



NAME OF APARTMENT COMMUNITY: _____

APARTMENT NUMBER: _____ RENT AMT: _____ QUALIFY AT _____ %

NAME OF CO-APPLICANT (if applicable – additional application must be completed) _____

___ HOUSEHOLD ADDITION ___ TRANSFER

Cohen-Esrey Communities LLC. LIHTC Rental Application
(Please Print)

Date: _____ Time: _____ email: _____

A) Name: _____ Phone: () _____

B) Address: _____
(City) (State) (ZIP)

C) Marital Status: Single Married Divorced Separated Widow/Widower

RENTAL HISTORY -- Last Four Years

Use Additional sheet if necessary

D) Present Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

E) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

F) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: ___ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N

- 1. Have you or any member been or plan to be a full-time student in the last 12 months? Yes No
- 2. Will your household be receiving rental assistances? Yes No
- 3. Do you expect any changes in the household in the 12 months? Yes No
If yes please describe change and date expected _____
- 4. If you are divorced or separated, please provide date effective: _____
- 5. Will you have at least 50% physical custody of all minor members in the household? Yes No
- 6. Have you ever been convicted of a felony? Yes No
- 7. Have you ever filed for bankruptcy? Yes No
If yes is bankruptcy discharged? Yes No Date of Discharge:_____
- 8. Is any household member disabled? Yes No
If yes list the household members:_____

Employment Information

A) Current Employment Information: Name: _____

Company Name: _____ Date of Hire: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Monthly Gross Income: _____
 Phone: _____ Fax: _____

Is this employment part of a Job Training or government program? Yes No

B) Current Employment Information: Name: _____

Company Name: _____ Date of Hire: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Monthly Gross Income: _____
 Phone: _____ Fax: _____

Is this employment part of a Job Training or government program? Yes No

C) Current Employment Information: Name: _____

Company Name: _____ Date of Hire: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Monthly Gross Income: _____
 Phone: _____ Fax: _____

Is this employment part of a Job Training or government program? Yes No

D) Current Employment Information: Name: _____

Company Name: _____ Date of Hire: _____
 Address: _____ City/State/Zip: _____
 Supervisor: _____ Monthly Gross Income: _____
 Phone: _____ Fax: _____

Is this employment part of a Job Training or government program? Yes No

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 months. (Y=Yes, N=NO)	Head of Household		Name:		Name:		Monthly Gross Income
	Y	N	Y	N	Y	N	
1. Employed	Y	N	Y	N	Y	N	\$
2. Self-Employed	Y	N	Y	N	Y	N	\$
3. Unemployment Compensation	Y	N	Y	N	Y	N	\$
4. Social Security/SSI/SS Disability	Y	N	Y	N	Y	N	\$
5. Disability/Worker's Compensation	Y	N	Y	N	Y	N	\$
6. Severance Pay	Y	N	Y	N	Y	N	\$
7. VA Benefits	Y	N	Y	N	Y	N	\$
8. Pension/Annuity	Y	N	Y	N	Y	N	\$
9. Military Pay	Y	N	Y	N	Y	N	\$
10. AFDC/TANF	Y	N	Y	N	Y	N	\$
11. Child Support/Alimony	Y	N	Y	N	Y	N	\$
12. Recurring Gift/Contribution	Y	N	Y	N	Y	N	\$
13. Rental Income	Y	N	Y	N	Y	N	\$
14. Adoption Assistance	Y	N	Y	N	Y	N	\$
15. Trust Income	Y	N	Y	N	Y	N	\$
16. Other Income	Y	N	Y	N	Y	N	\$
17. Zero Income (18 yrs. and Older)	Y	N	Y	N	Y	N	\$

ASSET INFORMATION

List all assets for each Household member	HOH		Name		Financial Institution	Annual Interest/Earnings	Asset Value
	Y	N	Y	N			
1. Checking	Y	N	Y	N		\$	\$
2. Savings	Y	N	Y	N		\$	\$
3. Pre-Paid Debit	Y	N	Y	N		\$	\$
4. Cash on Hand	Y	N	Y	N		\$	\$
5. Stocks/Mutual Funds	Y	N	Y	N		\$	\$
6. CD/Money Markets	Y	N	Y	N		\$	\$
7. Treasury Bill	Y	N	Y	N		\$	\$
8. Bonds	Y	N	Y	N		\$	\$
9. IRA/KEOGH	Y	N	Y	N		\$	\$
10. 401K/401(b)	Y	N	Y	N		\$	\$
11. Pension/Annuity	Y	N	Y	N		\$	\$
12. Whole Life Insurance	Y	N	Y	N		\$	\$
13. Land Contract/Deed of Trust	Y	N	Y	N		\$	\$
14. Real Estate	Y	N	Y	N		\$	\$
15. Safe Deposit Box	Y	N	Y	N		\$	\$
16. Personal Property as investments	Y	N	Y	N		\$	\$
17. Trust	Y	N	Y	N		\$	\$
18. Lump Sum Receipts	Y	N	Y	N		\$	\$
19. Other	Y	N	Y	N		\$	\$

1. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than fair market value? Yes No

If yes complete the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of asset due to (Select One)

Bankruptcy Y N
 Foreclosure Y N
 Marital Separation/Divorce Y N

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

EMERGENCY CONTACT NUMBER

Name: _____ Phone: () _____

AUTHORIZED FOR RELEASE OF INFORMATION

I/We _____, the undersigned hereby authorize all person or companies to the categories but not limited to: personal identity, employment, income, assets, student status, medical or child care allowance and utility information, to release without liability to _____, for the purpose of verifying information on my/our housing rental application. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

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. The undersigned is the person(s) named above and hereby authorizes _____ to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant withdraws application within two (2) days, a cancellation fee of \$_____ will be retained by the apartment owner. If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. In any case, a processing charge of \$_____ on a studio, \$_____ on a one bedroom, \$_____ on a two bedroom, \$_____ on a three bedroom and \$_____ on four bedroom may be retained by apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Property Employee: _____ Date: _____