



**THANK YOU FOR CONSIDERING THE HAWKS (C/O ARBOR RIDGE APARTMENTS)
FOR YOUR NEW HOME.**

You are applying for an apartment at an **Affordable Housing Community** (created by Section 42 of the Internal Revenue Code as part of the Tax Reform Act of 1986).

In order to expedite the processing of your application for qualification with the LIHTC program guidelines, you may provide us with any of the documents listed below that apply to your household. These documents may not be required if your household's income, assets and other eligibility information is verified and documented completely by a third party source. However, providing the documents at the time of application may speed up our approval process and/or clarify incomplete third party documentation. A photocopy of the following documents is acceptable. If you do not have copies we will be happy to make copies of any original documents you have.

IN ORDER TO HELP EXPEDITE THE APPLICATION PROCESS YOU MAY PROVIDE THE FOLLOWING DOCUMENTS AS THEY APPLY TO YOUR HOUSEHOLD.

1. All **Filed Divorce or Legal Separation Records** for all current and previous marriages. Records should include petition for dissolution; final decree of dissolution; and custody, support and property settlement documents.
2. All **Court Ordered Child Support Documents and Paternity Records** if court order is not part of a divorce filing.
3. **Award Letters** for Social Security, Supplemental Social Security (Disability), Temporary Aid to Needy Families (TANF) (used to be AFDC), Pensions and Trusts Funds, Unemployment Benefits, Annuity Payments, and Death or Disability Payments.
4. **Last 6 Consecutive Pay stubs** for all adults (18 years of age or older) in your household.
5. Most **Current Bank or other Financial Institution Statement** for all asset accounts held. These assets accounts include but are not limited to checking, savings, certificates of deposits, money markets, mutual funds, 401Ks, and IRAs.
6. **Birth Certificates** for all children under the age of 18 and adult students living as a dependent with parent(s). (REQUIRED)
7. **Social Security Cards** for each member of your household including minors. (REQUIRED)



RENTAL APPLICATION

The Hawks c/o Arbor Ridge Apartments Apartments
 413 Arbor Court, Goshen, Indiana 46528
 Phone: 574-537-1896 Fax: 574-537-1897.

1. - PERSONAL INFORMATION			
Full name of Applicant	Contact phone #:	Drivers license #	State issued
Marital status (check one) Single (never married) <input type="checkbox"/> / Married <input type="checkbox"/> / Widowed <input type="checkbox"/> / Separated <input type="checkbox"/> / Divorced <input type="checkbox"/> (Number of years _____)			
Race (check all that apply) American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/>		Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full name of Co-Applicant	Contact phone #:	Drivers license #	State issued
Marital status (check one) Single (never married) <input type="checkbox"/> / Married <input type="checkbox"/> / Widowed <input type="checkbox"/> / Separated <input type="checkbox"/> / Divorced <input type="checkbox"/> (Number of years _____)			
Race (check all that apply) American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other multi-racial <input type="checkbox"/>		Is Your Ethnic Background Hispanic? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. - HOUSEHOLD COMPOSITION (List all others who will be occupying the apartment)						
Full Name	Relationship to Head of Household	Birth Date	Age	Gender	Student	Soc. Sec. #
1.	Head of Household				Yes / No	
2.					Yes / No	
3.					Yes / No	
4.					Yes / No	
5.					Yes / No	
6.					Yes / No	
7.					Yes / No	
8.					Yes / No	

3. - HOUSING INFORMATION				MUST HAVE 2 YEARS OF CONTINUOUS HISTORY.	
If additional space is needed, please attach a separate page.					
Applicant's Present Address (check one) Renting or Leasing <input type="checkbox"/> / I Own My Home <input type="checkbox"/> / Other <input type="checkbox"/>					
Present Street Address	Apt. #	City	State and Zip		
Present landlord/mortgage company	Monthly rent or mortgage \$		Dates of Occupancy:		
Address of landlord/mortgage company	Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?			
Co-Applicant's Present Address (check one) Renting or Leasing <input type="checkbox"/> / I Own My Home <input type="checkbox"/> / Other <input type="checkbox"/>					
Present Street Address	Apt. #	City	State and Zip		
Present landlord/mortgage company	Monthly rent or mortgage \$		Dates of Occupancy:		
Address of landlord/mortgage company	Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Is your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?			
Previous Address if less than 2 years at current address (check one) Rented or Leased <input type="checkbox"/> / I Own My Home <input type="checkbox"/> / Other <input type="checkbox"/>					
Previous Street Address	Apt. #	City	State and Zip		
Previous landlord/mortgage company	Monthly rent or mortgage \$		Dates of Occupancy:		
Address of landlord/mortgage company	Landlord/mortgage company phone #		Is landlord a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> relationship		
Was your lease/mortgage in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and provide name.		What is your reason for moving?			

