



MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

MEMORIAL COMMUNITY DEVELOPMENT CORPORATION

920 OAK STREET

EVANSVILLE, IN 47713



Tax Credit

PHONE: 812-424-8627 - FAX: 812-424-8629

Please fill out application completely. Print legibly in ink for entry. If something does not apply to you, please write N/A and sign/date forms. Be sure to fill addresses and telephone numbers for job, bank, etc. We cannot process an incomplete application. Failure to give addresses, time frames, amounts, etc. as accurate is reason for denial. Fill in every blank and bring in all requested documents. Make sure you sign all pages.

We reserve the right to accept or deny applicant based upon information obtained or omitted in the application process.

INFORMATION MUST BE CURRENT TO NO MORE THAN 90 DAYS PAST ONLY.

1. A current credit report must be turned in with application on all adults. (18 years & older)
2. All adults must obtain a Criminal Background Check from the Evansville Police Department. (This includes High School Students & Disabled Persons) and turn in with application. The cost of each report is \$10.00 Money Order and \$5.00 cash fee to have the document notarized.
3. Each adult member must sign final application, proof of income, and provide proper identification (Picture State I.D. or Drivers License) for each.
4. All household members must have the following items to complete the application process: Birth Certificate and Social Security Card.

Unit Size Request: Single _____ Family _____
Senior Housing (55 Years of Age) _____

Number of Bedrooms: 1. _____ 2. _____ 3. _____ 4. _____

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

WE HAVE A STRICT NO PETS POLICY

NO PETS OF ANY KIND ARE ALLOWED AT ANY TIME FOR ANY REASON:
INCLUDING BUT NOT LIMITED TO CATS, DOGS, TURTLES, HAMSTERS, BIRDS,
FISH & ETC.

I HAVE READ, AND I UNDERSTAND THE ABOVE STATEMENT:

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

UTILITIES:

The following utilities shall be paid by the Tenant: electricity, gas, telephone and cable television. The Tenant shall be responsible for all utilities charges when they become due and shall not allow any such utility to turn off service to the Premises or for charges for utilities to become a lien against the premises.

After final inspection and agreement for acceptance of unit, utilities will be removed from Landlord's name. If essential utilities are turned off tenant shall be subjected to eviction and security deposit will be used to have electricity turned on. The Tenant understands and agrees that essential services are to be maintained and operational at all times.

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

I HAVE READ, AND I UNDERSTAND THE ABOVE STATEMENT.

MEMORIAL HOUSING MANAGEMENT: _____

DATE: _____

Please read carefully. This is a legal document.

MEMORIAL HOUSING CORPORATION RENTAL APPLICATION

Additional information may be provided on a blank sheet of paper. Please do not write on the back of the forms.

Please return completed application with all requested information to:

Memorial Housing Corporation
920 Oak Street
Evansville, IN 47713

Questions?

Office Hours:

Monday – Thursday

9:00 AM – 4:00 PM

Friday by Appointment

Telephone: 812-424-8627

Fax: 812-424-8629

This completed application has been read and signed by all adult applicants. All questions have been answered by Memorial Housing Management Team.

Applicant: _____

Co-Applicant: _____

Date Application Returned: _____

Please Read Complete Application. This is a legal document.

**PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR THE FOLLOWING
TENANT INCOME QUESTIONNAIRE SHEET.**

- **If you are employed provide your last ninety (90) days worth of paystubs OR a contact for your HR department so we may fax over an authorized release for them to provide us your information.**
- **If you have a checking or savings account please provide the financial institution name so that we may fax over an authorized release to receive your information OR provide your last six (6) months worth of checking account statements and your MOST CURRENT (1) savings account statement.**
- **If you have a whole life insurance policy please provide the name and value of the policy so that we may fax over the authorized release for them to provide us your information OR a copy of the policy with the value of it.**
- **If you are entitled to receive child support and/or receive child support please provide the decree, complete the form in the earlier part of the application in its entirety and provide a print out from the child support office.**
- **If anyone other than yourself is over the age of 18 then they will need to provide the same documentation including the tenant income questionnaire and all supporting documentation listed above.**

If you have any questions please contact us!

Landlord Address: _____ City: _____ St: _____ ZIP: _____
Dates of Occupancy: _____ to _____ Related? Y/N How? _____

GENERAL QUESTIONS

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

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 Apartment Credit Services 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 cancels after two (2) days, all moneys deposited shall be forfeited to the 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.

Head Signature: _____ Date: _____

Co-head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



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.



COVER SHEET / FAX TRANS.
AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Number of pages including cover sheet: _____

To be completed by property management office:

The undersigned individual(s) has applied for residency at _____. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include, but are not limited to:

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



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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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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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INCOME CERTIFICATION QUESTIONNAIRE
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____
 Initial Certification Recertification Addition of Household Member

YES	NO		
1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES	NO		MONTHLY GROSS INCOME (use net income from business)
2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	\$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____	\$ _____ \$ _____ \$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
16. <input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income.	



ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO			INTEREST RATE	CASH VALUE
18.	<input type="checkbox"/>	<input type="checkbox"/> I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/> I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/> I have a debit card or paycard for direct deposit of benefits. # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/> I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/> I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/> I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/> I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/> I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/> I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/> I have cash on hand.		\$ _____



28. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

