

APPLICATION FOR HOUSING

FOUNTAIN SPRINGS APARTMENTS

Low Income Housing Tax Credit Property (LIHTC)

This is an application for housing at:

Fountain Springs Apartments
1900 Harmony Heights Lane
Rapid City, SD 57702

Please complete this application and return to:

Fountain Springs Office
1905 Sunny Springs Drive
Rapid City, SD 57702
Phone: 605-394-9649
Fax: 605-716-6247

(PLEASE PRINT)

A. GENERAL INFORMATION

Applicant Name(s) _____

Address _____
Street Apt. # City State Zip

Daytime Phone # _____ Evening Phone # _____

Apartment size requested: One-Bedroom _____ Two-Bedroom _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will reside in the apartment. List head of household first.

	Name	Relationship to Head	M/F	Birth Date	SS #
Head					
Co					

Do you anticipate any additions to this household in the next twelve months? Yes ___ No ___

Explain: _____

Is anyone in the household a full-time student? Yes ___ No ___

How did you hear about us? _____

I, _____ understand that this facility has a No Pet policy, No Smoking policy and I certify that I am 62+ years of age. _____

(please initial)

C. INCOME

List ALL sources of income as requested below:

FAMILY MEMBER NAME	<u>SOURCE OF INCOME</u>	MONTHLY AMOUNT
_____	SOCIAL SECURITY	_____
_____	SOCIAL SECURITY	_____
_____	PENSION	_____
	Source of Pension	_____
_____	PENSION	_____
	Source of Pension	_____
_____	VETRANS BENEFITS	_____
	Claim #	_____
_____	UNEMPLOYMENT COMP.	_____
_____	WAGES GROSS	_____
	Employer	_____
	Position Held	_____
	How long employed	_____
_____	INTEREST INCOME	_____
	Source	_____
_____	INTEREST INCOME	_____
	Source	_____
_____	OTHER INCOME	_____
	Source	_____
_____	OTHER INCOME	_____
	Source	_____

TOTAL GROSS INCOME

(Base this on the monthly amounts listed above and multiply by 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If yes, please explain.

D. ASSETS

CHECKING ACCOUNT(S):

Account # _____	Bank _____	Balance \$ _____
Account # _____	Bank _____	Balance \$ _____
Account # _____	Bank _____	Balance \$ _____

SAVINGS ACCOUNT(S):

Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____

TRUST ACCOUNTS

Account # _____ Bank _____ Balance \$ _____

CERTIFICATES

Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____

MUTUAL FUNDS

Name _____ # Shares _____ Dividend paid \$ _____ Value \$ _____
Name _____ # Shares _____ Dividend paid \$ _____ Value \$ _____

STOCKS

Name _____ # Shares _____ Dividend paid \$ _____ Value \$ _____
Name _____ # Shares _____ Dividend paid \$ _____ Value \$ _____

SAVINGS BONDS

Account # _____ Maturity date _____ Value \$ _____

LIFE INSURANCE POLICY

Account # _____ Face Value \$ _____
Account # _____ Face Value \$ _____

PERSONAL PROPERTY HELD AS INVESTMENT

Type _____ Appraised Value \$ _____

REAL PROPERTY:

Do you own property? YES _____ NO _____

If yes: Type of property _____
Location _____
Appraised market value \$ _____
Mortgage or outstanding
loan balances due \$ _____
Amount of annual
insurance premium \$ _____
Amount of most
recent tax bill \$ _____

Have you sold/dispensed of any property in the last 2 years? YES _____ NO _____

If yes: Type of property _____
Market value when
sold/dispensed \$ _____
Amount sold/dispensed for \$ _____
Date of transaction _____

Have you disposed of any other assets in the last 2 years? YES _____ NO _____

(Example: You have given away money to relatives, set up Irrevocable Trust Accounts)?

If yes: -Describe asset _____
 -Date of disposition _____
 -Amount disposed \$ _____

Do you have any other assets not listed above? YES _____ NO _____

(Excluding personal property)

If yes, list _____

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?

YES _____ NO _____

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony?

YES _____ NO _____

Have you ever appeared in a court of law? YES _____ NO _____

If yes, please explain:

Have you or any member of your family ever been evicted from any housing?

YES _____ NO _____

If yes, please describe

Do you or any member of your family smoke? YES _____ NO _____

Have you ever filed for bankruptcy? YES _____ NO _____

If yes, describe

F. REFERENCE INFORMATION

Current Landlord:

Name _____

Address _____

Home Phone _____ Business Phone _____

How long? _____ years _____ months

Previous Rental Information:

Name _____

Address _____

Home Phone _____ Business Phone _____

How long? _____ years _____ months

Credit references:

Name _____
Address _____

Account # _____
Phone _____

Personal non-related references:

Name _____
Address _____

Relationship _____
Phone _____

In Case of Emergency #1

Name _____
Address _____

Relationship _____
Phone _____

In Case of Emergency #2

Name _____
Address _____

Relationship _____
Phone _____

G. VEHICLE INFORMATION

VEHICLES: *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 _____ Year/Make _____ Color _____
License Plate# _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate# _____

CERTIFICATION AND AUTHORIZATION

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 my/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 selection 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.

I/We do hereby authorize **Fountain Springs Apartments** and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing.

SIGNATURE(S):

Applicant _____

Co-Applicant _____

Dated _____

Dated _____