

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property



**Please Print Clearly**

This is an application for housing at:	<b>Project: Whaler's Cove Assisted Living</b> <b>Address:</b> 114 Riverside Avenue New Bedford, MA 02746 Tel: 508-997-2880 Fax: 508-997-1599
Please complete this application and return to:	<b>Name: Whaler's Cove Assisted Living</b> Attn: Marketing Department <b>Address:</b> 114 Riverside Avenue New Bedford, MA 02746 Tel: 508-997-2880 Fax: 508-997-1599

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Companion  Handicap BR

**B. HOUSEHOLD COMPOSITION**

	<b>Name</b>	<b>Relationship to head</b>	<b>Birth Date</b>	<b>Age (optional)</b>	<b>SS#</b>	<b>Student Y/N</b>
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain:</i>
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain:</i>
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain:</i>

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (self or spouse)	\$
	Social Security (self or spouse)	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
Are you eligible for Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income	\$
	Financial Aid (grants/scholarships exceeding the amount of tuition may be included in total income)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position held:	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other:</b>	\$
	<b>Other:</b>	\$
	<b>Other:</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Accounts	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Insurer	Cash Value \$	
	#	Insurer	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>	
Location of property	
Appraised market value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe:</i></b>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, Type of property</i></b>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe the asset</i></b>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, please list</i></b>	

<b>E. ADDITIONAL INFORMATION</b>	
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, describe:</i></b>	

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>	

### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:

Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	

**CERTIFICATION**

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date