



2 South 14th Street
Kansas City, KS 66102
Office: 913.342.7580 Fax: 913.342.7581
www.chwckck.org

Greetings-

Thank you for your interest in applying for housing through Community Housing Wyandotte County. Please complete the attached nine-page application and initial the bottom of every page. Also, complete the Tenant Release and Consent form, Student Status Affidavit and if applicable the Under \$5,000 Asset Certification. Applicant understands that there is a **NON-REFUNDABLE** criminal and credit check/processing fee of \$35.00 due and payable at the time the application is submitted. Please make check and/or money order made payable to CHWC, Inc. Cash or credit/debit cards are not accepted for payment of the application fee.

Also attach the following documents:

- 4-6 most current pay stubs or proof of income
- 3 most current months of bank statements
- State ID or driver's license
- Social Security card

Return the application and supporting documentation to our office at 2 South 14th Street Kansas City, Kansas 66102.

You may also fax your application and supporting documents to 913-342-7581. Call with any questions at 913-342-7580.

Due to the limited availability, only complete applications will be accepted and prioritized based on the time and date the application is received.

NOTE: As your application is processed, additional forms and documents may be required.

Sincerely,

Community Housing Wyandotte County



APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. ****

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

**** If Divorced or Separated please list the date(s): _____ ****

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant		Other Applicant		Cash Value Amount	Name of Bank or Institution:
	Yes	No	Yes	No		
(27) Savings Account					\$	
(28) Checking Account Debit Card/Demand Deposit Account					\$	
(29) Certificate of Deposit					\$	
(30) Safe Deposit Box					\$	
(31) Trust Account					\$	
(32) Any Stocks or Securities					\$	
(33) Any Treasury Bills					\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)					\$	
(35) Mutual Funds					\$	
(36) Saving Bonds					\$	
(37) Money Market Account					\$	
(38) Cash on Hand (excluding checking accts)					\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	

Do you or anyone in your household have:

40. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III - ASSET INCOME (continued) - To be completed by applicant

<p>44. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>45. Do you have any other assets not listed above (excluding personal property)? If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART IV – STUDENT QUESTIONS - To be completed by applicant

<p>46. Are all occupants' full-time students? If Yes please answer the following listed below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, <u>and</u> all household members are full time students, attach a copy of the Signed Federal Income Tax Return). b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>47. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____ Name of School (s) _____ Location: _____ When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>48. Has any adult household member been a full-time student 5 months or more out of the current calendar year (months need not be consecutive)? If yes, who: _____ Name of School(s) _____ Location _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART V – RENTAL HISTORY - To be completed by applicant

**49. Residence History: Current & Previous Landlords:
(Past 2 years' residence including any owned by applicants.)**

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**50. Residence History: Current & Previous Landlords for Co-Head or Applicant:
(Past 2 years' residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:

51. Head's Current Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	

52. Head's Previous Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	

53. Spouse Current Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	

54. Spouse's Previous Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$ _____	Circle One: Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____				
City	State	Zip	Phone Number	

PART VII - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
57.		\$
58.		\$
59.		\$

PART VIII - OTHER - To be completed by applicant

60. Do you have full custody of your child (ren)? Explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
61. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Have you <u>ever</u> received rental assistance? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

PART IX – RESIDENT’S STATEMENT - To be completed by applicant

70. Do you have a legal right to be in the United States: (check one that applies)?
 Yes, because I am a United States Citizen
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)
 No
 If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART X – SPECIAL NEEDS - To be completed by applicant

71. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Special living accommodations required? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

**** Before you complete this section of the application, were all questions above completely answered? All blanks filled in? If not please go back through the application and complete the sections that were left blank.****

PART XII - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Other Applicant Signature Date

Other Applicant Signature Date

*****This section must be completed even if assistance was not needed*****

Did anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's Authorized Representative: _____ Date _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White 2 – Black/African American 3 – American Indian/Alaska Native
 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era Vietnam Veteran
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

TENANT RELEASE AND CONSENT

I/We _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to CHWC Inc, for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|------------------------------------|--------------------------------------|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords (including public |
| State Unemployment Agencies | housing agencies) |
| Retirement Systems | Social Security Administration |
| Banks/Other Financial Institutions | Support and Alimony Providers |
| Medical and Child Care Providers | Law Enforcement Agencies |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Signature

Signature

Management Signature

STUDENT STATUS AFFIDAVIT

This affidavit is to be completed by the Head of Household. 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, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):

- 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 part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- 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, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

- 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: _____
(*Please provide proof this type of assistance is being received*).
- 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

Applicant/Resident (Head of Household)

Date

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.

Property Name: HTH Household Name: _____ Unit No.: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

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

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) 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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.	<input type="checkbox"/>	I/we do not have any assets at this time.
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.		

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

 Applicant/Tenant

Date: _____

 Applicant/Tenant

Date: _____

 Applicant/Tenant

Date: _____

 Applicant/Tenant

Date: _____