

Christ the King Senior Housing

Dear Applicant:

Thank you for your interest in Christ the King Senior Housing in Des Moines. Our unit are Affordable Housing, and we accept Section 8 Vouchers.

In order to be approved for housing. We will need the following information (the forms mentioned below are attached) submitted to the property address or email provided below:

1. A completed Application, one per household, leaving no blanks. With a \$25.00 Application Fee.
2. A completed IFA Compliance Questionnaire for each household member age 18 and older.
3. Your Signature on the top of the 1st page Landlord Reference Check Form.
4. A copy of each household member's Social Security Card.
5. A copy of each household member's Birth Certificate or Driver's License.
6. A completed Marital Status Form for each household member age 18 and older.
7. If you are divorced, we will need a copy of your divorce decree as stated on the Marital Status Form.
8. If you receive FIP, Social Security, or Child Support, we will need a recent copy of your benefit letter.

We will contact you for additional information or verifications to be signed as we are processing your application.

If you are approved for moving, you will need to provide a security deposit in check or money order form. We do not accept cash. The site manager will inform you of the amount of the deposit.

If you need any assistance, please contact the manager at the phone number or email listed below.



5601 SW 9th Des Moines, Iowa 50315



Phone: (515) 528-8074 * Fax: (515) 528-8075

mmiller@christthekingSeniorhousing.com

This institution is an equal opportunity provider and employer.

Licensed in Iowa

**LIHTC - HOME
APPLICATION FOR HOUSING**
Equal Housing Opportunity

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

PROPERTY NAME: Christ the King Sr Housing I

Date / Time Received: _____
For Office Use Only

Equal Housing Opportunity

Bedroom Size Requested: 0 Bdrm _____ 1 Bdrm _____ 2 Bdrm _____ 3Bdrm _____ 4Bdrm _____

Applicant Name: _____		
Last	MI	First
Co-Applicant Name: _____		
Last	MI	First
Current Address: _____		
City: _____	State: _____	Zip Code: _____ Tel #: _____

All co-applicants, age 18 or older, other than spouse, is recommended to complete a separate application.

Any applicant who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

HOUSEHOLD COMPOSITION

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Race	Ethnicity	Disabled	Marital Status	Student Y or N	Month & Year Last Attended School Full Time	Social Security #
	HEAD										

Relationship to HEAD: H-Head; S-Spouse; A-Adult Co-Tenant; O-Other Family Member; C-Child; F-Foster Child; L-Live-In Caretaker; N-None listed.

Race: 1-White; 2-Black; 3-American Indian/Alaskan Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; Not Available - Leave Blank

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; Not Available-Leave Blank

Disabled: 1-Yes; 2-No; Not Available-Leave Blank. See Fair Housing Act for definition of disability at web address below.

Marital Status: S-Single; M-Married; D-Divorced; SP-Separated; W-Widowed

http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs_100-201

Is any family member of this household, a full-time or part-time student or will be a student at an institution of higher education?

Yes _____, No _____. If yes, please complete the following student information

Member Name	School Name / Address	Current Full-Time Student	Current Part-Time Student	Future Full-Time Student Next 12 months	Future Part-Time Student Next 12 months	Previous Full-Time Student Current Calendar Year	Receiving financial assistance? (scholarships, grants, private funds, parental support)*

*Student Loans are not considered financial assistance



This complex 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.



QUESTIONS – Please answer all of the following questions:

1. Is there anyone currently living with you that is not on this application? Yes ___ No ___
If yes, explain _____
2. Provide the name of any person not listed on the application who expects to move into the unit during the next 12 months or any anticipated changes to household composition: _____
3. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes ___ No ___ If yes, explain: _____
4. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.)? Yes ___ No ___ If yes, explain: _____
5. Have you ever been evicted? Yes ___ No ___ If so, explain: _____
6. Have you ever received a written notice for non-payment of rent? Yes ___ No ___ If yes, explain _____
7. Does your household have a pet? Yes ___ No ___, If yes, type _____
8. Do you receive Housing Assistance? Yes ___ No ___ If yes, : Section 8 Project Based ___ Section 8 Voucher ___
USDA ___ Other ___ (type: _____)
9. Do you expect to receive Housing Assistance? Yes ___ No ___
10. How did you select our community? Drive by ___ Referral ___ Newspaper ___ Other _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long did you reside at this address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____
 Address: _____
 How long did you reside at this address? _____ Rent \$ _____



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HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party.

