

**THANK YOU FOR CONSIDERING MAPLETON PROPERTIES
FOR YOUR NEW HOME.**

You are applying for an apartment at an **Affordable Housing Community** (created by Section 42 of the Internal Revenue Code as part of the Tax Reform Act of 1986). In order to qualify for this housing, verification of your household's eligibility will need to be documented.

In order to expedite the processing of your application for qualification with the LIHTC program guidelines, you may provide us with any of the documents listed below that apply to your household. These documents may not be required if your household's income, assets and other eligibility information is verified and documented completely by a third party source. However, providing the documents at the time of application may speed up our approval process and/or clarify incomplete third party documentation. A photocopy of the following documents is acceptable. If you do not have copies we will be happy to make copies of any original documents you have.

IN ORDER TO HELP EXPEDITE THE APPLICATION PROCESS YOU MAY PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD.

1. All **Filed Divorce or Legal Separation Records** for all current and previous marriages. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
2. All **Court Ordered Child Support Documents and Paternity Records** if court order is not part of a divorce filing.
3. **Award Letters** for Social Security, Supplemental Social Security (Disability), Temporary Aid to Needy Families (TANF) (used to be AFDC), Pensions and Trusts Funds, Unemployment Benefits, Annuity Payments, and Death or Disability Payments.
4. **Last 6 Consecutive Pay stubs** for all adults (18 years of age or older) in your household.
5. Most **Current Bank or other Financial Institution Statement** for all asset accounts held. These assets accounts include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401Ks, and IRAs.
6. A copy of your most recently **Filed Federal Tax Return**. The Tax Return must be a signed copy of the original document submitted to the IRS. If you did not keep a copy for your records, you may obtain a transcript of your Tax Return or a record of non-filing from your local IRS office or by calling 1-800-829-1040 or 1-800-829-8815 at no cost. If you are **self employed** you must provided copies of your **last two filed tax returns**.
7. **Birth Certificates** for all children under the age of 18 and adult students living as a dependent with parent(s). (required document)
8. **Social Security Cards** for each member of your household including minors. (required document)



CHILD (or SPOUSAL) SUPPORT CERTIFICATION

Please check the appropriate statements below. Multiple statements may apply, so read each option carefully. Indicate which child(ren) the statement applies to or indicate 'self' if the statement applies to you with regards to spousal support.

Part I: For applicants/tenants that are receiving or will begin receiving child or spousal support payments:

A. [] I am court ordered to receive or begin receiving child support, spousal support, or other compensation. Pursuant to the court order, I receive \$ _____ per _____ in support.

The order is case number _____ in _____ County, State of _____

This statement applies to the following children _____

B. [] I am not court ordered to receive child or spousal support, but receive payments through a non-court ordered private agreement. I receive \$ _____ per _____ in support.

This private agreement is between myself and _____ (name of individual)

This statement applies to the following children _____

Part II: For applicants/tenants that are not receiving and do not anticipate receiving child support or spousal support payments:

A. [] I am not entitled (through court order or private agreement) to receive support for the following reason:

This statement applies to the following children: _____

B. [] I am court ordered to receive child support, spousal support or other compensation pursuant to a court order in the amount of \$ _____ per _____. However, I do not expect to receive the full amount of money due me because:

The order is case number _____ in _____ County, State of _____

This statement applies to the following children _____

C. [] I hereby certify that I have taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. (Must attach a printout from the court showing child support payment history for previous 12 months.)

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident _____

Date _____



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UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.

Complete only one form per household; include assets of children.

*NOTE: This form cannot be used for HOME-assisted units. Third-party verification is required for all assets under the HOME program.

Household Name: _____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment*** :				_____
\$ _____	_____	\$ _____	Other (list): _____				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust, etc.) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.
5. The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____
Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____
Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____



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Student Status Self-Certification For Rental Housing Tax Credit Program

***A separate form must be completed by each adult member of the household.**

Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):

1. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) **Yes / No**
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return? **Yes / No**

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Tenant Signature: _____

Date: _____

Tenant Printed Name: _____



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Special Needs Questionnaire for LIHTC Set-Aside Units

Our Apartment Community has made a commitment to the State of Indiana to set-aside certain units for occupancy by Households having Special Needs. Completion of this Special Needs Questionnaire is optional. However, if your household does qualify to occupy one of the Special Needs Set-Aside Units and would like to be given preference for one of these units, this Special Needs Questionnaire must be completed and documentation supporting the Special Need will be obtained. 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. All households (whether Special Needs or not) will be required to meet all of the additional Resident Selection Criteria and Income Guidelines prior to being approved for residency at our Low Income Housing Tax Credit (LIHTC) Property.

