



Application for Low Income Housing Tax Credit Property



Please select unit type you are applying for:

- 1 Bedroom
- 2 Bedrooms

Steve Protulis Towers
East and West
2495 NW 54th Street
Miami, FL 33142

For official use only

Date Received:
 Time received:
 Received by:
 Complete Yes__ No__

Applicant Head of Household Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone Number (Include Area Code) _____

Social Security Number _____ Date of Birth _____

Household Information

Please list below all information for each additional household member who will also occupy the unit. If applicant is to be the only occupant, please enter NONE. A full time student is anyone who is enrolled for at least five consecutive calendar months for the number of hours or courses which are considered full time attendance by that institution.

Name (all Persons that will Occupy the Unit)	Date of Birth	Age	Relationship	Social Security #	Student? Yes or No
First, Middle, Last					



Household Information Continued

1. If any member of the household used another name, please list below (i.e. maiden name, former name, etc.)

Former Name Used

Current Name Used

2. Do you expect any changes in the household composition in the next 12 months?

___ No

___ Yes - If yes, please explain: _____

3. Do you or any other adult member of the household anticipate a change to the current income information within the next twelve (12) months? *(For example, seeking employment, expecting child support or alimony, expecting a promotion)*

___ No

___ Yes – If yes, please explain: _____

4. Do all of the above household members reside in the household 100% of the time?

___ No – If no, please list household members and why: _____

___ Yes

5. Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? ___ YES ___ NO

If yes please explain _____

6. Have you or any member of your household ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? ___ YES ___ NO



Household Information Continued

If yes, please explain _____

7. Have you or any member of your household ever been convicted of any drug offense?
_____ YES _____ NO

If yes, who _____
Explain _____

8. Have you or any member of your household ever been convicted of a felony? _____ YES _____ NO

If yes, who _____
Explain _____

9. Have you or any member of your household been convicted of a sex crime or are a registered sex offender? ___ YES ___ NO

If yes, who _____
Explain _____

10. For you and each household member 18 years of age or older, please list all STATES in which you lived in the last seven (7) years.

Table with 2 columns: Name, State. Multiple rows for listing household members.

11. Does anyone in your household currently have any felony charges pending against them?
_____ YES _____ NO

If yes, who _____
Explain: _____



Landlord Information

YOU MUST PROVIDE A MINIMUM OF TEN (10) YEARS OF HISTORY. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE

1. With regards to your **present** housing, do you

_____ Rent.....Monthly Rent \$ _____
_____ Own.....Monthly Mortgage Payment \$ _____
_____ Live With Family.....Monthly Costs \$ _____
_____ Other.....Explain _____

Are you receiving subsidy (Sec. 8) on this housing? _____ YES _____ NO

Current Landlord Name _____

Current Landlord Address _____

Current Landlord Telephone (Include Area Code) _____

How long have you lived here: From _____ to _____
(month/year) (month/year)

Reason for Moving _____

2. With regards to your **previous** housing, did you

_____ Rent.....Monthly Rent \$ _____
_____ Own.....Monthly Mortgage Payment \$ _____
_____ Live With Family.....Monthly Costs \$ _____
_____ Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____



Landlord Information Continued

How long at this address: From _____ to _____
(month/year) (month/year)

Reason for Moving: _____

With regards to your previous housing, did you

- Rent.....Monthly Rent \$
Own.....Monthly Mortgage Payment \$
Live With Family.....Monthly Costs \$
Other.....Explain

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
(month/year) (month/year)

Reason for Moving: _____

With regards to your previous housing, did you

- Rent.....Monthly Rent \$
Own.....Monthly Mortgage Payment \$
Live With Family.....Monthly Costs \$
Other.....Explain

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____



Landlord Information Continued

How long at this address: From _____ to _____
 (month/year) (month/year)

Reason for Moving: _____

Income & Benefits

Please list the total benefit income of all members of the household.