4. - APARTMENT REQUIREMENTS AND OTHER MATERIAL INFORMATION		
a. Number of bedrooms needed?	b. Date you need an apartment?	c. Where did you hear about us?
d. Would you or anyone in your household benefit from the features of a handicap unit should this property offer any? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Is there anyone living with you now who won't be living with you at this property? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Do you expect any additions to your household within the next twelve months? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are there any absent household members who under normal conditions would live with you? Who? / Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Does an adult of this household have primary physical custody of every child listed on this application? If not - Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
i. Does your household have or anticipate having any pets other than those used as service animal? Describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Have you or any one else named on this application filed for bankruptcy? Explain (provide dates):		Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Have you or any one else named on this application been convicted of a felony? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Have you or any one else named on this application been convicted of dealing or manufacturing illegal drugs? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
m. Have you or any one else named on this application had legal action taken against you for nonpayment of a bill or for property damage? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
n. Have you or any one else named on this application broken a rental agreement or lease contract? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
o. Have you or any one else named on this application been evicted or asked to move from a rental unit of any type including an apartment, home, mobile home or trailer? Explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. - MISCELLANEOUS INFORMATION				
How many autos would you keep at this property?				
Make	Model	Year	Color	License # and State
In case of emergency, notify:		Work phone #	Home phone #	Relationship
Street Address:		City/State/Zip:	In the event of serious illness or death of resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas, or mailbox.	

APPLICATION FEE & SIGNATURE CLAUSE

Applicant has submitted the sum of \$ _____ which is a non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application along with an applicant questionnaire completed by each adult in the household must be completed in total and signed before it will be processed by Management.

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature of Applicant

Date

Signature of Co-Applicant

Date



Special Needs Questionnaire for LIHTC Set-Aside Units

Our Apartment Community has made a commitment to the State of Indiana to set-aside certain units for occupancy by Households having Special Needs. Completion of this Special Needs Questionnaire is optional. However, if your household does qualify to occupy one of the Special Needs Set-Aside Units and would like to be given preference for one of these units, this Special Needs Questionnaire must be completed and documentation supporting the Special Need will be obtained. We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status. All households (whether Special Needs or not) will be required to meet all of the additional Resident Selection Criteria and Income Guidelines prior to being approved for residency at our Low Income Housing Tax Credit (LIHTC) Property.

Head of Household Name: _____

Name of household Member for whom the Special Needs category applies (if any): _____

	Please check weather or not your household qualifies for a Special Needs Unit.
1. <input type="checkbox"/>	Disabled Person: Pursuant to Indiana Code ("IC") 5-20-1-4.5, which defines disabled as a "person with a disability who, by reason of physical, mental, or emotional defect or infirmity, whether congenital or acquires by accident, injury, or disease, is totally or partially prevented from achieving the fullest attainable physical, social, economic, mental, and vocational participation in the normal process of living."
2. <input type="checkbox"/>	Homeless: Homeless is defined as an individual or family that lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for or ordinarily used as, a regular sleeping accommodation for human beings. This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State law.
3. <input type="checkbox"/>	Our household does not meet the above-described Special Need.

	Please provide the name, address and phone number of the Doctor, Service Care Provider, Social Service Worker or other individual qualified to verify your Special Needs eligibility.

I authorize my consent to have the above listed Doctor, Service Care Provider, Social Service Worker or other qualified individual verify the existence of my Special Needs eligibility based on the description above. I understand that my occupancy is contingent upon meeting management's resident selection criteria, verification of my Special Needs status and the LIHTC Program requirements.

I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise I will notify management immediately. Failure to do so may cause a delay in the processing of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature of Applicant

Date

I do hereby certify that the above named individual is under my care and meets one or more of the elements described above or more specifically meets the definition of Disabled Person as defined in the Indiana Code or the American with Disability Act of 1990.

Signature of Verifier

Date

Printed Name

Title

To be completed by Doctor, Service Care Provider or Social Service Worker.



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