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

DO YOU RECEIVE OR EXPECT TO RECEIVE:		Yes	No	Monthly Amount
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)? Please provide 2 months current, consecutive pay stubs.			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare or disability benefits (AFDC, TANF, FIP)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support? Please provide a current copy of payments received from CSR.			\$
8	Alimony? Please provide copy of court order or divorce decree.			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments? Please provide a copy of most recent award letter.			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Lump Sum Payments? (Inheritance, insurance settlements, lottery winnings, etc.)			\$
16	Net income from rental property?			\$
17	Regular cash contributions or gifts from individuals not living in the unit?			\$
18	Other, (list)?			\$

The following area must be completed for each income source listed as Yes. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicant's approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF INCOME AND THEIR ADDRESS

HOUSEHOLD ASSETS

All information will be verified by a third party

DO YOU HAVE MONEY HELD IN:		Yes	No	Amount
1	Cash on Hand If Over \$500 (and not in an account)			\$
2	Checking Account			\$
3	Savings Account			\$
4	Stocks			\$
5	Capital Investments			\$
6	Bonds			\$
7	Trusts			\$
8	Securities			\$
9	IRA/KEOGH/Pension/Retirement Accounts			\$
10	Certificates of Deposit			\$
11	Social Security Direct Express Card...Please Provide an ATM printout.			\$
12	Payroll or Other Debit Card...Please Provide an ATM printout.			\$
13	Mutual Funds			\$
14	Treasury Bills			\$



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15	Safety Deposit Box		\$
16	Insurance Settlement		\$
17	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)		\$
18	Cash value of Whole Life Insurance Policy		\$
19	Other (list)		\$
20	Do you currently hold a contract for deed?		\$
21	Do you currently own real estate?		\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:		\$
22	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?		\$
23	Are any assets held jointly with another person?		\$
	If yes, person's name and the asset(s) held jointly:		\$

The following area must be completed for each asset source listed as Yes. If a household member has more than one source of asset from the same question, use a separate line for each source. Please use the back of sheet if additional room is needed.

Question #	Family Member	List Name AND Contact Information of Bank or Institution where funds are kept. Provide a copy of the entire property tax statement for any real estate owned.

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

SIGNATURES

- I (we) certify this housing is/will be my (our) permanent residence.
- I (we) do/will not maintain a separate subsidized rental unit in a different location.
- I (we) certify all household and income information is correct.
- I(we) consent to verification of all information provided on this application.
- I(we) consent to a criminal, credit, and rental history screening.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW



Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

The information regarding race, national origin, creed, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, creed, religion, sex, familial status, age, sexual orientation, gender identity and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

 This complex 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. 

IFA Compliance Questionnaire



Complete one form per adult household member who will occupy the unit at time of move-in and/or recertification.

Property Name:	IFA Project #:
----------------	----------------

Move-In
 Recertification

Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:				
	<i>Street Address (Including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Daytime Tel #:		Evening Tel #:	
Email Address:			

Check either YES or NO to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:

<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	1.	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	2.	Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	3.	Do you have any minor children?

INCOME INFORMATION *Do you receive or expect to receive income in the next 12 months from any of the following sources:*

<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	8.	Unemployment benefits or workman's compensation?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	10.	Court ordered alimony or child support?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	12.	Regular payments from a severance package from a previous employer?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	14.	Regular payments as a member of the Armed Forces?
<input type="checkbox"/> (YES)	<input type="checkbox"/> (NO)	15.	Regular payments from disability, death benefits, trusts or life insurance dividends?

IFA Compliance Questionnaire



- | | | |
|--------------------------------|-------------------------------|---|
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 16. Regular gifts or payments from anyone outside of the household (including cash or goods)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 17. Regular payments from lottery winnings or inheritance? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 18. Regular payments from rental property (land contracts or other real estate transactions)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 19. Educational grants, scholarships or other student benefits? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 20. Any other sources of income not listed? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 21. Do you expect any changes to your income in the next twelve months? |

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

- | | | |
|--------------------------------|-------------------------------|--|
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 22. Checking accounts? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 23. Savings accounts? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 24. Certificates of deposit (CDs), money market accounts or treasury bills? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 25. Stocks, bonds, mutual funds or securities? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 26. Any capital gains (assets sold in excess of purchase price) during the previous 12 months? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 27. Trust Funds? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 28. IRA, KEOGH or other retirement accounts? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 29. Cash on hand over \$500 (other than money previously reported in checking or savings)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 30. Real estate, rental property, (land contracts/contract for deed or other real estate holdings)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 31. Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate) |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 32. Personal property held as an investment (such as paintings, coins, art work or antiques)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 33. Whole or universal life insurance policies (not including term policies)? |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 34. Pre-Paid Debit Card (Store Value/EBT Card/Reliacard) |
| <input type="checkbox"/> (YES) | <input type="checkbox"/> (NO) | 35. A safe deposit box with a monetary content of \$500 or more? |

IFA Compliance Questionnaire



OTHER INFORMATION:		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	36.	Are you claiming ZERO Income?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	37.	Have you been a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	39.	Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Marital Status Certification

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

Project Name:	Christ the King Sr. Housing II	IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #	

My current marital status is: Married Single Divorced Widowed Separated

A. I am legally divorced and can provide a copy of my divorce decree (If Yes, please attach.) Yes No
 If No, I can provide documentation to prove I was not awarded child support or alimony Yes No

B. I am legally separated from my spouse and can provide a copy of my separation agreement Yes No
 If No, reasons for not pursuing legal action:

If No, future plans for pursuing legal action:

I currently receive spousal support from my spouse Yes No
 If yes, I receive this amount: _____ Per Week month Year

C. There are assets currently held in both names Yes No
 Please attach a list of all assets currently in both names (checking accounts, savings accounts, real estate, etc.)

