

HIGHLAND GREEN RESIDENCE

Required Documentation

- Birth Certificates
- Photo Identification
- Social Security Cards

** For all persons requesting to live in the apartment*

- 3 Years Tax Returns
- Name and address of Current Landlord
- Copy of current lease or current mortgage information and deed to home.

The above listed documents are required by the Federal Government for approval in Section 42 LIHTC housing.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations of any material facts involving the use or obtaining federal funds.

MAIL COMPLETED APPLICATION TO: 100 SCHOOLHOUSE ROAD, LEVITTOWN, NY
11756



NEW YORK
STATE OF
OPPORTUNITY

Homes and
Community Renewal

Please Print Clearly

This is an application for housing at:	Project: HIGHLAND GREEN RESIDENCE
	Address: RULAND ROAD & RULAND PLACE
	MELVILLE, NY 11756
Please complete this application and return to:	Name: HIGHLAND GREEN RESIDENCE
	Address: 100 SCHOOLHOUSE ROAD
	LEVITTOWN, NY 11756

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(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in
Current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$_____

If owned, do you receive monthly rental income from property? ☐ YES ☐ NO (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

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

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR



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B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
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



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C. INCOME

List ALL source of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



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Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	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 entitled 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	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts 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



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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 N/A.

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 \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Cash Value \$		
Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



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Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
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, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Do you have any other assets not listed above (excluding personal property)?	\$
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

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, describe:</i>	

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, describe</i>	



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Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
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:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:
In case of emergency notify:		
Address:		
Relationship:		Phone #:



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G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/ Make:	Color:
Type of Vehicle:	License Plate #:
Year/ Make:	Color:
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 by/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 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.

SIGNATURE (S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date



**Homes and
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TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL

L&T COURT RECORD

APARTMENT # _____

BUILDING ADDRESS: _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO
RELEASE TO _____ AND OR ITS
REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE
CONCERNING CREDIT REPORT ANY CRIMINAL ACTIVITY AND
LANDLORD/TENANT COURT RECORDS... I HEREBY RELEASE THE
INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS,
CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE
WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION....

Print Name: _____

Signature: _____

Social Security #: _____

Date of Birth: _____

Address: _____



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Tenant Screening Report Disclosure Statement

By signing below, I confirm that I have been made aware of, and understand all of the following information related to my application, and the consumer reports, tenant screening reports, investigative reports, criminal background search, OFAC watch list search, sex offender registry searches, employment, banking and tenancy verifications and any other searches that may be conducted in connection with my application.

1. The information provided by me on my application will be used to obtain a tenant screening report, also known as a consumer report, and other such searches as listed above.
2. The tenant screening report will be obtained from one or more of the following sources:
 - a. Experian, P.O. Box 954, Allen, Texas 75013 www.experian.com 888-397-3742.
 - b. Equifax P.O. Box 740256, Atlanta, Georgia 30374 www.equifax.com 877-576-5734
 - c. Trans Union P.O. Box 6790, Fullerton CA 92834 www.transunion.com 800-680-7289
 - d. First Advantage Saferent/Core Logic Safe Rent 7300 Westmore Road Suite 3 Rockville, MD 20850-5223. 888-333-2413
 - e. Fidelity Information Corporation, P.O. Box 49938, Los Angeles, CA 90049-0978 800-50-8085.

I also understand that I have the right to inspect and receive one free copy of the report by contacting the Consumer Reporting Agency that was used to furnish the report. I further understand that I may obtain a free report from each of the 3 nation consumer reporting agencies (Experian, Equifax, and Trans Union) once annually either directly from them, or through www.annualcreditreport.com and that I have the right to dispute any inaccurate information with them.

Signature

Date

Print Name



NEW YORK
STATE OF
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Homes and
Community Renewal

TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL

L&T COURT RECORD

APARTMENT # _____

BUILDING ADDRESS: _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO _____ AND OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING CREDIT REPORT ANY CRIMINAL ACTIVITY AND LANDLORD/TENANT COURT RECORDS... I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS, CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION....

Print Name: _____

Signature: _____

Social Security #: _____

Date of Birth: _____

Address: _____



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 - b. Equifax P.O. Box 740256, Atlanta, Georgia 30374 www.equifax.com 877-576-5734
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 - d. First Advantage Saferent/Core Logic Safe Rent 7300 Westmore Road Suite 3 Rockville, MD 20850-5223. 888-333-2413
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Signature

Date

Print Name



NEW YORK
STATE OF
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Homes and
Community Renewal

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:			Contact Person:				
Address:			Phone:		Fax:		
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

LTD MANAGEMENT
100 SCHOOLHOUSE ROAD
LEVITTOWN, NY 11756

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____

Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other _____

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commissions, bonus, tips, other: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) : _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:			Contact Person:				
Address:			Phone:		Fax:		
City:		State:		Zip:		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

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LEVITTOWN, NY 11756

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- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____

Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other _____

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Gross pay from prior year: \$ _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commissions, bonus, tips, other: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) : _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

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BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Bank Contact:

Bank Name:			Contact Person:			
Address:			Phone:		Fax:	
City:		State:		Zip:		Email:

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

LTD MANAGEMENT
100 SCHOOLHOUSE ROAD
LEVITTOWN, NY 11756

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information, date and signature

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

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BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Bank Contact:

Bank Name:			Contact Person:			
Address:			Phone:		Fax:	
City:		State:		Zip:		Email:

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

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100 SCHOOLHOUSE ROAD
LEVITTOWN, NY 11756

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information, date and signature

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

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PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Pension Provider:

Company Name:			Contact Name:			
Address:			Phone:		Fax:	
City:		State:		Zip:		Email:

My Signature Authorizes Verification of my Pension Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:
LTD MANAGEMENT
100 SCHOOLHOUSE ROAD
LEVITTOWN, NY 11756

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY PENSION PROVIDER

Pension Account Number	Current Balance	Can Applicant/Tenant Convert to Cash?		Interest/Dividend*
	\$	<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	\$ %

** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Does the individual receive periodic payments from any account listed above: ☐ YES ☐ NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes:

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Pension Provider:

Company Name:			Contact Name:			
Address:			Phone:		Fax:	
City:		State:		Zip:		Email:

My Signature Authorizes Verification of my Pension Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:
LTD MANAGEMENT
100 SCHOOLHOUSE ROAD
LEVITTOWN, NY 11756

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY PENSION PROVIDER

Pension Account Number	Current Balance	Can Applicant/Tenant Convert to Cash?		Interest/Dividend*
	\$	<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	\$ %

* If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)

Does the individual receive periodic payments from any account listed above: ☐ YES ☐ NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes:

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

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