Head of Household Name: _____
 Name of household Member for whom the Special Needs category applies (if any): _____

Please check whether or not your household qualifies for a Special Needs Unit.	
1. <input type="checkbox"/>	Disabled Person: Pursuant to Indiana Code ("IC") 5-20-1-4.5, which defines disabled as a "person with a disability who, by reason of physical, mental, or emotional defect or infirmity, whether congenital or acquires by accident, injury, or disease, is totally or partially prevented from achieving the fullest attainable physical, social, economic, mental, and vocational participation in the normal process of living."
2. <input type="checkbox"/>	Homeless: Homeless is defined as an individual or family that lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State law.
3. <input type="checkbox"/>	<input type="checkbox"/> Single parent households <input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> Abused children <input type="checkbox"/> Persons with chemical addictions <input type="checkbox"/> The elderly - Age 55 and older
	_____ _____ _____
Please provide the name, address and phone number of the Doctor, Service Care Provider, Social Service Worker or other individual qualified to verify your Special Needs eligibility.	
4. <input type="checkbox"/>	No member of our household meets the above-described Special Need.

I authorize my consent to have the above listed Doctor, Service Care Provider, Social Service Worker or other qualified individual verify the existence of my Special Needs eligibility based on the description above. I understand that my occupancy is contingent upon meeting management's resident selection criteria, verification of my Special Needs status and the LIHTC Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

 Signature of Applicant _____
 Date

I do hereby certify that the above named individual is under my care or association and meets one or more of the elements described above or more specifically meets the definition of Disabled Person as defined in the Indiana Code or the American with Disability Act of 1990.

 Signature of Verifier _____
 Date

 Printed Name _____
 Title

 Relationship to Applicant

To be completed by Doctor, Service Care Provider or Social Service Worker.



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AFFIDAVIT OF MARITAL STATUS

Resident Name: _____ Date: _____

Complex Name: _____ Apt # _____

I duly state that my current marital status is: (check and complete all information that applies to your present situation)

___ Single – Never married

___ Married – List full names of individuals married to each other: _____

___ Widowed

___ Separated – Legal action HAS NOT been taken. I anticipate on taking legal action on _____.

___ I have not taken legal action due to : _____.

___ I do not intend to live with my spouse at any time in the next 12 months.

___ I do not share any assets or income with my spouse. I understand that we must include any assets or income to which I have access in this certification.

___ Separated – Divorce pending – must attach copy of legal documentation.

___ I do not intend to live with my spouse at any time in the next 12 months.

___ I do not share any assets or income with my spouse. I understand that we must include any assets or income to which I have access in this certification.

___ Divorced-You must provide a copy of your divorce decree if less than 2 years and/or minor children are living in the household .

___ Divorced over 2 years ago, with no minor children living in the household and no spousal support received.

___ I was divorced from _____ (Name of ex spouse) in _____ County in the state of _____ in the month of _____ and the year of _____.

By my signature below I do hereby swear that I have no court order to receive anything from the person listed above for any purpose. I also certify that I do not have any jointly owned assets with this person and that I have not lived with them in the last 12 months and do not plan to live with them in the next 12 months. A copy of my divorce decree is not available, but my signature certifies the above statements.

Spousal Support & Child Support

___ I have a court order for spousal support. You must provide a copy of your divorce decree or court order.

___ I have a court order for child support. You must provide a copy of your court or divorce decree.

___ Spousal or Child Support is received in the amount of \$ _____ per _____.

___ Spousal or Child Support (**although not received yet**) is anticipated to begin on _____ (date) in the amount of \$ _____ per _____.

___ I do not receive any spousal or child support and do not anticipate receiving any until legal action is taken. Legal action is expected to be taken by _____ (date).

