



Volunteers of America
Tax Credit Housing Application

Trailside Heights I, II, III/Lumen Park
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Instructions for completing the application:

Please complete all sections by printing in blue or black ink only. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. **Please do not use White-out® or any other substance that may obscure your responses.**

1. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
2. Rental history must include all places where you and any adult member lived in the past three years including places where your or their name did not appear on the lease and places where you or they used a different name, such as a maiden name. Additionally, you must provide a summary of the complete rental history for all household members, including minors in the spaces provided.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. A \$40 nonrefundable application fee is charged for each household application payable by money order or cashier's check.

As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.

5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office.
6. It is the policy of Volunteers of America to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, the Fair Housing Amendments Act of 1988, and any legislation protecting the individual rights of residents, applicants, and staff which may be subsequently enacted. Volunteers of America is pledged to the letter and spirit of United States policy for the achievement of equal housing opportunity throughout the nation. Volunteers of America encourages and supports an affirmative advertising and marketing program in which there are no barriers to obtaining housing and does not discriminate against anyone based on race, color, creed, religion, marital status, gender, gender identity, sexual orientation, national origin, age, familial status, or disability in the distribution, acceptance, and processing of applications for tenancy or rental assistance. Further, Volunteers of America complies with all Federal, state, and local Fair Housing and civil rights laws and with the Department of Housing and Urban Development equal opportunity requirements in the distribution, acceptance, and processing of applications for tenancy and rental assistance. Volunteers of America does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



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APPLICANT INFORMATION:

Time & Date Received:

Name: _____
 Last First Middle Initial
 Current Address: _____
 Street City State Zip Code
 Telephone #: _____ SS #: _____ Date of Birth: _____

Would you like to receive communication via Email? Yes No If yes, please provide Email Address: _____.

HOUSEHOLD INFORMATION:

List below all information for each additional household member who will occupy the unit.

<u>Name</u> (First, Middle Initial, Last)	Relationship to Head of Household	Special Status Veteran / Disaster (FEMA)	Social Security Number	Date of Birth (Mo./Day/Yr.)	Student Status?
	Head of Household	<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Vet <input type="checkbox"/> Disaster			<input type="checkbox"/> Yes <input type="checkbox"/> No

What size apartment are you seeking? 1 Bedroom 2 Bedroom 3 Bedroom

Do you anticipate a change in household composition during the next 12 months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any other persons live in the apartment on a less than full-time basis? Yes No

If you answered "Yes" to the questions above, please explain: _____

Do you have any pets? Yes No If yes, what kind and size: _____

Are you currently homeless, as defined below? Yes, I meet the definition of homeless. No, I do not meet the definition of homeless.

*Homeless means "residing in a place not meant of human habitation, such as cars, parks, sidewalks: in an emergency shelter; in transitional or supportive housing for homeless persons originally from the street; is being evicted within a week with no subsequent residence; is being discharged in a week from an institution; is fleeing domestic violence; are living in motels, hotels, trailer parks or camping grounds due to lack of adequate accommodations"

Questions related to household members' disability are Optional. It is not necessary to answer the questions below about your disability to qualify for housing unless you are requesting an accommodation.

Do you or any household member claim a disability? Yes No

Do you need an accommodation to help you complete the application process? Yes No

Does any member of the household have a need for accessible features? (e.g. grab bars, a barrier-free unit, etc.) Yes No

If yes, explain: _____

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using?
 Yes No If yes, explain: _____



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Have you or any adult member of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If yes, explain: _____

Are you a current user of illegal drugs? Yes No Does anyone in the household currently use Medicinal Marijuana? Yes No

Has any household member ever been convicted of a drug offense, criminal offense, or felony? Yes No If yes, who: _____ Explain: _____

Does anyone in the household currently have any pending criminal charges against them? Yes No If yes, who: _____ Explain: _____

Have any household member ever been evicted from HUD or subsidized housing program for drug related or criminal activity? Yes No If yes, who: _____ Explain: _____

Are you or any household member listed on a state or federal lifetime sex offender registry? Yes No

If yes, who: _____ State of required register: _____

Have you or any household member ever been convicted or adjudication other than acquittal of a sexual offense? Yes No

Have you or any household member ever been convicted or adjudication other than acquittal for domestic violence, dating violence, sexual assault, or stalking? Yes No If you answered "Yes" to the questions above, name of household member: _____ please explain: _____

LANDLORD INFORMATION:

*Please detail the last three (3) years of rental history for the household. If additional space is needed attach a separate sheet.