Benefit Type	Received Yes/No	Amount Received	Frequency	Name of Household Member
Social Security (Adult)				
Social Security (Adult)				
Social Security (Child)				
SSI (Adult)				
SSI (Adult)				
SSI (Child)				
Disability				
Disability				
Death Benefits				
Public Assistance				
Alimony				
Child Support				

MORE SOURCES OF INCOME ON THE NEXT PAGE



Income and Benefits Continued

Do you or any other member of the household have any of the household have income from any of the following:

Income Type	Received Yes/No	Amount	Frequency	Organization Name	Name of Household Member
Self Owned Business					
Gifts, Recurring Cash Contributions (including rent and utility payment)					
Worker's Comp					
Unemployment Benefits					
Severance Pay					
Payments from Insurance Policies					
Retirement Benefits					
Pension Benefits					
Pension Benefits					
Veterans Benefits					
Military Reserve/National Guard					
GI Bill Benefits					
Periodic Payments from Lottery					
Annuities					
Mutual Funds					



Asset Information

1. Has any member of the household disposed of any assets at less than fair market value during the past two (2) years (given money away, set up irrevocable trust, given property, sold property/cars for less than market value)?

_____ No

_____ Yes – If yes:

- a. Type of Asset _____
- b. Market Value when sold or disposed \$ _____
- c. Amount sold/dispensed of for \$ _____
- d. Date of Transaction _____

2. Please provide information on any of the following assets held:

Type of Asset	Current Balance or Value	Bank/Institution Name	Name of Household Member
Checking Account	\$		
Checking Account	\$		
Credit Union Shares	\$		
Savings Account	\$		
Savings Account	\$		
Money Market	\$		
Trust Account	\$		
Safety Deposit Box	\$		
Treasury Bills	\$		
Money Market	\$		
Retirement Accounts IRA Keogh	\$		
Certificate of Deposit	\$		
Certificate of Deposit	\$		
Cash on hand Excluding Checking Accounts	\$		
Pre-Paid Debit Cards	\$		
Own a Mobile Home	\$		
Mutual Funds	\$		



Asset Information Continued

3. Do you or any other member of your household have any Whole or Universal Life Insurance Policies?

No

Yes - if yes, who is it listed with and what is the "cash value"

Listed With _____

Cash Value \$ _____

4. Do you or any other member of your household have any Personal Property held as an investment? (this includes paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques)

No

Yes – If yes please complete the following:

a. Type _____

b. Cash value \$ _____

5. Have you or any other member of your household received any lump sum receipts? (include inheritances, capital gains lottery winnings, insurance settlements and other claims)

No

Yes – If yes

Dated Received _____

Cash value \$ _____

Where the funds are held _____

7. Do you or any other member of your household own equity in real estate, rental property, land contracts, contract for deeds or other real estate holdings or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)?

No

Yes – If yes

a. Type of property _____

b. Location/Address of Property _____

c. Appraised Market Value \$ _____

d. Mortgage or Outstanding loan balance due \$ _____

e. Amount of Annual Insurance Premium \$ _____

f. Amount of most recent real estate tax bill \$ _____ year _____



Employment Information

1. Are you currently employed? _____ YES _____ NO
2. Is any member of your household who will be residing in the unit currently employed?
_____ YES _____ NO

- *If you answered NO to both questions, you may skip to the next section*
- *If you answered YES to either question, you must complete the following:*

Head of Household

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year



Employment Information Continued

Spouse or Other Household Member

Name _____

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year



Employment Information Continued

Please list the total annual employment income of all members of your household:

Name of Recipient	Annual Wages Full Time	Annual Wages Part Time	Annual Overtime Pay	Annual Commissions or Fees	Annual Tips or Bonuses

Students/Children

1. Do you have full custody of a child/children residing in the household?

_____ Yes
 _____ No

Explain custody arrangements:

2. Are any/all of the members of the household full time students?

_____ No

_____ Yes – If yes please complete below:

- a. Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes _____ No _____ If yes, and all household members are full time students, must provide copy of signed Federal Tax Return.
- b. Are any of the students receiving assistance under Title IV of the Social Security Act which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes _____ No _____
- c. Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State or Local laws? Yes _____ No _____



Students/Children Continued

- d. Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is the only dependent of the resident or the other, non-resident parent? Yes ___ No ___ (if yes and all household members are full time students, a copy of the Tax Return and the Divorce Decree must be provided)
- e. Is any student(s) a part of the foster care program? Yes ___ No ___
3. Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? Yes ___ No ___ If yes, please complete the following:

Name _____

Name of School _____

Where school is located _____

When planning on attending _____

Other Information

1. Have you ever filed for bankruptcy?

___ No
 ___ Yes – If yes:

Date of bankruptcy filing _____
 Has bankruptcy been discharged? Yes ___ No ___

2. Have you ever been evicted?

___ No
 ___ Yes – If Yes:

Date of eviction _____
 Reason for eviction _____
 Was this a federally subsidized housing unit? No ___ Yes ___



Other Information Continued

3. Have you ever received rental assistance?

- No
- Yes if yes, please indicate where _____

4. Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to recertify?

