



SHOULDER BLADE COMPLEX

NEW APPLICANTS for Low Income Housing Tax Credit

NEED TO:

1. FILL OUT APPLICATION COMPLETELY AND SIGN
2. PROVIDE VERIFICATION OF INCOME
3. NEED TO MEET WITH TAX CREDIT PROPERTY MANAGER FOR INTERVIEW
4. COMPLETE ALL REQUIRED FORMS AT INTERVIEW
5. 55 YEARS OF AGE OR OVER
6. ABLE TO LIVE INDEPENDENTLY

Contact: Ernie Robinson or Tonya Russette if there are questions or when you bring in the application

Date Application Received: _____
 Time Received: _____
 Date/Time Complete: _____

LOW INCOME HOUSING TAX CREDIT Program Application

NOTE: This application will not be processed until all information requested has been completed and/or submitted. Please complete the following questions in INK.

Shoulderblade Complex

I. Household Composition

Household member	Marital Status	Relationship to HOH	Sex	Date of Birth	Social Security #	Full-time Student	Enrolled Member
1		Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information

Mailing address: _____

City: _____ ST: _____ ZIP CODE: _____

Telephone Number: _____ or Message Number: _____

Emergency Contact Person: _____ Relationship to HOH: _____

Address: _____ City: _____ ST: _____ ZIP _____

Telephone Number: _____

II. Household Allowances

▪ Do you pay Child Care? Yes No
 If yes, please provide documentation on the amount that you pay each month.

▪ Do you travel at least 5 days per week round trip to work or school?
 If yes, please complete

Household member	Employer/school Name	Number of miles (round trip)

▪ If you are 62 years of age or older, handicapped or disabled to you have any of the following medical expenses (that you pay for)?

- a. Medications Yes No
- b. Doctors visits Yes No
- c. Health Insurance paid by you Yes No
- d. Medical bills not reimbursed/covered by insurance Yes No

III. Student Status

Are ALL household members enrolled in school at least 5 months of the year? Yes No

If yes the following must be answered

1. Is the Head of Household a single parent with dependent children? Yes No
 - a. Can the parent be claimed by anyone else for tax purposes? Yes No
If yes, by whom: _____ Relationship to parent: _____
 - b. Can the children be claimed by any one else for tax purposes? Yes No
If yes, by whom: _____ Relationship to child: _____
2. Does the household receive AFDC or TANF? Yes No
3. Is the Head of Household and co-applicant married? Yes No
If yes did they file a joint tax return? Yes No
4. Are any of the students participants in the Job Training Partnership Act? Yes No

IV. Rental History

Have you ever rented a unit/home in your name before? Yes No

IF YES, please provide the following information as written verification will need to be obtained.

Date rental dates: from: _____ to _____
 Landlord Name _____ Phone Number: _____
 Address: _____ City: _____ St: _____

Are you currently renting this unit? Yes No

IF YES, What is your present rent amount? _____

Previous Landlord (if above rental was for less than 2 years)

Date rental dates: from: _____ to _____ Monthly rent amount: _____
 Landlord Name _____ Phone Number: _____
 Address: _____ City: _____ St: _____

Why did you move-out of this unit? _____

Do you still owe the landlord any money? Yes No

If No, please provide 2 personal references from individuals not related to applicant.

Have you ever been evicted from a NCTHA managed unit? Yes No

If yes, when _____ why was you evicted? _____

Do you owe NCTHA for any outstanding accounts receivable? Yes No

If yes, how much do you presently owe \$ _____

Do you have a current payback agreement in place? Yes No

V. Household Income

Does any household member receive income from employment? Yes No

Household member	Employer	Employer Telephone Number	Gross Wages received Monthly
			\$
			\$
			\$

Is any household member self-employed? Yes No

PLEASE PROVIDE A COPY OF THE MOST RECENT TAX RETURN OR THE PAST SIX MONTH OF PROFIT/LOSS STATEMENTS.

Does any household member receive any income from the following sources ON A MONTHLY or REOCCURRING BASIS?

Source of income	Receive on a reoccurring basis	Do NOT receive	Amount received monthly
Does any member work for someone who pays him or her cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$
Death Benefits (Survivors' Benefits)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Disability benefits (including Supplemental Social Security and/or Social Security disability)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security (including unearned income of minor children)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pension (PERA, Railroad, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lump sum payments from inheritance, ins settlement, lottery, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Regular payments from inheritance, insurance settlements, lottery winnings, etc	<input type="checkbox"/>	<input type="checkbox"/>	\$
Net income from real property	<input type="checkbox"/>	<input type="checkbox"/>	\$
Public Assistance (TANF/GA, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child support (check yes if you have a court order, even if you are not receiving the full amount)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$

Does anyone in the household receive income from their Tribe? Yes No, if yes please name household member and amount. You will need to provide written documentation of such amounts.