Current Housing: Own Rent Other Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

Is this an affordable housing or Section 8 community? Yes No (mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____

Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

Is this an affordable housing or Section 8 community? Yes No (mo./yr.) TO (mo./yr.)

EMPLOYMENT INFORMATION:

Current Employer: _____ Telephone # _____

Employer Address: _____

Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____

(mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____



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Spouse Employer: _____ Telephone # _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
(mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Please list the total annual employment income of all household members, including minor children.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

BENEFITS:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			

OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			



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Member of an Indian Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Utility Assistance from any source	<input type="checkbox"/> Y <input type="checkbox"/> N			

Do you have any Rental Property or Business Property income? Yes No
 If yes, give the name and address of the renter or the business owner:
 Name _____
 Address _____
 Amount of rent or income per month: _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

Type of Asset		Value or Current Balance	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Shares	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets, including Express Debit Cards, reloadable Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N		

Has any household member disposed of any assets at less than fair market value during the past two years?
 Yes No If yes, explain: _____

STUDENT INFORMATION:

Has any adult household member attended school full time for five months or more during this calendar year? Y N
 If yes, who: _____

EMERGENCY CONTACT INFORMATION:

Please provide the following information for two emergency contacts.

Name of Primary Contact: _____			
Last	First	Middle Initial	
Current Address: _____			
Street	City	State	Zip Code
Daytime Phone Number: _____		Evening Phone Number: _____	
Relationship: _____		Email Address: _____	



Name of Secondary Contact: _____
Last First Middle Initial

Current Address: _____
Street City State Zip Code

Daytime Phone Number: _____ **Evening Phone Number:** _____

Relationship: _____ **Email Address:** _____

VEHICLE INFORMATION:

Driver's License Number/State ID#: _____ State Issued: _____

Spouse Driver's License Number/State ID#: _____ State Issued: _____

Vehicle #1: Year _____ Make _____ Model _____ Color _____
 License # _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____
 License # _____ State _____

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or landlord or criminal agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the background check (rental history, arrest and/or conviction records) will be completed through third party verification with the appropriate entity. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: 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 and any other owner (or any employee of HUD 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 willingly 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 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).**. Violations of these provisions are cited as violations of 42 U.S.C **408(a) (6), (7) and (8).**

WAITLIST POLICY: All completed applications will remain on the property waitlist as long as the following conditions have been met:

- A. All eligibility requirements are maintained per the Resident Selection Criteria.**
- B. Applicant(s) has not refused/declined a unit more than twice.**
- C. No criminal act has been committed by the applicant or anyone listed on the application, including minors.**

It is the responsibility of the applicant to contact the rental office every six (6) months to inform management of any changes in income, address or contact phone number. In addition to updating information, you will also need to inform management of your desire to remain on the waitlist or cancel your application. Failure to contact the rental office to update information can result in your application being rejected from the waitlist due to "Unable to Locate".



I/We certify that I/We have been offered an opportunity to complete or reject the Race and Ethnic Data Reporting Form.

SIGNATURES: (All adult household members must sign below.)

_____/_____/_____
Applicant Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Agent for Owner Date

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____ Approved by: _____
(Date) (Signature)

Title: _____

Disapproved: _____ Disapproved by: _____
(Date) (Signature)

Title: _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached.)

Applicant Appeal Reviewed by: _____ Date: _____

(Signature) (Title)

Appeal Decision: Approved _____ Disapproved _____

Applicant Notified in Writing on: _____

Driver's License or State-issued ID _____ Social Security Card _____
Birth Certificate _____ Credit, Criminal, and Sex Offender Registry Check _____



Documents Needed To Complete Application

(These Items Must Be Attached To The Application In Order To Process)

1. **Birth Certificate**
2. **Drivers License or State ID**
3. **Social Security Card**
4. **Proof of Income (Social Security Printout, Pension, IRA, 401K, etc.)**
5. **Proof of Assets (Checking (6 mo.), Savings, CD's, Home-ownership.)**

ALL PAPERWORK MUST BE SUBMITTED BEFORE FINAL APPROVAL CAN BE GIVEN.

NO ONE WILL BE PLACED ON THE WAITLIST WITHOUT A COMPLETE APPLICATION – FOR FURTHER INFORMATION AND DEFINITIONS OF A “COMPLETE APPLICATION”: SEE RESIDENT SELECTION CRITERIA.