



# Casa Grande Tax Credit Tenant Housing Application

Initial     Recertification

**HOUSEHOLD INFORMATION:** Complete the following information for each household member who will be living in the unit. Be sure to include any temporarily absent family members (such as military or student who will be returning to the household) and any unborn children. Each household member age 18 years or older must sign this application.

NAME (first, middle initial, last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	* WILL THIS PERSON BE A STUDENT DURING THIS AND/OR THE NEXT CALENDAR YEAR? YES / NO	SOCIAL SECURITY NUMBER	BIRTHDATE (month, day, year)
1	HEAD			
2				
3				
4				
5				
6				

\*Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

**APPLICANT # 1 – Head of Household**      Email address \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Issue State: \_\_\_\_\_

**APPLICANT # 2 – Co-head of Household**      Email address \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ Issue State: \_\_\_\_\_



**MISCELLANEOUS:** The Following questions pertain to yourself and every member of your household who will occupy the unit. Check either YES or NO in response to each question. Add an explanation for all items answered yes.

**YES NO**

1. **Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairment?**  
If yes, features needed: \_\_\_\_\_  
\_\_\_\_\_

2. **Will anyone in the household require a live-in attendant?**  
If yes, name of attendance & relationship: \_\_\_\_\_  
\_\_\_\_\_

3. **Do you expect any additions to the household within the next 12 months?**  
If yes, name & relationship: \_\_\_\_\_  
Explain: \_\_\_\_\_

4. **Do you have any pets?** If yes, description: \_\_\_\_\_  
\_\_\_\_\_

5. **Have you ever filed for bankruptcy?**  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

6. **Have you ever been arrested for a crime against a person or property, misdemeanor, or felony?** If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

7. **Have you ever been evicted from tenancy?**  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. **Have you ever willfully or intentionally refused to pay rent when due?**  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_



YES NO

9. Does any adult member of the household have zero income?  
If yes, name: \_\_\_\_\_

10. Will any household member, including children, live in the unit on a less than full time basis? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

11. Are you currently receiving Rent Assistance?  
If yes, certificate: \_\_\_\_\_ Voucher: \_\_\_\_\_

Source:  City  State  Federal Your portion: \$ \_\_\_\_\_

Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**HOUSING REFERENCES:** List the past THREE years of housing references beginning with your CURRENT address. (If additional space is required, use the back of this page.)

LANDLORD'S OR MORTGAGEE'S NAME/ADDRESS		YOUR ADDRESS	OWN / RENT	DATES
CURRENT	1. _____ _____ _____ Phone: (     ) _____	_____ _____ _____ _____	Own 0  Rent 0	FROM _____  TO _____
PAST	2. _____ _____ _____ Phone: (     ) _____	_____ _____ _____ _____	Own 0  Rent 0	FROM _____  TO _____
PAST	3. _____ _____ _____ Phone: (     ) _____	_____ _____ _____ _____	Own 0  Rent 0	FROM _____  TO _____



**VEHICLE IDENTIFICATION:**

1. License Plate # \_\_\_\_\_ State Issued: \_\_\_\_\_ Make / Model / Year: \_\_\_\_\_

2. License Plate # \_\_\_\_\_ State Issued: \_\_\_\_\_ Make / Model / Year: \_\_\_\_\_

**PERSONAL REFERENCE:** List the name/address of a personal reference other than a relative.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**EMERGENCY CONTACT:** LIST SOMEONE NOT LISTED ON THIS APPLICATION.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email: \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION:** LIST CURRENT AND ANTICIPATED INCOME FOR THE TWELVE-MONTH PERIOD BEGINNING ON YOUR ANTICIPATED MOVE-IN DATE OR EFFECTIVE DATE OF RECERTIFICATION. **INCLUDE ALL FULL TIME, PART TIME OR SEASONAL INCOME EVEN IF YPU ARE COMPLEETING THIS APPLICATION IN THE OFF SEASON.** YOUR INCOME WITH BE VERIFIED WITH THIRD PARTY VERIFICATION.