I certify that all of the above information is complete, true and correct and that I will need to report any future changes to my household size, income or marital status immediately. I understand that this property is run under a federal housing program and providing false or misleading information will be a federal offense and will subject me to possible federal penalties.

Signature _____ Date _____

TWG Rental Application

Please complete all sections. If items do not apply, mark "N/A" for not applicable. All adults must complete their own application.

PERSONAL INFORMATION						
Full Name of Applicant	Date of Birth	Age	Social Security #	Gender (Circle One) Male Female		
Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced (# of times ___)						
Driver's License #	State Issued	Phone Number	Email Address			
Race: (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other multi-race <input type="checkbox"/> Prefer not to answer						
Ethnicity (check one box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not-Hispanic <input type="checkbox"/> Prefer not to answer						
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time School Name:						
List all others who will be occupying the apartment:						
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N
Full Name	Date of Birth	Relationship	Social Security #	Gender	Employed Y or N	Student Y or N

HOUSING INFORMATION						MUST LIST 2 YEARS OF CONTINUOUS HISTORY.		
If additional space is needed, please attach a separate page.								
Applicant's PRESENT Street Address	City	State	Zip	Dates of Residency (month/yr - month/yr)				
Present Landlord/Mortgage Company	Landlord/Mortgage Company Phone #	Monthly Rent or Mortgage Amount \$	Residency Status: <input type="checkbox"/> Own Home <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Other:					
Landlord/Mortgage Company Address	City	State	Zip	Is landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list relationship:				
Is your lease in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and explain:				What is your reason for moving?				
Applicant's PRIOR Street Address	City	State	Zip	Dates of Residency (month/yr - month/yr)				
Prior Landlord/Mortgage Company	Landlord/Mortgage Company Phone #	Monthly Rent or Mortgage Amount \$	Residency Status: <input type="checkbox"/> Owned Home <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Other:					
Landlord/Mortgage Company Address	City	State	Zip	Was landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list relationship:				
Was your lease in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and explain:				What was your reason for moving?				

EMPLOYMENT INFORMATION					If you are not currently employed, complete N/A for present employer.	
Applicant's PRESENT Employer			Present Employer's Address		City, State, Zip	
Employer's Phone #	Employer's Fax #	Position/Job Title	Hourly Wage \$	Dates of Employment		
Supervisor's Name and Title		Supervisor's Email Address		Is this job seasonal or temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant's PREVIOUS Employer			Previous Employer's Address		City, State, Zip	
Employer's Phone #	Employer's Fax #	Position/Job Title	Hourly Wage \$	Dates of Employment		
Supervisor's Name and Title		Supervisor's Email Address		Reason for leaving this job:		

OCCUPANCY REQUIREMENTS AND OTHER REQUIRED INFORMATION		
Number of Bedrooms Needed:	Date apartment needed:	Do you receive Section 8? Y or N
How did you hear about us?		Caseworker:
Do you expect any additions to your household within the next 12 months? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any absent household members who would live with you under normal conditions? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household have special needs? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your household have or anticipate having any pets other than those used as a service animal? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does an adult of this household have primary physical custody of every child listed on the application? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted or asked to move from a rental unit of any type? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any one else on this application broken a rental agreement or lease contract? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any one else on this application had legal action taken against you for nonpayment of a bill or for property damages? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone else on this application filed for bankruptcy? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member ever been convicted of a felony? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member been arrested/convicted of a drug related crime? Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No

MISCELLANEOUS INFORMATION						
Emergency Contacts						
Name:		Address:		Phone #:		Relationship:
Name:		Address:		Phone #:		Relationship:
In the event of serious illness or death of resident, the above persons <input type="checkbox"/> MAY or <input type="checkbox"/> MAY NOT enter, remove, and/or store all contents found in the dwelling, common areas, or mailbox.						
Please list below the automobiles you will keep at this property.					Do you have a pet? (management approval required) <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Pets:	
Make	Model	Year	Color	License # and State	Description of Pets: (include height and weight)	

APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or cancelled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application, along with an applicant questionnaire completed by each adult in the household, must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit program. This program requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility, and if such eligibility is granted, each subsequent year you remain in the unit.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Management

Date



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