- No
- Yes - If yes, please explain: _____

5. Will Steve Protulis Towers East and West be your only place of residence?

- Yes
- No - If no, please explain _____

6. What is the condition of your current housing?

- Standard
- Unsafe or Unhealthy
- Living with Family or Friends
- No indoor Plumbing/Kitchen
- Currently without housing

Special Needs

1. Does anyone in your household have special needs?

- No
- Yes

2. Are any special living accommodations required?

- No
- Yes - if yes

Please explain what accommodations are required _____



Pet Information

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit of \$200.00 is paid. Pets may be one (1) dog (25 lbs. maximum), or one (1) cat, or two (2) birds caged, or a 30 Gallon Aquarium. If you fail to register your pet, you are not allowed to house the pet.

1. Do you own a common household pet? Yes _____ No _____

If yes, describe your household pet:

_____ Dog _____ Breed _____ Weight _____ Height

_____ Cat _____ Breed _____ Weight _____ Height

_____ Fish _____ Gallon Aquarium

_____ Bird(s) _____ Type of Bird _____ Number

2. Do you have a certified Assistance Animal? Yes _____ No _____

If yes, please describe your Assistance Animal:

_____ Type _____ Weight

Note: Certified Assistance Animals do not require pet deposits.

3. Has your pet been spayed or neutered? Yes _____ No _____

4. Can you provide proof of required state/local licensing and inoculations as required by local law?

Yes _____ No _____

Vehicle, Insurance, Driver's License Information

Vehicle

1. License plate Number and State of Issuance

a. License Plate Number _____

b. State of Issuance _____

2. Expiration Date of License Plates _____

3. Description of Vehicle:

a. Make and Model _____ Make _____ Model _____

b. Color _____

c. Two Door _____ Four Door _____ SUV _____ Other _____

5. Vehicle titled in what name? _____



Insurance

1. Name of Auto Insurance Company _____

2. Date Auto Insurance Expires _____

Note: Copy of insurance and vehicle registration will be required in order to park vehicle on the Steve Protulis Towers East and West grounds.

Driver's License

Head of Household

Name on Driver's License _____

Driver's License Number _____

State Issued _____

Date Issued _____ Expires _____

Spouse or other household member

Name on Driver's License _____

Driver's License Number _____

State Issued _____

Date Issued _____ Expires _____



Authorization/Acknowledgement

I/We understand that the information contained in this application is being collected to determine my/our eligibility for residency. I/We authorize the owner/management agent of Steve Protulis Towers East and West to verify all information provided on this application and my/our signature is consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/we consent to the release of the necessary information to determine eligibility.

I/We authorize any person, law enforcement or credit checking agency having any information regarding me/us to release any and all such information to the owner/management agents or their agents or credit checking agencies. I/We understand that the credit report (rental history, arrest and/or conviction records, including pedophile and sex offender records and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in all states which I/we have resided.

I/We do hereby swear and attest that all of the information contained herein is true and correct.

Signatures (all adult household members 18 years of age must sign):

Head of Household

Date

Spouse/Co Applicant

Date

Other Household Member

Date

Other Household Member

Date



Assistance with Application

1. Did anyone help and assist you in filling out this application?

_____ No
_____ Yes

2. Name of Person Assisting with application (please print):

3. Reason for Assistance _____

4. Signature of applicant:

_____ Date _____

5. Signature of person who assisted with application:

_____ Date _____

6. Relationship to applicant _____

It is the policy of EHDOC and Steve Protulis Towers East and West to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, creed, sex, familial status, national origin, handicap, or sexual preference. If you feel that you have been discriminated against during this application process, please call the EHDOC main office at (954) 835-9200.



Owner's Statement

Completed by Owner ONLY

Based on the representations herein and upon proof and documentation obtained, the household named in Household Information Section of this Application is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit at Steve Protulis Towers East and West. Based on the representations herein and upon proofs and documentation obtained, the household constitutes a low-income resident who's anticipated annual income for the next twelve (12) months does not exceed: *Units are reserved for households with incomes at or below 30%, 60% and 80% of Area Median Income. One-person households earning more than \$50,640 may not qualify for a one-bedroom unit, and two-person households earning more than \$57,920 may not qualify for a one-bedroom or two-bedroom unit.*

Signature of Owner Agent Management:

_____ **Date** _____
Signature



Voluntary Information

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. This information will not be used in evaluation of your application or to discriminate against you in any manner. You are not required to furnish this information, but are encouraged to do so.

