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TAX CREDIT RECERTIFICATION

Development: _____ Unit #: _____ #Bdrms: _____ Recertification Effective Date: _____
 Other Needs: _____ Home Phone #: _____ Work Phone #: _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Yes	No
			Head				

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. Employment or Other Income Sources: (List all sources of income for all adult household members.)

Income Source _____ Monthly Gross Income \$ _____
 Contact Person _____ Phone Number () _____
 Income Source _____ Monthly Gross Income \$ _____
 Contact Person _____ Phone Number () _____

B. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.

Name _____ Relationship _____
 Home Phone Number () _____ Work Phone Number () _____

- Y N 1. Are you or anyone in the household currently or soon to become a student? (HPI 423)
 Name of student _____ full-time part-time
 Name of student _____ full-time part-time
- Y N 2. Are you separated, but not divorced from your spouse? (HPI 411)
- Y N 3. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N 4. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N 5. Are you receiving Section 8 Assistance? Agency _____ Phone # _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

ASSETS

(HPI 400)

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members, including minor children. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/ VALUE	ANNUAL ASSET INCOME	HPI #
Yes No	Checking Acct. #1				201
Yes No	Checking Acct. #2				201
Yes No	Savings Acct. #1				201
Yes No	Savings Acct. #2				201
Yes No	Trust Account				201
Yes No	Certificate of Deposits				201
Yes No	Certificate of Deposits				201
Yes No	Certificate of Deposits				201
Yes No	Money Markets				201
Yes No	Mutual Funds				201
Yes No	Pension/Annuity (NOT Paid Periodically)				307
Yes No	IRA/Keough/401 K				200
Yes No	Stocks/Bonds				200
Yes No	Real Estate (FMV - Mortgage Balance)				206/203
Yes No	Land Contract (provide amortization schedule)				206
Yes No	Personal Property/Investment				200
Yes No	Cash kept at home - \$500 or more on hand, not in checking/savings account.				207
Yes No	Safe Deposit Box				207
Yes No	Lump Sum Payment in the past 2 years.				205
Yes No	Assets disposed of in the past 2 years.				202
Yes No	Whole Life Insurance Policy				200
Yes No	Total Household Assets Less Than \$5,000				204



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INCOME

(HPI 408)

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months, including unearned income from minor children. (ie. Social Security).

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	HPI #
Yes No	Employment #1				302
Yes No	Employment #2				302
Yes No	Self - Employment (2 years taxes)				311
Yes No	Social Security				312
Yes No	Social Security (SSI)				312
Yes No	Public Assistance				308
Yes No	Veterans Benefit				315
Yes No	Pension/Annuity (Periodic Payments)				307
Yes No	Disability				406
Yes No	Child Support/Alimony (Court Ordered)				301
Yes No	Military Compensation				304
Yes No	Unemployment				314
Yes No	Rental Income/Land Contract Pymts.				306
Yes No	Other Income				306
Yes No	Lottery Payments (periodic)				306
Yes No	Workers Compensation				306
Yes No	Previous Employment				417
Yes No	Unemployed Affidavit				317
Yes No	Zero Income Affidavit				318A & B
Yes No	Anticipated Income				300
Yes No	Recurring Gift				309

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information, which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

Each Applicant 18 years of age or older must sign and date below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Property Manager is acting on behalf of and performing compliance services for the owner.



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