



CAPREIT TAX CREDIT RENTAL APPLICATION

Please Print Clearly: Fill in form completely to the best of your knowledge. DO not leave blank. If an area does not apply cross it out, or write NA. Fill in all income area amounts and asset sources/amounts. Attach copies of recent pay stubs, bank statements, w2's, tax returns, and if divorced or separated- a copy of the divorce decree or settlement agreement. Please know that we **do not** accept cash.

ALL ADULTS 18 YEARS OF AGE OR OLDER (UNLESS MARRIED) MUST COMPLETE THEIR OWN APPLICATION.

DATE OF APPLICATION _____ **SEC 8** _____ **YES** _____ **NO** _____

HOUSING INFORMATION

Name: _____				
Last	First	Middle Initial		
Email Address: _____				
Current Address				
Street	City	State	Zip Code	
Do You Own _____ Rent _____ Other (e.g. Parent Home) _____				
How Long At Current Address: From _____ To _____				
Present Landlord Name Or Mortgage Company _____				
Landlord Address _____ Phone # _____				
Previous Address				
Street	City	State	Zip Code	
Did You Previously Own _____ Rent _____ Other _____				
How Long At Previous Address: From _____ To _____				
Home Telephone/Cell #: _____ Marital Status: _____				

HOUSEHOLD INFORMATION

List below, all information for each additional household member who occupies the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
	HEAD	<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		



Time:
Date Received:

		<input type="checkbox"/> M <input type="checkbox"/> F		
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Do you anticipate a change in household composition during the next 12 months? Yes No
If Yes, explain: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

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

Annual Gross Employment Income (Before Taxes and Insurance):

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

Hourly Wages \$ _____ Overtime \$ _____

Commissions/Fees \$ _____ Tips/Bonus \$ _____

TOTAL GROSS INCOME: \$ _____

Second Employer, or
 Previous 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 _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

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

Annual Gross Employment Income (Before Taxes and Insurance):

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

Full Time/Part Time Wages \$ _____ Overtime \$ _____

Commissions/Fees \$ _____ Tips/Bonus \$ _____

TOTAL GROSS INCOME: \$ _____

Other Members Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

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

Annual Gross Employment Income (Before Taxes and Insurance):

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



Time:
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Full Time/Part Time Wages \$ _____	Overtime \$ _____
Commissions/Fees \$ _____	Tips/Bonus \$ _____
TOTAL GROSS INCOME: \$ _____	

BENEFITS:

Please list the **GROSS MONTHLY** 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 (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			
Food Stamps	<input type="checkbox"/> Y <input type="checkbox"/> N			
Cash Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<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			
Unemployed 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 (IRA, 401K, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension 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			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of an Indian Tribe	<input type="checkbox"/> Y <input type="checkbox"/> N			



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receiving gaming payments				
Dividend income from Whole Life Insurance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Stocks, bonds, or other investments.	<input type="checkbox"/> Y <input type="checkbox"/> N			
Annuity income	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Source of Income	<input type="checkbox"/> Y <input type="checkbox"/> N			

TOTAL GROSS ANNUAL INCOME

(Based on the amounts listed above including all employment income) \$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR \$ _____

Do you anticipate any changes in the household's income in the next 12 months? Y N
Please explain: _____

Do all the children in the household live with you 50% or more of the time? Y N N/A
If no, explain: _____

ASSET INFORMATION:

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

Type of Asset		Value	Name of Financial Institution
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Savings	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<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		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<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		
Life Insurance (Term or Whole)? Please complete for only whole life insurance.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Time Certificates	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		



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Cash On Hand	<input type="checkbox"/> Y <input type="checkbox"/> N		
Pay Cards	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N		

DISPOSAL OF ASSETS: Has any household member disposed of ANY assets at less than fair market value during the past two years? Yes No If **Yes**, list asset(s) disposed of (or gifted), fair market value of asset(s), any amount received for asset(s) and disposal date:

STUDENT INFORMATION:

Please provide the following information for ALL household members.

Family Member Name	A student now or next year?		Full Time	Part Time
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT STATUS: Will all of the household members be or have been full time students during five (5) calendar months of this year or plan to be in the next calendar year? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time student(s) married and filing a joint tax return? Yes No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No

Are any full time student(s) a TANF or a title IV recipient? Yes No

Are any full time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? Yes No



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*** MISCELLANEOUS INFORMATION:**

*Do you have any pets? Yes No If yes, what Type: _____
 Color: _____ Date of Rabies Shot: _____ Size (pounds): _____
 *No pets allowed.

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

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

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

ADDITIONAL QUESTIONS

Are you aware that no one else can join the household without prior management approval? Do you understand this clearly? Yes No

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on This questionnaire that is grounds to cancel your application? Yes No

Do you understand that Tax Credit Rules require that any changes in your household composition will result in a new certification to prove eligibility? Yes No

I/We understand that the above information is being collected to determine my/our eligibility for the Low-Income Housing Tax Credit Program. 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 further release authorization for **(The Forge on Broadway)** to perform background checks on past and present rental history, employment history, income status, criminal and credit history. 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 understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. Federal law specifies fines up to \$10,000 and imprisonment for terms of up to five years and is grounds for eviction if application is falsified.

SIGNATURES: (All adult household members over age 18 must sign below.)

_____/_____/_____
Head of Household Date

_____/_____/_____
Additional Adult Household Member Date



Time:
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EMERGENCY CONTACT INFORMATION

Name _____ Relationship to applicant: _____

Cell Phone: _____ Work Phone: _____

Address _____

Email Address: _____

Please be advised you are granting management permission for the above listed person(s) to be contacted should lease holders not be available or responsive.

VEHICLE INFORMATION

Year _____ Make _____ Model _____ License No. & State _____

Year _____ Make _____ Model _____ License No. & State _____

FOR OFFICE USE ONLY

Name on ID: _____ Type of ID _____ State Issued: _____

ID Number: _____ Date of Birth _____ Exp. Date: _____

App Fee Paid: \$ _____ (amount) Sec Dep Paid: \$ _____ (amount)

Rent Amount: \$ _____ Apt. # _____ Move In Date: _____

Resident Referral: Yes No

Referred by: _____ Apt. # _____

Marketing Associate: _____