



Low Income Housing Tax Credit (LIHTC) Application



****These are NOT subsidized properties. Tenants must pay full rent. Rental rates are set by the State of Montana.****

Resident Screening and Selection Process

Thank you for applying to live within our rental communities. MHA Management is an Equal Housing Opportunity provider and seeks to process all applicants in a fair and consistent manner. We comply with Fair Housing and offer Reasonable Accommodations to persons with disabilities.

Application Process:

- Head of Household: please read and complete this entire application packet. Additional adult household members must also complete an application. **Incomplete applications will be denied.**
- MHA Management requires a **non-refundable screening fee of \$40 per adult household member at the time of screening.** Applications will not be processed until this fee has been received. You do not have to pay the fee until your application is being processed.
- It may take several weeks to process applications. Help speed the process along by providing all income, asset, and identifying information with the application.

Admission/Rejection Policy

- Units are rented to the first approved applicant with a full security deposit paid. A security deposit will not be accepted until the Rental Application is approved.
- All incoming applications will be reviewed and initially approved applicants will be contacted.
- The application process may take several weeks.
- All applicants will be notified in writing of any denial citing the reasons for denial
- **There is no appeal process for a denied application.**

General Requirements

- Applicants must be at least 18 years of age, or married, or an emancipated minor. A Social Security card plus one other form of ID is required at application. Examples of acceptable forms include: a valid, state-issued driver's license, passport, visa or legal alien documentation, birth certificate.

Student Status

- According to the LIHTC Program or Section 42 of the IRS Code. **A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community.** There are five exceptions to this rule:
- At least one adult in the unit is married, not necessarily to another adult living in the unit, and they have filed a joint federal tax return the previous year.
- The household consists of one single parent and at least one child, neither of whom is listed as a dependent on another person's (outside the household) most recent tax return.
- A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF).
- A household member is a participant in a federal, state, or local job training program comparable to those funded by the Job Training Partnership Act.
- At least one household member who was, in the past 5 years has been under the care and placement responsibility of the state agency responsible for administering foster care.

Administrative Use Only:
Name: _____
App Fee Paid? ____

NO PETS ARE ALLOWED AT ANY MHA MANAGEMENT PROPERTIES. A companion or service animal may be approved with a Reasonable Accommodation for Disability.

Screening Criteria

- All applicants and co-signers must agree to the following by executing a rental application form:
I hereby consent to allow MHA Management, through its designated agent and its employees, to obtain and verify my credit information and criminal background search for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, MHA Management and its agent shall have a continuing right to review my credit information, criminal background, payment history, and occupancy history for account review purposes and for improving application methods.

Criminal Background Search

We will conduct a criminal background search. It is our policy not to lease to applicants who have the following:

- A conviction of any felony in the last 5 years. Any applicant with a felony conviction older than 5 years will be assessed on a case by case basis.
- A background search that reveals a past history of violent, drug related, or criminal activity.

Income/Asset Verification

- MHA Management is required to verify all sources of income and assets. Failure to report or misrepresentation of application information will result in denial of the application.
- Income is required to be considered for tenancy. Applicants who may be declined due to credit or income, may be required to submit a budget or have a co-signer.

Evictions/Rental History

- An applicant will be declined if they have been evicted within the past 4 years.
- Applicants with insufficient rental history may be denied.

Bankruptcy

- Any applicant who has declared bankruptcy in the past 5 years will be denied.

Acknowledgement

I have read and understand the Resident Screening & Selection Process. I understand the circumstances for which my application may be denied.

Signed: _____ Date: _____

Properties (mark all you are interested in and circle Bedroom Size)

- | | |
|--|---|
| <input type="checkbox"/> Butorac (Scott St.) 2 bedrooms only | <input type="checkbox"/> Clyatt (Pullman Ct.) 2 bedrooms only |
| <input type="checkbox"/> Equinox (Liberty Lane) BR SIZE: 0, 1, 2 | <input type="checkbox"/> Fireweed Court (S. 1 st St. W.) BR SIZE: 2, 3 |
| <input type="checkbox"/> Garden District (S. Catlin St.) BR SIZE: 1, 2, 3 | <input type="checkbox"/> Gold Dust (N. 1 st St. W.) BR SIZE: 2, 3 |
| <input type="checkbox"/> Lenox (Woody St.) BR SIZE: 0, 1, 2 | <input type="checkbox"/> Orchard Gardens (Grove St.) BR SIZE: 1, 2, 3 |
| <input type="checkbox"/> Palace (W. Broadway) BR SIZE: 0, 1, 2 | <input type="checkbox"/> Russell Square East (34 th St.) BR SIZE: 1, 2 |
| <input type="checkbox"/> Russell Square West (34 th St) BR SIZE: 1, 2 | <input type="checkbox"/> Solstice (Liberty Lane) BR SIZE: 0, 1, 2 |

*only persons 55+ or with a disability at Russell Square West



LIHTC-RENTAL APPLICATION

Please fill in every answer. If not applicable, write N/A. Incomplete applications will be denied.



