



the
"CAREtakers"

Kathy Richards Management

201 South Curry Street • Ironwood, Michigan 49938
Phone: (906) 932-5500 • Fax: (906) 932-5158
www.kathyrichards.com • Toll Free: (888) 576-6468
Equal Housing Opportunity



TAX CREDIT, RD, and HUD APPLICATION for Housing 506

For office use only Application Received - Date: _____ Time: _____

Development: _____ Unit #: _____ #Bedrooms: _____ Anticipated Move-In Date: _____

Other Needs: _____ Home Phone #: _____ Work Phone #: _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card.

A. General Information:

- Do you own a pet? Yes No If yes, what kind? _____ Weight _____
- Have you ever filed bankruptcy: Yes No If yes, please explain (include dates): _____
- Have you ever been convicted of a felony? Yes No If yes, please explain: _____
- Have you ever been evicted from an apartment for any reason? Yes No If yes, please explain: _____

B. Housing Reference: (List all residences and applicable landlord reference in the past three years.)

Present Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) Reason for Leaving _____
 Do you own this residence? YES NO If NO, do you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # _____ Rent per month _____
 Previous Address _____ City _____ State _____ Zip _____
 From _____ To _____ (Mth/Yr) Reason for Leaving _____
 Did you own this residence? YES NO If NO, did you rent this residence? YES NO
 Landlord _____ Address _____ City _____
 State _____ Zip _____ Landlord phone # _____ Rent per month _____

C. Employment or Other Income Sources: (List all sources of income for all adult household members.)

Income Source _____ Monthly Gross Income \$ _____
 Contact Person _____ Phone Number (____) _____
 Income Source _____ Monthly Gross Income \$ _____
 Contact Person _____ Phone Number (____) _____

D. Drivers License #: _____ State Issued: _____

E. Emergency Contact: (Other than person listed on application). Please list someone in the immediate area if possible.
Name _____ Relationship _____ Home phone _____ Work phone _____

TDD NUMBERS: Wisconsin 1-715-345-7614
Indiana 1-317-290-3348

Michigan 1-800-649-3777

Illinois 1-217-403-6240
Ohio 1-800-855-1155

- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time** **part-time**
 (A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)
 List name of student(s) _____
- Y N 2. Are you separated, but not divorced from your spouse?
- Y N 3. Are any household members temporarily absent?
 Who? _____ How Long: _____
- Y N 4. Do you expect any changes to your household within the next 12 months?
 If yes, please explain: _____
- Y N 5. Are you receiving Section 8 Assistance? Agency _____ Phone # _____
 (Circle One) Do you have a: **Certificate** **Voucher**
- Y N 6. Do you or anyone in your household require the benefits of a barrier free accessible unit?
 If so, please list unit size you are applying for. _____

ASSETS

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/ VALUE	ANNUAL ASSET INCOME	FORM #
Y N	Checking Acct. #1				001
Y N	Checking Acct. #2				001
Y N	Savings Acct. #1				001
Y N	Savings Acct. #2				001
Y N	Trust Account				001
Y N	Certificate of Deposits				001
Y N	Certificate of Deposits				001
Y N	Certificate of Deposits				001
Y N	Money Markets				011
Y N	Mutual Funds				011
Y N	Pension/Annuity (NOT Paid Periodically)				007
Y N	IRA/Keough/401 K				002
Y N	Stocks/Bonds				011
Y N	Real Estate (FMV - Mortgage Balance)				012
Y N	Land Contract (provide amortization schedule)				019
Y N	Personal Property/Investment				011
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.				038
Y N	Safe Deposit Box in the past 2 years.				038
Y N	Lump Sum Payment				025
Y N	Assets disposed of in the past 2 years.				015
Y N	Whole Life Insurance Policy				011
Y N	Total Household Assets Less Than \$5,000				034

INCOME

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME	FORM #
Y N	Employment #1				002
Y N	Employment #2				002
Y N	Self - Employment (2 years taxes)				003
Y N	Social Security				004
Y N	Social Security (SSI)				004
Y N	Public Assistance				005
Y N	Veterans Benefit				006
Y N	Pension/Annuity (Paid Periodically)				007
Y N	Disability				021
Y N	Child Support/Alimony (Court Ordered)				008
Y N	Military Compensation				009
Y N	Unemployment				014
Y N	Rental Income/Land Contract Payment				019
Y N	Other Income				010
Y N	Lottery Payments (periodic)				010
Y N	Workers Compensation				010
Y N	Previous Employment				020
Y N	Unemployed/Zero Income				028
Y N	Anticipated Income				029
Y N	Recurring Gift				041
Y N	Housing Authority				035

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. In addition, we will complete a criminal background check. By your signature you are authorizing us to gather this information.

Each Applicant 18 years of age or older must sign and date below.

Signature	Date	Cell Phone #	E-Mail Address
Signature	Date	Cell Phone #	E-Mail Address
Signature	Date	Cell Phone #	E-Mail Address

Property Manager is acting on behalf of and performing compliance services for the owner.

DEMOGRAPHIC DATA

RETURN TO:

TEL.#: _____

FAX #: _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT:

_____ I do not wish to furnish this information.

RACE:

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White
_____ Other (Specify)

SEX:

_____ Male
_____ Female

ETHNICITY:

_____ Hispanic/Latino
_____ Non-Hispanic/Latino

CO-APPLICANT:

_____ I do not wish to furnish this information.

RACE:

_____ American Indian or Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White
_____ Other (Specify)

SEX:

_____ Male
_____ Female

ETHNICITY:

_____ Hispanic/Latino
_____ Non-Hispanic/Latino

Non-Discrimination Statement:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write, USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C., 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

Reasonable Accommodations Policy

Kathy Richards Management, Inc. is dedicated to providing accommodations for eligible individuals with documented disabilities as defined by federal and state law. Kathy Richards Management, Inc.'s intention is to ensure that every tenant and/or applicant for tenancy who makes a request for accommodation under the ADA or Rehabilitation Act is properly advised of the accommodation process. Kathy Richards Management, Inc. is dedicated to following the requirements of the ADA and all appropriate federal and/or state laws, rules and regulations.

All requests for accommodation from tenants are to be submitted in writing with the appropriate supporting documentation. The review of the request may, at the discretion of Kathy Richards Management, Inc., include an evaluation and determination of the scope of the disability and, if appropriate, request for additional medical documentation, examinations and/or opinions.

Kathy Richards Management, Inc. is not required to make an accommodation if it would impose an undue hardship. The concept of undue hardship includes any action that is unduly costly, extensive, or disruptive.

To request a reasonable accommodation, please fill out the following form and give to the apartment manager. You may also mail this form to Kathy Richards Management, Inc., 201 South Curry Street, Ironwood, MI 49938.

Reasonable Accommodations Request Form

Name:

Phone:

Address:

1. Will someone benefit from the reasonable accommodation request? _____

2. What are the specific changes you are requesting? List both physical changes and changes to a rule or policy. _____

Signature of Person Requesting Accommodation

Date

AUTHORIZATION TO COLLECT INFORMATION

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. In addition, we will complete a criminal background check. By your signature you are authorizing us to gather this information.

Signature

Date

Signature

Date

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, and any owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a) (6) (7) and (8).** Violations of these provisions are cited as violations of 42 USC Section **408 (a) (6) (7) and (8).**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)