Household member	Name of Tribe or Nation	Phone number of Tribe	Amount Received	Per Capita income	Gaming Income
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any household member receive income that is in the form of a cash gift on a reoccurring basis?
 Yes No (NOTE: this DOES include any money paid on your behalf by another individual, agency, etc.)

Household member	Source of cash gift	Amount received
		\$
		\$

Does any household member receive financial aid? Yes No
PLEASE PROVIDE A COPY OF THE CURRENT FINANCIAL AID AWARD LETTER AND EDUCATIONAL COSTS breakdown.

VI. Household Assets

What is the value of CASH ON HAND? \$ _____

Does any household members have any of the following (but not limited to)? Yes No

Type of Asset		Name of Financial Institution	Household member	Cash value	Annual interest
Bank Account-checking				\$	\$
Bank Account-Savings				\$	\$
Stocks/Bonds				\$	\$
Capital Investments				\$	\$
Securities				\$	\$
401K *				\$	\$
IRA/KEOGH Accounts				\$	\$
Whole Life Insurance Policy (do not include term life insurance)				\$	\$
Pension/Retirement/Annuity accts				\$	\$
Certificate of Deposit				\$	\$
Money Market Accounts				\$	\$
Treasury Bills				\$	\$
Safety Deposit Box				\$	\$
Lump Sum Payments (Insurance settlements,				\$	\$

inheritance, etc.					
Trusts *				\$	\$
Antique, Collections, etc				\$	\$
Property-fee status				\$	\$
Property-Trust Status				\$	\$
Other assets				\$	\$

*Include trusts, 401K, etc., only if the accounts are accessible to the household prior to the termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

ASSETS Head of Household Other Household Member

Do you own real estate? *	Yes	No	Yes	No
Does anyone in the household have any coin collections, gems, ..etc	Yes	No	Yes	No
Are any assets held jointly with another person? *	Yes	No	Yes	No
Is combined value of all assets under \$5,000.00	Yes	No	Yes	No

If answer was Yes to owning real estate list address _____
 Joint assets/accounts list other person _____

Has any household member sold any assets, in the past two years, for less than fair market value?
 Yes No
 If yes please complete

Asset	Date sold/disposed of	Amount received at time of sale/disposal	Fair market value at time of sale/disposal
		\$	\$ per
		\$	\$ per

VII. Declarations

	HOH	Other Household member
Do you anticipate any change in your household composition during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household have any needs that might be better served by a unit, which is accessible to people with mobility, hearing or visual impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any adult member of the household have zero income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for any criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for any drug related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a registered SEX offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above declarations please explain in space provided?

Authorization to Release Information

Please print your full legal name and list your Social Security Number

Printed Name: _____	Social Security Number: _____
Printed Name: _____	Social Security Number: _____
Printed Name: _____	Social Security Number: _____
Printed Name: _____	Social Security Number: _____

I/We have applied or are currently residing in a unit under the management of the Northern Cheyenne Housing Authority (hereinafter NCTHA) Low Income Housing Tax Credit housing program. As part of the certification process NCTHA may need to verify information contained in my/our rental application or file update and in other documents that are required.

I/We authorize you to provide NCTHA, all information and documentation that they request. Such information includes, ***BUT IS NOT LIMITED TO***, employment history, any source of income; bank, money markets, and similar account balances, credit history, copies of income tax returns, criminal background checks, student status, educational costs and financial aid.

This authorization also includes any minor children of the above named individuals.

A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.

Your prompt reply to NCTHA is appreciated. Furthermore I/We grant NCTHA permission to release information necessary in assisting me in obtaining other services for which I/We may be eligible.

THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.

Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____

NOTICE

TO ALL APPLICANTS: New, Update, Recertification, Transfer

The new HUD regulation establishes administrative procedures for imposing civil penalties and assessments against person who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies regulations apply to any person or persons who misrepresents or omits information from applicants for housing, income verification, re-examinations of information, family compositions, ages of family members, etc. The HUD Inspector General may investigate and they may be subject to the following penalties:

1. Up to \$ 5,000.00 for filing such a claim; or
2. Up to \$ 5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual family, any other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

- Families reporting less than all sources of income, (e.g., only reporting husband's income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)
- Families listing more dependents than are eligible or who live in the household.
- Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.
- Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust land, which is not an asset for this program).

The attachment of this Rider shall be made a part of the Dwelling Lease.

Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____
Applicant/Tenant Signature _____	Date Signed _____

Authorized NCTHA Staff

Date Signed