**Answer Yes or No to the following questions.**

**Do YOU or does ANYONE in your household receive OR expect to receive income from:**



YES NO

1. Employment wages or salaries?

**Current Employment Information:**

APPLICANT #	CURRENT EMPLOYER NAME & ADDRESS	PHONE	SALARY	YEARS EMPLOYED
1				
2				
3				

YES NO

2. Is any member self-employed or work for someone who pays them in cash?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____
_____	_____	_____

3. Regular pay as a member of the Armed Forces?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____

4. Unemployment benefits or workman's compensation?

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____
_____	_____	_____

5. Public Assistance, General Relief, or Aid to Families with Dependent Children

SOURCE	HOUSEHOLD MEMBER	\$ AMOUNT
_____	_____	_____
_____	_____	_____



YES NO

- 6. Child support or alimony?** (Any AWARDED amounts collected or not collected)  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 7. Social Security or any other payments from the Social Security Admin?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 8. Payments from Veteran's benefits, pensions, retirement benefits or annuities?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 9. Severance payments?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 10. Regular payments from settlements, inheritance or lottery winnings?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 11. Disability benefits, death benefits, or life insurance dividends?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 12. Regular gifts or payments from anyone outside of the household?** (this includes anyone supplementing your income or paying any of your bills)  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 13. Educational grants, scholarships, or other student benefits?** (not including loans)  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 14. Payments from rental property, land contracts, or other forms of real estate?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_
- 15. Any other income sources or types not listed?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT  
\_\_\_\_\_



**ASSET INFORMATION: DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:**

YES NO

**1. Checking accounts?**  
 NAME OF INSTITUTION      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Savings accounts?**  
 NAME OF INSTITUTION      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. CDs, money market accounts, or treasury bills?**  
 SOURCE      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Stocks, bonds, or securities?**  
 SOURCE      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Trust funds, 401K, 403B?** (Include Trusts, 401K, 403B, only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are insured, list the account and it will be verified.)  
 SOURCE      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Pensions, Annuities, IRAs, KEOGH,) or other retirement accounts?**  
 (Include 401K, 403B, only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are insured, list the account and it will be verified.)  
 SOURCE      HOUSEHOLD MEMBER      \$ AMOUNT      ACCOUNT #  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Whole Life Insurance Policies?** (DO NOT INCLUDE TERM LIFE INSURANCE)  
 TYPE      HOUSEHOLD MEMBER      VALUE  
 \_\_\_\_\_

**8. Lump sum payments from insurance settlement, inheritance or lottery winnings, capital gains?**  
 SOURCE      HOUSEHOLD MEMBER      \$ AMOUNT  
 \_\_\_\_\_



YES NO

9. **Real estate, rental property, land, contract for deed, other real estate holdings?**  
(personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  
TYPE HOUSEHOLD MEMBER VALUE

\_\_\_\_\_

10. **Personal property as an investment?**  
TYPE HOUSEHOLD MEMBER VALUE

\_\_\_\_\_

11. **A safe deposit box containing money?**  
Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

12. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_ Amount: : \_\_\_\_\_

Explanation: \_\_\_\_\_

13. **Any other assets not listed?**  
SOURCE HOUSEHOLD MEMBER \$ AMOUNT

\_\_\_\_\_

14. **Is combined cash value of all household assets under \$5000?**

**REFERRAL [FOR INITIAL APPLICATIONS ONLY:**

How were you referred to Villas and Townhomes by Mary T.? \_\_\_\_\_





**SIGNATURE CLAUSE:**

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquires to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information to expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Tax Credit program requirements.

I/we understand that the Landlord will contact my current and former employers to verify my employment history. I/we also understand that the Landlord will perform background screening checks on any adult 18 years of age or older applying for occupancy as indicated on this application. Background screening will consist of credit history reports, rental history reports, and criminal records and will be processed by RealPage, Inc., 4000 International Parkway, Carrollton, Texas, 75007. Their telephone number is (866) 934-1124.

I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

**All household members age 18 or older must sign below:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**This applicant/resident required assistance in completing the eligibility application due to:**

**Assistance in completing this application was provided by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

