

TAXCREDIT PROGRAM INFORMATION SHEET

Nevada (Vernon County)

Welcome to **Nevada Heights Apartments**. Our community is operated under Section 42 of the LIHTC Program of the Internal Revenue Code. This program is designed to facilitate the housing needs of moderate and middle-income families. Residence at Nevada Heights Apartments requires that applicants meet certain qualifying standards established by the government. This program is not connected to Section 8.

Residency at Nevada Heights Apartments is limited to those families having a maximum of moderate incomes. In Nevada, Vernon County, the maximum allowable income (by family size) are as follows:

<u>Family Size</u>	<u>Nevada HERA Maximum Allowable Income</u> <u>60% Group</u>	<u>Nevada HOME Maximum Allowable Income</u>
1	22,740	17,300
2	25,980	19,750
3	29,220	22,200
4	32,460	24,650
5	35,040	26,650
6	37,680	28,600\

In addition to standard wages, income include monies received from many sources such as alimony, child support, pensions, and social security. A complete definition of income is detailed in the application. All information of income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually. Failure to comply with the recertification could result in ineligibility.

The rents at **Nevada Heights Apartments** are limited by statute. Currently the rents charged by bedroom are:

<u>Bedroom Type</u>	<u>Monthly Allowable Rent</u>	<u>Average HUD Utility Allowance</u>
2	60% Income Limits \$429	\$126
2	HOME Rent \$429	\$126
3	60% Income Limits \$510	\$151
3	HOME Rent \$510	\$151

***IMPORTANT!** Averages are based on bedroom size and are not a guaranteed amount. Individual Residents utility amounts will vary based on usage, family size, lifestyle and weather conditions.

The allowable rent is subject to change annually and is based upon median income as determined by the Department of Housing and Urban Development.

ALL APPLICATNTS MUST HAVE APPROVED APPLICATIONS PRIOR TO MOVING INTO AN APARTMENT!



This institution is an equal opportunity provider and employer.
Drug-Free Workplace



Hamilton Properties

IMPORTANT - ALL APPLICANTS MUST READ

Dear Future Resident:

We have employed a credit bureau service agency to track and maintain the records of applicants and residents credit history, past conduct and performance as a resident and any criminal background.

A \$15.00 processing fee is required on each application that is processed. This needs to be in the form of a money order made out to _____ . Failure to do this will result in your application not being processed.

We hope to be able to consider you a resident of Hamilton Properties when we have completed the application process.

Regards,

Hamilton Properties

Application Received: _____
Bedrooms Needed: _____
(For Office Use Only)

\$15.00 PROCESSING FEE
Hamilton Properties Corporation
APPLICATION FOR OCCUPANCY

RETURN TO: _____

Apartment Complex Name: _____

**COMPLETE ALL BLANKS OR THIS
APPLICATION WILL NOT BE PROCESSED**

1. Tenant's Name: _____ Birthdate: _____ SS#: _____
Co-tenant's Name: _____ Birthdate: _____ SS#: _____
Home Phone Number: _____ Work Phone Number: _____
Present Address: _____ How Long? _____
Number of Persons in Household? _____ Present Monthly Rent: _____

a. 2 List all persons who will live in the rental unit: (List head of household first)

ATTENDING

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>SOC. SEC. #</u>	<u>BIRTHDATE</u>	<u>AGE</u>	<u>SEX</u>	<u>RACE</u>	<u>SCHOOL</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

1-White, Non-Hispanic 2-Black, Non-Hispanic 3-Asian, Pacific Islander 4-American Indian, Alaskan Native 5-Hispanic

2b. Do you anticipate any changes in your household composition in the next 12 months? _____ yes _____ no

If yes, describe: _____

3. Are all household members full time students? _____ yes _____ no
A. If yes, do you file a joint tax return? _____ yes _____ no
4. Have you or any member of your family been convicted of a misdemeanor or felony? _____ yes _____ no
If yes, describe: _____

5. **RESIDENCE HISTORY**
TENANT:

Current Address: _____
Present Landlord's Name: _____ Phone Number: _____
Present Landlord's Address: _____

Former Address: _____ How Long There: _____
Former Landlord's Name: _____ Phone Number: _____
Landlord's Address: _____

CO-TENANT:

Current Address: _____
Present Landlord's Name: _____ Phone Number: _____
Present Landlord's Address: _____

Former Address: _____ How Long There: _____
Former Landlord's Name: _____ Phone Number: _____
Landlord's Address: _____

6. Tenant's Employer (Name): _____ Phone Number: _____
Address: _____ How Long at Job: _____
Co-tenant's Employer (Name): _____ Phone Number: _____
Address: _____ How Long at Job: _____



7. Income: List all full and/or part time employment for all household members:
(Include self-employment earnings)

<u>HOUSEHOLD MEMBER</u>	<u>NAME/ADDRESS OF EMPLOYER</u>	<u>EARNINGS</u>
		<u>CURRENT / ANTICIPATED</u>

Other sources of Income: (Examples: Welfare, Unemployment, Social Security, Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Scholarships and/or Grants)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

- 7b. Do you anticipate any changes in your household income in the next 12 months? _____ Yes _____ No
If yes, describe: _____

8. ASSETS: CURRENT & DISPOSED

FmHA 515 regulations require that all applicants/tenants reveal all sources of income and assets. Applicants/tenants for housing in this FmHA 515 property must fill out this asset certification by completing in the requested information and certifying this form.

CURRENT ASSETS (List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees).