Applicant Information

Name (First, Middle, Last)	Phone	Email
Preferred Method of Contact (circle one): Phone Email Mail		
Current Address		City, State, Zip
Mailing Address (if different from above)		
Current landlord name		Current landlord phone
Dates of residence?	Current monthly rent	Reason for moving?
Do you currently (circle one): OWN RENT (if renting, are you in a lease now?)		

Previous Rental History

Address	City, State, Zip
Landlord name	Landlord phone
Dates of residence?	Monthly rent Reason for moving?
OWN RENT	

Previous Rental History

Address	City, State, Zip
Landlord name	Landlord phone
Dates of residence?	Monthly rent Reason for moving?
OWN RENT	

List All Persons Who Wish to Reside in Your Unit

Head of Household (First, Middle, Last)	Full time student? (Y/N)	Social Security Number	Birthdate	Gender
Name (First, Middle, Last)	Full time student? (Y/N)	Social Security Number	Birthdate	Gender
CONTINUE ON PAGE 2	-----	-----	-----	-----

Name (First, Middle, Last)	Full time student? (Y/N)	Social Security Number	Birthdate	Gender
Name (First, Middle, Last)	Full time Student? (Y/N)	Social Security Number	Birthdate	Gender
Name (First, Middle, Last)	Full time student? (Y/N)	Social Security Number	Birthdate	Gender

MHA Management complies with Fair Housing Act and offers reasonable accommodations/modifications to persons with disabilities.

Accessibility Issues: Do you or a household member require any modifications or accommodations? Yes No

If yes, please explain: _____

Sources of Income: Includes but not limited to: Employment (full or part time), self employment, welfare assistance, social security, pensions, SSI, SSDI, military pay/benefits, unemployment, child support, alimony, student grants/loans, lottery income, income from sale of property, income from trust, and any other income received from people not residing with you.

Family Member Name	Source of Income (wages, Social Security, etc)	Source contact info (name, address phone)	Annual Gross Income
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Assets: This includes, but is not limited to Checking/Savings accounts, 401K, Money Market accounts, IRA, Stocks/Bonds, Certificates of Deposit, Trusts, whole or universal life insurance policies, cash held in safety deposit boxes, items held as investments, etc. (Exclude vehicles unless being held for investment purposes)

Type of Asset	Current Balance/Value	Held Jointly? Y/N if yes, with whom?	Name of Financial Institution
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Type of Asset	Current Balance/Value	Held Jointly? Y/N if yes, with whom?	Name of Financial Institution
Do you own any real property? Y/N	If yes, type of property?	Address:	
Have you sold/disposed of any property/assets in the past 2 years? Y/N	If yes, type of asset?	Date disposed of?	
Do you have any other assets not listed (excluding household goods)? Y/N	If yes, please list:		
Are the Assets listed above for the entire household more than \$5000? Y/N			

Personal References: List 3 persons *not related or living with you*, whom you have known at least one year.

Name	Address	Relationship	Phone
Name	Address	Relationship	Phone
Name	Address	Relationship	Phone

Who should be contacted in Case of an Emergency?

Name	Address	Phone
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Additional Information:

Why are you leaving your current residence?	
How did you find out about our properties? Newspaper Drive By Online Family/Friends Other_____	
When do you desire to occupy the apartment?	Have you given notice to your current landlord? Y/N
Do you intend to have animals, caged or uncaged at this residence? Y/N	If Yes, what kind?

Have you ever filed for Bankruptcy? Y/N
If yes, please explain including dates.
Have you ever been the subject of an eviction proceeding or settlement whether or not a suit was actually filed? Y/N
If yes, please explain, including dates, rental premises address, and contact information for property owner/manager.

Have you or any person who will be occupying the unit including minors ever been convicted, pled guilty or no contest to any crime? Who? When? Felony?
Details:
Are you or any other intended occupant including minors, required to register as a violent or sexual offender in any jurisdiction? Y/N If yes, who?

