

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Summer Breeze I Unit #: _____
	Address: _____ Summer Breeze Drive, Barrigada, GU 96929
Please complete this application and return to:	Name: Guam Facilities Foundation, Inc.
	Address: STE Community Center, 111 Chalan Pipitas, Dededo, GU 96929
	Tel: (671) 646-5800 Fax: (671) 646-7537 E-mail: admin@gffi.net

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name (HOH): _____

Address: _____
 Street Apt. # City State ZIP

Primary Phone: _____ Secondary Phone: _____

Work Number: _____ Other Number: _____

Email: _____ Email: _____

No. of BR's in
CURRENT unit: _____ Do you Rent Own or N/A

Amount of current monthly rental payment: \$ _____ or N/A or Other: _____

If owned, do you receive monthly rental income from property? Yes No (Check one)

Check utilities paid by you: Heat Electricity Gas Water Trash N/A

Approximate monthly cost of utilities paid by you (**excluding** phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Three BR Four BR ADA

Application

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B. HOUSEHOLD COMPOSITION

	NAME	RELATIONSHIP TO HEAD	AGE	BIRTH DATE	SS# (LAST 4 DIGITS)	F/T STUDENT (Y/N)
HEAD		- SELF -				
CO-HEAD						
3						
4						
5						
6						
7						
8						
	- NONE FOLLOWS -					

Have there been any changes in household composition in the last twelve months ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	

Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	MONTHLY AMOUNT
	Employment Income	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment Income	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment Income	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment Income	\$
	Employer:	
	Position Held:	
	How long employed:	
	Self-Employment Income	\$
	Name of Business:	
	Type of Business:	
	How long:	
	Self-Employment Income	\$
	Name of Business:	
	Type of Business:	
	How long:	
	Gift Income	\$
	Gift Income	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Veterans' Benefits Income	\$
	GI Bill Benefits Income	\$
	National Guard/Military Benefits Income	\$
	Social Security Income	\$
	Social Security Income	\$
	Disability or death benefits other than Social Security	\$

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	MONTHLY AMOUNT
	Unearned income from family members age 17 or under	\$
	Public Assistance: SNAP / TANF / Others:	\$
	Public Assistance: Housing (Sec 8 / PBV / Others:	\$
	Retirement Income (List Source)	\$
	Retirement Income (List Source)	\$
	Pension Income (List Source)	\$
	Pension Income (List Source)	\$
	Periodic payments from trusts, annuities, inheritance, insurance policies and/or lottery winnings	\$
	Income from real or personal property	\$
	Financial Aid (excluding loans)	\$
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income (i.e., Seasonal /Cash Basis Income/etc.)	\$
	Other Income (i.e., Seasonal /Cash Basis Income/etc.)	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
Total Gross Annual Income from PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2 etc)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit / Money Market	#	Bank	Balance \$	
	#	Bank	Balance \$	
IRA/Lump Sum Pension/Keogh Account/401K	Name:	Int. %:	Net Cash Value:	
	Name:	Int. %:	Net Cash Value:	
Life Insurance Policy	Name:	Int. %:	Net Cash Value:	
Stocks/Bonds/Treasury Bills	Name:	#Shares:	Interest / Dividend \$	Value \$
Mutual Funds	Name:	#Shares:	Interest / Dividend \$	Value \$
Savings Bonds	#	Maturity Date:	Value \$	
Trust Account	#	Bank:	Balance \$	
Investment Property			Appraised Value \$	

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Location of property:	
Appraised Market Value (from recent tax bill)	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of <u>any property in the last 2 years</u>?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$

Have you disposed of <u>any other assets in the last 2 years</u> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	

E. ADDITIONAL INFORMATION (Must be answered truthfully)		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes</i> , describe:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes</i> , describe:		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes</i> , describe:		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:			
	Address:			
	Contact:		Contact:	
	How Long?			
Prior Landlord	Name:			
	Address:			
	Contact:		Contact:	
	How Long?			

Credit / Liability Reference #1:	Account #:
Address:	Phone Number:
Credit / Liability Reference #2:	Account #:
Address:	Phone Number:

Emergency Contact Name:	Relationship:
Mailing Address:	Phone Number:

Personal Reference #1 Name:	Relationship:
Address (or Village):	Phone Number:
Personal Reference #2 Name:	Relationship:
Address (or Village):	Phone Number:
Personal Reference #3 Name:	Relationship:
Address (or Village):	Phone Number:

G. VEHICLE AND PET INFORMATION <i>(if applicable)</i>			
List any cars, trucks, or other vehicles owned. Numbered parking is provided for ONE vehicle only. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	Type of Vehicle:		
Year/Make:	Year/Make:		
Color:	Color:		
License Plate #:	License Plate #:		
Do you own any pets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>			

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

***I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased.**

SIGNATURE(S) for all adults:

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Other Adult Member)	Date
(Signature of Other Adult Member)	Date



STE Community Center, 111 Chalan Pipitas
Tel: (671) 646-5800 | Fax: (671) 646-7537 | E-mail: admin@gffi.net

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 **GFFI/Summer Breeze I** 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.

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

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Support and Alimony Providers | State Unemployment Agencies | Retirement System |
| Previous Landlords (including Public Housing Agencies) | Social Security Administration | Medical and Child Care Providers |
| | Banks and other Financial Institutions | |

GHURA 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.

In addition, I/we agree that if our application were to be placed on the waiting list, I/we will provide all necessary documents to be completed within 10 business days. If not submitted, I/we agree that our file will be closed due to non-compliance.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date