

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

Date Received: _____ Time: _____ am/pm Proposed Effective Date: _____

Lincolnwood Glen Senior Apartments
100 Lincolnwood Dr
Black River Falls, WI 54615 lincolnwoodglen@pointrem.com

Phone: (715) 567-5087

We are pleased to consider your family as future residents of our rental community. The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered. THANK YOU!**

PROPERTY INFORMATION (For Office Use Only):

Unit Address: _____

Unit Number: _____

of Bedrooms: _____

Initial Certification
 Recertification
 Other _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.

Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

CONTACT INFORMATION :

Head of Household – Phone #: _____ Co-Head – Phone #: _____

Head of Household – Email: _____ Co-Head – Email: _____



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.



1. COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMEBERS ARE FULL TIME STUDENTS:
 - a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
 - b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
 - c. Are the full-time students married and entitled to file a joint tax return? Yes or No
 - d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
 - e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No
2. If you are divorced or separated, please provide date effective: _____
(If divorced, please provide a full copy of divorce decree. Mark 'NA' if not applicable)
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe: _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under age 18 claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION (Do not report self-employment in this box):		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
ADDITIONAL CURRENT EMPLOYER INFORMATION: (Mark 'N/A' if not applicable)		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____	Title: _____	
Address: _____	Date Left: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	

OTHER INCOME INFORMATION:		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance (Form #2)	Yes or No	\$ _____
2. Disability/Worker's Compensation/Severance Pay (Form #8)	Yes or No	\$ _____
3. Lottery Winnings Paid Periodically (Form #15)	Yes or No	\$ _____
4. Military Pay (Form #16)	Yes or No	\$ _____
5. Retirement Income (Form #1)	Yes or No	\$ _____
6. Educational Financial Assistance (Form #30 or #9)	Yes or No	\$ _____

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7. Recurring Gift/Contribution (Form #24)	Yes or No	\$ _____
8. Child Support/Alimony/Family Maintenance (Form #28)	Yes or No	\$ _____
9. Rental Income (Form #33)	Yes or No	\$ _____
10. Self-Employment (Form #34 or #38)	Yes or No	\$ _____
11. Not Employed (Form #35)	Yes or No	\$ _____
12. Zero Income (No income from any source) (Form #40)	Yes or No	\$ _____
13. Social Security/SSI Benefits (Disability) (Form #41)	Yes or No	\$ _____
14. Trust Income (Form #45)	Yes or No	\$ _____
15. Unemployment Compensation (Form #47)	Yes or No	\$ _____
16. VA Benefits (Form #49)	Yes or No	\$ _____
17. Public Assistance (AFDC/TANF/W-2) / Welfare (Form #52)	Yes or No	\$ _____
18. Any other income not listed above (Form #17)	Yes or No	\$ _____

ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	Name of Financial Institution(s)	Circle One	Amount
1. Bonds (Form #4)	_____	Yes or No	\$ _____ \$ _____
2. CD/Money Markets (Form #5)	_____	Yes or No	\$ _____ \$ _____
3. Treasury Bill (Form #5)	_____	Yes or No	\$ _____
4. Checking (Form #6)	_____	Yes or No	\$ _____ \$ _____
5. Savings (Form #6)	_____	Yes or No	\$ _____ \$ _____
6. Digital Wallet Services (e.g. PayPal, Venmo, CashApp, Apple Pay, etc.)	_____	Yes or No	\$ _____ \$ _____
7. Land Contract/Deed of Trust (Form #13)	_____	Yes or No	\$ _____ \$ _____
8. Lottery Winnings (Lump Sum) (Form #15)	_____	Yes or No	\$ _____ \$ _____
9. Real Estate (Form #22)	_____	Yes or No	\$ _____ \$ _____
10. Cash on Hand (Form #27)	_____	Yes or No	\$ _____ \$ _____
11. Safety Deposit Box (Form # 27)	_____	Yes or No	\$ _____ \$ _____
12. Personal Property Held as an Investment (Form #36)	_____	Yes or No	\$ _____ \$ _____
13. Stocks/Mutual Funds (Form #41)	_____	Yes or No	\$ _____ \$ _____

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14. Trusts (From #45)	_____	Yes or No	\$ _____
15. Universal Life Insurance(Form #51)	_____	Yes or No	\$ _____
16. Whole Life Insurance (Form #51)	_____	Yes or No	\$ _____
17. Crypto/Digital Currency (e.g. Bitcoin, Dogecoin, Ethereum, etc.)	_____	Yes or No	\$ _____
18. Other Non-Necessary Personal Property (rec. vehicles, boats, certain jewelry, collectibles, etc.)	_____	Yes or No	\$ _____
19 Other Assets not listed above	_____	Yes or No	\$ _____

1. Do all combined assets of the entire household exceed \$50,000? Yes or No

2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Was the disposal of this asset due to (circle as appropriate):

Asset Disposed: _____	Bankruptcy	Yes	No
Date Disposed: _____	Foreclosure	Yes	No
Amount Disposed: _____	Marital Separation	Yes	No
	Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address: _____	____ Own _____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	____ Own _____ Rent ____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____

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1. Have you ever been evicted from tenancy? Yes or No
If yes, please list date: _____
2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____
4. Will this be your only place of residence? Yes or No
If no, please explain: _____
5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
 - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
If yes, please explain: _____
7. Do you own any pets that would be moving with you into the community? Yes or No
If yes, please list types: _____

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: *In case of emergency, notify...*

Name: _____ Phone #1 _____
 Phone #2 _____

Address: _____ Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date

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