1.

<i>Name All People to Occupy the Unit</i>		Relationship	Race See #1 Below	Ethnicity See #2 Below	Disabled Enter Yes or No
Last Name	First Name				
		Head of Household			

#1 Race

- Enter 1 for White
- Enter 2 for Black/African American
- Enter 3 for American Indian/Alaska Native
- Enter 4 for Asian
- Enter 5 for Native Hawaiian/Other Pacific Islander

#2 Ethnicity

- Enter 1 for Hispanic or Latino
- Enter 2 for Not Hispanic or Latino

2. Military Service

- Served in the Military
- No Military Service

Served in the following:

- Pre-Vietnam Era
- Vietnam Veteran



____ Post-Vietnam Era

____ Disabled Veteran



3. How did you hear about this housing opportunity?

____ Newspaper Advertising

____ Site Sign

Voluntary Information Continued

____ Company Employee

____ Housing Office

____ Friend/Neighbor

____ Other _____

I choose not to complete this questionnaire.

Name _____



Mail completed application to:

**EHDOC
1580 Sawgrass Corporate Parkway
Suite 100
Sunrise, FL 33323**

Applications will be dated in order of arrival.

Once the applications are reviewed, you will be contacted regarding your status and next step in the application/certification process.



Instructions for Completing Application for Housing

1. **Elderly Housing Development and Operations Corporation (EHDOC) and Steve Protulis East and West** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulation implementing Section 504 (24CFR, part 8 dated June 2, 1988):
Title: Compliance Coordinator / Melissa Tarrant
Address: 1580 Sawgrass Corporate Parkway, Suite 100
Ft. Lauderdale, FL 33323.
3. Please complete all sections of the application by **PRINTING IN INK**. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for a Driver's License Number and you do not have a Driver's License, you should write **NONE** in the blank. If you need to make a correction, put one line through the incorrect information and write the correct information above and initial the change. **DO NOT USE WHITE OUT ON THIS APPLICATION.**
4. This application must be completed by the Head of Household. Each additional household member 18 years of age and older who will reside in the unit must sign the rental agreement.
5. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be declined.
6. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes or if you need to add or remove a person from your application. If we are unable to contact you at the phone number or address on your application, your name will be removed from the Wait List.
7. After receiving your application back, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list; but this does not mean that your household will be offered an apartment at that time. If later processing establishes that your household is not eligible or not qualified for housing, your application will be declined. We will process your



application according to our standard procedures which are summarized in the “Tenant Selection Plan” which is posted in the Management Office.

8. **Rental History** must include all places where you and/or any adult member lived in the past **ten years**, including places where your or their name did not appear on the lease and places where you or they used a different name.
9. Application processing includes credit checks, and criminal background and registered sex offender checks for all states.
10. When you are called for an apartment you must submit copies of an official document(s) proving age and citizenship, Alien Registration card (if applicable) and Social Security cards for all household members as well as verification of all sources of income and assets that are listed on the application. This includes but is not limited to the following, if applicable:
 - Photo ID (required)
 - The most recent benefits letter from the Social Security Administration outlining gross monthly benefits for all household members.
 - Statement to document other income sources for each household member such as pensions, veterans’ benefits, alimony, annuities, consistent monetary gifts, etc.
 - 6 consecutive pay stubs (if employed)
 - 6 consecutive bank statements from all banks that you have accounts with.
 - Documentation from other financial institutions outlining assets and dividends received, such as IRA’s, annuities, whole life insurance policies, mutual funds, money market accounts, stocks, bonds, Certificate of Deposits, etc.
 - Most recent tax bill for any real estate owned. Includes house, condo or other real estate that has been sold or transferred over to someone else in the last 2 yrs.
 - Other documentation determined to be necessary upon review of the application

If you bring the original documents to your interview the Management Office, will make copies of the necessary documents for your file.

11. If you have any questions concerning this application, please direct them to the Management Office at 305-635-6494. TTY 800—955-8771 or 711.