

<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Recertification</b>	<b>MHC HOUSING TAX CREDIT          ELIGIBILITY APPLICATION</b>	_____ Move-in Date \$ _____ Rent Amount
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Property Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.  
**Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? <b>YES/NO</b>	SOCIAL SECURITY NUMBER
1		<b>HEAD</b>			
2					
3					
4					
5					
6					
7					
8					

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

**HOUSEHOLD INCOME INFORMATION**

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.  
**Include all full time, part time or seasonal income even if completing this application in the off-season.**

**DO YOU RECEIVE OR EXPECT TO RECEIVE**  
 (Check **YES** or **NO** to each item, as applicable, and include gross monthly amount. List sources on page 2.):

	YES	NO		Gross Monthly Amount
			1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$ _____
			2. Does any member work for someone who pays them in cash or is self-employed. . . . .	\$ _____
			3. Regular pay for a member of the armed forces . . . . .	\$ _____
			4. Public Assistance (MFIP, GA) . . . . .	\$ _____
			5. Worker's compensation . . . . .	\$ _____
			6. Unemployment benefits or severance pay . . . . .	\$ _____
			7. Student financial assistance (public or private, not including student loans) . . . . .	\$ _____
			8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) . . . . .	\$ _____
			9. Alimony/Spousal Maintenance . . . . .	\$ _____
			10. Social Security income (including unearned income of minor children) . . . . .	\$ _____
			11. Disability benefits including social security disability . . . . .	\$ _____
			12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$ _____
			13. Regular payments from retirement benefits . . . . .	\$ _____
			14. Death Benefits . . . . .	\$ _____
			15. Regular payments from annuities or life insurance dividends . . . . .	\$ _____
			16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$ _____
			17. Net income from rental property . . . . .	\$ _____
			18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries) . . . . .	\$ _____
			19. Other (list) _____	\$ _____
			20. Other (list) _____	\$ _____



I/We hereby certify that I/we

**Have**      **Have not**

<input type="checkbox"/>	<input type="checkbox"/>
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sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**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 below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

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 inquiries to verify the statements herein. 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.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

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

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