<u>ASSET</u>	<u>CASH VALUE</u>	<u>ASSET</u>	<u>CASH VALUE</u>
Real Estate	\$ _____	Checking Account	\$ _____
CD's	\$ _____	Savings Account	\$ _____
Bonds	\$ _____	Other _____	\$ _____
Common Stock	\$ _____	Other _____	\$ _____

Applicants/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? Yes () No ()

If yes, did you dispose of any assets for less than fair market value? (This means that the assets were either given away or sold at less than the allotted market value.) Yes () No ()

If yes, what were the assets, market value, amount received and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets.

9. UNUSUAL EXPENSES:

- A. Do you pay for child care or handicapped care while a family member is employed?

If "yes" list care provider's name, address, and phone number.

Name: _____ Address: _____ Phone: _____

Amount paid: \$ _____ per week/month. (Circle one)

- B. Family medical expenses anticipated in the next 12 months that will not be covered by insurance. Examples of medical expenses are health insurance premiums, dental expenses, eyeglasses, hearing aids and batteries, the cost of a live-in assistant, monthly payments required on accumulated major medical bills including that portion of the spouse's or children's nursing home costs paid from tenant family income(s). \$

10. **CREDIT REFERENCES:**

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

Name: _____ Address: _____ Acct. No. _____ Phone #: _____

11. **SPECIAL HOUSING ACCOMMODATION:**

- A. Households, where the tenant, co-tenant or member is disabled or handicapped, may qualify for an adjustment to income when calculating the rent payment, or a special handicapped accessible unit or both.

Do you request the adjustment to income? (yes/no) _____

Are there any special housing requirements necessary? (yes/no) _____

If yes, please explain. _____

Do you request an accessible unit? (yes/no) _____

- B. The tenant selection policy grants a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by Farmers Home Administration, and those households displaced due to housing being rendered uninhabitable.

Do you hold a "Letter of Priority Entitlement"? (yes/no) _____

Are you currently living in a housing unit that has been determined to be uninhabitable? (yes/no) _____

If yes, please explain. _____

12. Has your family ever received housing assistance from the Dept. of Housing & Urban Development or Farmers Home Administration? (yes/no) _____

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment or rent, or failure to cooperate with recertification procedures? (yes/no) _____

13. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? (yes/no) _____

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? (yes/no) _____

14. Does your household have a pet? (yes/no)

15. Are you being evicted? ☐ Yes ☐ No. If "yes" when must you be out of your home?
Have you ever been evicted in the past? ☐ Yes ☐ No. If "yes", when & where? _____

16. Have you ever lived on a Hamilton Properties complex in the past? (yes/no) _____

17. **EMERGENCY CONTACT:**

Name/Address, Phone Number, & relationship of closest living relative/contact:

17. List any cars, trucks, or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

TYPE VEHICLE: _____ COLOR/MAKE: _____ LICENSE NO: _____

TYPE VEHICLE: _____ COLOR/MAKE: _____ LICENSE NO: _____

18. How did you hear about the apartment?

_____ newspaper _____ radio _____ drive-by _____ resident referral
* * * * *

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HEREIN LISTED AND / OR OTHER INQUIRIES THAT MANAGEMENT FEELS NECESSARY IN DETERMINING ELIGIBILITY, (i.e. CHECK WITH CREDIT BUREAU, INQUIRE WITH LAW ENFORCEMENT, ETC.)

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: _____ (Tenant) Date Signed: _____

Signature: _____ (Co-tenant) Date Signed: _____

* * * * *

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY: Hispanic or Latino _____ Not Hispanic or Latino _____

RACE: (Mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or other Pacific Islander _____
5. White _____

GENDER: Male _____ Female _____

* * * * *

PLEASE RETURN THIS APPLICATION TO:

If you have any additional questions, you may contact Hamilton Properties at 417-883-7887.



MO Relay 711#



HAMILTON PROPERTIES CORPORATION

REFERENCE SHEET

Property: _____

Applicant Name: _____ Apartment #: _____

PERSONAL REFERENCES

1.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

2.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

3.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

4.) Name: _____

Address: _____

Phone #: _____ How long have you known: _____

Comments: _____

HAMILTON PROPERTIES

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 _____, for purposes of verifying information on my/our apartment rental application.
(owner or agent)

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 identity; 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 ASKED

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

Past and Present Employers
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers

Veterans Administration
Retirement Systems
Banks and other Financial
Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes 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.

SIGNATURES

Applicant/Resident (Print Name) _____ Date

Co-Applicant/Resident (Print Name) _____ Date

Adult Member (Print Name) _____ Date

Adult Member (Print Name) _____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

November, 1997

Appendix D



HAMILTON PROPERTIES



TAX CREDIT PROPERTY COVER SHEET

Complex Name

City/State

Please be advised this is a Tax Credit Property. This means you must be eligible under both the Tax Credit regulations as set by the IRS, RD regulations, and HUD regulations, (if applicable) and the Resident Selection Criteria established for the complex.

If you meet all other eligibility requirements but are ineligible under the Tax Credit regulations, you will receive a Notice of Eligibility Postponement. Your name will remain on the Waiting List in the original position. When an apartment becomes available, any tax credit ineligible applicant next in line on the Waiting List will be contacted for updated information. In the event your family composition or gross income changes, you should notify the manager.

If you are ineligible under RD regulations, HUD regulations (if applicable) or the complex Resident Selection Criteria, you will receive a Letter of Ineligibility, advising you of the reason for ineligibility and your name will be removed from the Waiting List.

Acknowledgement of receipt of this cover sheet.

Applicant signature

Date

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, RECD, USDA, Washington, DC 20250.