? If yes, explain and give discharge date:		
Has any member ever been evicted from a rental property? If yes, explain:		

SECTION VI – INCOME

Is any household member employed?

Member Name	Company Name	Address	Phone #	Date of Hire	Wages

Check "Yes" or "No" (Answer for ALL household members)	Yes	No
Does any member receive unemployment benefits? If yes, give benefit amount?		
Is any member self-employed? If yes, give average monthly earnings:		
Is any member in the military? If so, give branch and monthly earnings:		
Does any member receive Public Assistance, AFDC, or General Relief? If yes, give benefit amount:		

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Is any member receiving child support? If yes, give amount receiving:		
Is any member receiving alimony? If yes, give amount receiving:		
Is any member receiving Social Security benefits? If yes, give benefit amount:		
Is any member receiving V.A. benefits? If yes, give benefit amount:		
Is any member receiving any pension or retirement benefits or annuities? If yes, give benefit amount:		
Is any member receiving Worker's Compensation or Disability Compensation? If yes, give amount receiving:		
Is any member receiving monetary gifts from family or friends? If yes, give source and amount:		
Is any member receiving any educational grants, scholarships, or student benefits? If yes, give source and amount:		
Is any member receiving payments from an insurance settlement? If yes, give amount receiving:		
Is any member receiving payments from lottery winnings? If yes, give amount receiving:		
Is any member receiving payments from an inheritance? If yes, give amount receiving:		
Is any member receiving payments from oil royalties or mineral rights? If yes, give source and amount receiving:		
Is any member receiving payments from rental property? If yes, give source and amount receiving:		
Is any member receiving payments from any other source of income? If yes, give source and amount receiving:		
Is any member claiming zero income? If yes, list member:		

SECTION VII – ASSETS

Check "Yes" or "No" (Answer for ALL household members)	Yes	No
Does any member have a checking and/or savings account? If yes, give name of bank, account number, and amount currently in account:		
Does any member have any debit card accounts? (i.e.: social security, payroll, child support payments, etc.)? If yes, give name of bank, account number, and amount currently in account:		
Does any member have a CD or MM account? If yes, give name of bank, account number, and amount currently in account:		
Does any member have a 401K, pension, annuity or retirement account? If yes, give holder's name, account number, and amount currently in account:		
Does any member have stocks, securities, bonds, or mutual funds? If yes, give broker's name, account number and current value amounts:		
Does any member have an IRA or Keogh account? If yes, give holder's name, account number, and amount currently in account:		
Does any member have personal property for investment? If yes, list item and value:		

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Does any member own any real estate? If yes, list address and value:		
Does any member have a life insurance policy? If yes, is it whole life, universal, or term? If whole or universal, list the cash value of the policy:		
Does any member have cash on hand? If yes, list member and amount:		
Does any member have a safety deposit box? If yes, list member and contents:		
Has any member disposed of any assets for less than fair market value in the last two years? Explain:		

SECTION VIII – SIGNATURES

Applicant represents that all the information and statements provided are true and complete. By execution of the application, I hereby authorize «sitename» or its' agent to make such investigations into my credit, employment, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information. Applicant agrees and provides this information with the understanding that Lessor may, at its' option, report said information to established reporting agencies. Applicant hereby releases Lessor from any liability therefrom. This application is preliminary only and does not obligate owner or owner's agent to execute a lease. The applicant hereby waives any claim to damages by reason on non-acceptance.

FALSE INFORMATION GIVEN ON THIS AGREEMENT OR RENTAL APPLICATION SHALL BE GROUNDS FOR REJECTION OF APPLICATION, NON-RETURN OF ALL PAYMENTS, TERMINATION OF RIGHT OF OCCUPANCY AND LEASE AGREEMENT, AND IT MAY CONSTITUTE CRIMINAL OFFENCE.

I HAVE READ AND UNDERSTAND THE CRITERIA FROM WHICH MY APPLICATION WILL BE APPROVED.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Owner's Representative	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