Do you have a Section 8 Voucher Rental Assistance? Y/N	What is the dollar amount of the voucher?
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I hereby certify that all of the information supplied on this application is true and correct to the best of my knowledge and that I understand that material falsification of any information may result in the rejection of this application and/or termination of my rental agreement at any MHA Management property.

By signing this application I understand that I am authorizing MHA Management, its employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I agree to release all parties from any and all liability for any damage which may result from the furnishing or receiving the information necessary to process this application.

Applicant Signature

Date

Applicant Signature

Date



Tax Credit Certification Questionnaire

Apartment Number: _____ Date: _____

Applicant (Resident) Name: _____ Social Security # _____

Name(s) of dependent Children Covered by This Questionnaire: _____

A Separate Form is required for Each Adult Member (18 or older) of the Household including Household Members under the Age of 18 Who Will be designated as either the Head, Co-Head, Spouse.

INCOME- Include all income anticipated in the upcoming 12 months

1. [Yes] [No] I am self-employed or own my own business. Provide a copy of your recent Federal income Return. List Nature of self-employment or business _____
 2. [Yes] [No] I am employed. Please List Place of employment _____
 3. [Yes] [No] I am employed at more than one place Please list additional places of employment _____
 4. [Yes] [No] I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return.
 5. [Yes] [No] I am Currently Pregnant.
 6. [Yes] [No] Do you expect any other person(s) to join the household in the next 12 months?
 7. [Yes] [No] I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my Household.
 8. [Yes] [No] I receive unemployment benefits or expect to receive in the upcoming 12 months.
 9. [Yes] [No] I receive Military, Veterans, GI Bill or National Guard Benefits/Pay (If yes please circle all that apply)
 10. [Yes] [No] I receive Social Security Benefits.
 11. [Yes] [No] I receive Supplemental Security Income (SSI) Benefits
 12. [Yes] [No] I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s) _____
 13. [Yes] [No] I receive disability or death benefits other than Social Security.
 14. [Yes] [No] I receive **Cash** Public Assistance/Welfare/ Assistance or any other type of assistance from an agency that provides this type of assistance (example-TANF AFDC) Please list: _____
 15. [Yes] [No] I am receiving assistance from a Housing Authority in the form of Section 8 assistance / vouchers to help with my rental Payments.
 16. [Yes] [No] I am entitled to receive child support payment; however, I am not receiving payments.
 17. [Yes] [No] I am currently receiving child support payments.
 18. [Yes] [No] I receive alimony/ spousal support payments.
 19. [Yes] [No] I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. (If YES, please circle all that apply)
 20. [Yes] [No] I receive income from real or personal property
 21. [Yes] [No] I am receiving other forms of income that are not listed above, If YES, please list sources _____
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Assets

- 22. [Yes] [No] I have Checking Account(s). How Many_____ Interest Rate_____ % Value_____
- 23. [Yes] [No] I have saving Account(s). How Many_____ Interest Rate_____ % Value_____
- 24. [Yes] [No] I have Certified Deposits(CD's) How Many_____ Interest Rate_____ % Value_____
- 25. [Yes] [No] I have Money Market Account(s) How Many_____ Interest Rate_____ % Value_____
- 26. [Yes] [No] I own Stocks or Bonds How Many_____ Interest Rate_____ % Value_____
- 27. [Yes] [No] I have a trust. How Many_____ Interest Rate_____ % Value_____
- 28. [Yes] [No] I have a 401K account. How Many_____ Interest Rate_____ % Value_____
- 29. [Yes] [No] I have a retirement account. How Many_____ Interest Rate_____ % Value_____
- 30. [Yes] [No] I have money in a safety deposit box. Amount held: \$_____
- 31. [Yes] [No] I own property
- 32. [Yes] [No] I have whole life or universal life insurance policy.
- 33. [Yes] [No] I hold assets for investment purpose(example- antique car, jewelry, stamp collection, ect)
- 34. [Yes] [No] I have disposed of assets (gave away, sold cash or assets) for less then fair market value in the past 2 years. If YES list items and date disposed
- 35. [Yes] [No] I have access to any other asset or receive income from any other asset not listed above. If YES list type(s), how many, interest rate(s) and value(s)_____

Student Status Questions

- 36. [Yes] [No] I am currently a part-time or full-time student (if YES, circle which one)
- 37. [Yes] [No] I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months. (if YES, circle which one)
- 38. [Yes] [No] There are currently minors in the household gradesk-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors:_____
- 39. [Yes] [No] I have been a full-time student for 5 months of more of the past twelve months. (This includes recent High School Graduates).
- 40. [Yes] [No] Are all members of the household (adults and minors) full-time students?
- 41. [Yes] [No] Does your Household anticipate becoming a household in which all persons (adults and minors) will be full-time students in the next 12 months?