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered "other good cause" for eviction.

Applicant/Tenant Signature

Date

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.

Student Status Certification



Property Name:	Christ the King Sr Housing II
Household Name:	

Instructions for Use:

Pages 1 -3 are to be used when certifying or re-certifying a household for eligibility with the HOME or National Housing Trust Fund (NHTF) programs. Page 4 pertains to eligibility with the LIHTC program. You must use all four pages of the document if you are qualifying a tenant for a unit that is both a HOME and an LIHTC unit as the requirements are different for each. The household must qualify under both programs in order to be eligible to occupy a HOME/LIHTC unit.

Part 1: (If an LIHTC project only, skip to Page 4 & submit only Page 4)

Are any household members under age 24 and students (full- or part-time) at an institute of higher learning? (YES) (NO)

If "NO," sign and return the form to management. *No further action is necessary.*

If "YES," list all students in the table below, then sign (add an additional sheet if necessary.) Have EACH student or their parent/guardian complete PART 2. Complete PART 3 and 4 as the form directs.

	Student Name	Age	Name of Educational Institution	Date Range Attended or Planning to Attend	Full or Part-time
1.					<input type="checkbox"/> FT <input type="checkbox"/> PT
2.					<input type="checkbox"/> FT <input type="checkbox"/> PT
3.					<input type="checkbox"/> FT <input type="checkbox"/> PT
4.					<input type="checkbox"/> FT <input type="checkbox"/> PT
5.					<input type="checkbox"/> FT <input type="checkbox"/> PT
6.					<input type="checkbox"/> FT <input type="checkbox"/> PT

Applicant/Resident Signature Date

Applicant/Resident Signature Date

Applicant/Resident Signature Date

Applicant/Resident Signature Date

**HOME –Part I
For Office Use Only:**

Date Reviewed		Date Approved		Effective Date	
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Student Status Certification



Property Name:	Christ the King Sr Housing I
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable (note that "student(s)" 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 student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

PT Student Name:	
1.	
2.	
3.	
4.	

- C. Household contains all full-time students for five or more months during 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. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3rd party verification)? (YES) (NO)
 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) (YES) (NO)
 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) (YES) (NO)
 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? (YES) (NO)
 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)? (YES) (NO)
- D. No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date Applicant/Resident Signature Date

LIHTC
For Office Use Only:

Date Reviewed		Date Approved		Effective Date	
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LANDLORD REFERENCE CHECK FORM

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

Project Name:	Christ the king Sr. Housing	IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #	

TO:

Name:		Date:	
Address:		Phone:	
City	State	Zip:	Fax:

My signature authorizes verification of my previous housing information:

_____ Date _____
 Applicant/Tenant Signature

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

RETURN THIS FORM TO:

Sincerely,

Christ the King Sr Housing
 Michelle Miller
 5601 SW 9th
 Des Moines Iowa 50315
 Ph 515-528-8074 Fax 515-528-8075

_____ Project Owner/Management Agent

To Be Completed by Landlord:

Dates of residency: From _____ to _____ Total number of months _____

1. Did the resident normally pay their rent on time? Yes No
 If No, how often was the resident late? _____
 Comments: _____
2. How much rent was paid each month by this resident? \$ _____
3. Did you receive a security deposit? Yes No
 How much of it was returned to the resident? \$ _____
4. Did the resident, their guests, or their family damage the apartment or the property? Yes No
 Did they pay for the damages? ? Yes No Amount of damages \$ _____
5. Were the police ever called as a result of the disturbance? ? Yes No Date(s): _____
 Comments: _____
6. Were there problems with the neighbors? ? Yes No
7. Does the resident have pets or other potential problems that may be cause for concern? Yes No

Landlord Reference Check Form

LANDLORD REFERENCE CHECK FORM

8. Did the resident violate the lease agreement in any way? ? Yes No

Comments: _____

9. Did the resident give you proper notice for vacating? ? Yes No

What reason given for leaving? _____

10. Would you re-rent to this resident? ? Yes No

11. What previous address do your records indicate? _____

12. Any additional comments? _____

Preparer's Signature

Date

Print Name

Telephone #

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.