

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

FOR OFFICIAL USE ONLY This is an application for housing at:	<b>Project: Summer Green #:</b>
	<b>Address:</b> 134 Mall Street Tamuning, GU 96913
Please complete this application and return to:	<b>Name: Guam Facilities Foundation, Inc.</b>
	<b>Address:</b> STE Community Center, 111 Chalan Pipitas Dededo, GU 96929
	<b>Tel:</b> (671) 646-5800   <b>Fax:</b> (671) 646-7537   <b>E-mail:</b> 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

*Please enter all pertinent information accurately.*

Applicant Full Name (HoH): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box                      Apt. #                      City                      State                      ZIP

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

No. of BR's in **CURRENT** unit: \_\_\_\_\_ Do you  RENT  OWN or Other: \_\_\_\_\_

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  ADA BR

**B. HOUSEHOLD COMPOSITION**

	Name	Relationship to HEAD	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		- Self -				
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?  Yes  No

*If yes, explain:*

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

*If yes, explain:*

Is there someone not listed above who would normally be living with the household?  Yes  No

*If yes, explain:*

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?  Yes  No

**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 Dependant 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	Gross Monthly Amount
	Social Security <b>INCOME</b>	\$
	Social Security <b>INCOME</b>	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Retirement Income	\$
	Retirement Income	\$
	Public Assistance (SNAP/TANF/Housing, etc.)	\$
	Public Assistance (SNAP/TANF/Housing, etc.)	\$
	Gift Income	\$
	Gift Income	\$
	Veterans' Benefits	\$
	Veterans' Benefits	\$
	Self-Employment Income	\$
	Self-Employment Income	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Financial Aid (excluding loans)	\$
	Financial Aid (excluding loans)	\$
	Lottery Winnings	\$
	Insurance Policies	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	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.	\$
	<b>Child Support</b>	
	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.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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 ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
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 \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
Money Market	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
Life Insurance	#		Cash Value \$	
Life Insurance	#		Cash Value \$	
Mutual	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment			Appraised Value \$	

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

<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?**

Yes  No

*If yes*, describe the asset:

Date of disposition:

Amount disposed \$

Do you have any other assets not listed above (excluding personal  Yes  No

*If yes*, please

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?  Yes  No

Have you or any member of your family ever been convicted of a felony?  Yes  No

*If yes*, describe:

Have you or any member of your family ever been evicted from any housing?  Yes  No

*If yes*, describe:

Have you ever filed for bankruptcy?  Yes  No

*If yes*, describe:

Will you take an apartment when one is available?  Yes  No

***Briefly describe your reasons for applying:***

**F. REFERENCE INFORMATION**

Current Landlord	Name:		
	Address:		
	Work Phone:		Other Phone:
	How Long?		
Prior Landlord	Name:		
	Address:		
	Work Phone:		Other Phone:
	How Long?		

<b>Emergency Contact:</b>		Relationship:
Address (or Village):		Phone Number:
<b>Personal Reference #1 Name:</b>		Relationship:
Address (or Village):		Phone Number:
<b>Personal Reference #2 Name:</b>		Relationship:
Address (or Village):		Phone Number:
<b>Personal Reference #3 Name:</b>		Relationship:
Address (or Village):		Phone Number:

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
List any cars, trucks, or other vehicles owned. Numbered parking is provided for <b>ONE</b> 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
<b><i>If yes, describe:</i></b>			

**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