If you answered yes to question #40 or question #41, please answer the following:

- 42. [Yes] [No] Are you receiving assistance under Title IV of the Social Security Act which is AFDC or TANF?
- 43. [Yes] [No] Are you enrolled in a local, state or federal job-training program?
- 44. [Yes] [No] Are you married and filling a joint tax return?
- 45. [Yes] [No] Are you a Household of a single parent and at least one child, where neither of you are claimed as dependents on another persons tax returns?
- 46. [Yes] [No] Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/ Resident Signature_____ Date_____

Witnessed By_____ Date_____
Owner Representative/ Manager Signature



MHA Management 1235 34th Street Missoula, MT 59801
 Phone: 406-549-4113 Fax: 406-549-6406 info@missoulahousing.org

ANNUAL STUDENT CERTIFICATION
THIS FORM MUST BE COMPLETED.

MARK "A" IF AT LEAST ONE PERSON IN THE HOUSEHOLD IS NOT A FULL TIME STUDENT

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Building Address: _____
 Unit Number: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses)

A. ___ Household contains at least one occupant who is not a full time student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

B. ___ Household contains all students but is qualified because the following occupant(s) _____ is/are PART TIME student(s). Verification of part time student status is required for at least one occupant.

C. ___ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

- | | | |
|---|-----|----|
| 1. Are the students married and entitled to file a joint tax return?
(attach marriage certificate or tax return) | YES | NO |
| 2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF?)
(provide release of information for verification purposes) | YES | NO |
| 4. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care?
(provide verification of participation) | YES | NO |

Full time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date



An affiliate of the
Missoula Housing Authority

MHA Management 1235 34th Street
Phone: 406-549-4113 Fax: 406-549-6406

Missoula, MT 59801
info@missoulahousing.org

RACE AND ETHNIC DATA

This form is used to report continued compliance activities with regard to the Restrictive Use Covenants, to document the tenant household data required as part of the Housing and Recovery Act enacted on July 30, 2008 for 100% Eligible Tax Credit Properties.

One form must be completed for each member of the household.

Name of Tenant: _____

Property Name: _____ Unit #: _____

Providing one's race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will not affect your eligibility for this program. This is being tracked for informational purposes only.

The definition of these categories may be found on the reverse side

Check one:	Ethnic Categories:
<input type="checkbox"/>	I am Hispanic or Latino
<input type="checkbox"/>	I am not Hispanic or Latino
<input type="checkbox"/>	I do not wish to disclose this information

Check all that apply:	Racial Categories
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other
<input type="checkbox"/>	I do not wish to provide this information

Tenant's Signature

Date

CREDIT AND CRIMINAL BACKGROUND WAIVER

APPLICANT #1

NAME _____
Last First Middle Alias/Maiden

Date of Birth _____ Place of Birth _____

Physical Address _____

Sex _____ Race _____ Social Security Number _____

I authorize Missoula Housing Authority to obtain my credit and criminal background history in consideration of my application.

Applicant's Signature Date

Credit Report Status _____ Verified By: _____

INT. DATE

Criminal Background Status _____ Verified By: _____

INT. DATE

Sexual/Viol.Offender _____ DOJ _____ Verified By: _____

INT. DATE

APPLICANT #2

PLEASE PRINT LEGIBLY

NAME _____
Last First Middle Alias/Maiden

Date of Birth _____ Place of Birth _____

Physical Address _____

Sex _____ Race _____ Social Security Number _____

I authorize Missoula Housing Authority to obtain my credit and criminal background history in consideration of my application.

Applicant's Signature Date

Credit Report Status _____ Verified By: _____

INT. DATE

Criminal Background Status _____ Verified By: _____

INT. DATE

Sexual/Viol.Offender _____ DOJ _____ Verified By: _____

INT. DATE



Release of Information to: MHA Management, 1235 34th St., Missoula, MT 59801

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. I authorize this release to be used to verify any form of my household's income or asset as well as credit information and criminal background.

By signing this release I understand that I am authorizing MHA Management, its employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I hereby waive any right of action now or thereafter accruing against any person or entity as a consequence of the release or exchange or such Confidential Information.

Signature _____ Date _____

Print Name _____

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, the PHA and any owner (or any employee of HUD the PHA or the 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. 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).