



Good Shepherd Community

APPLICATION FOR HOUSING

Low Income Housing Tax Credit Property

This is a housing application for: **The Cottages of Good Shepherd, Phase I or Phase II**
2901 Aldersgate Road, #300
Little Rock, AR 72205

Please complete this application and return to: The Cottages of Good Shepherd
Attn: Manager
2901 Aldersgate Road, #300
Little Rock, AR 72205

Occupants in this building must be 55 years or older. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

Please Print Clearly

1) GENERAL INFORMATION:

Applicant Name(s): _____

Address: _____
Street Apt# City State Zip

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

No. of BR's in Current Unit: _____ Do You: Rent Own (check one)

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

If owned, do you receive monthly rental income from the property? Yes No (check one)

Check utilities paid by you: Electric Gas Water Other (Specify: _____)

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

How did you hear about us? _____

Bedroom Size Requested: 1 Bedroom 2 Bedrooms Accessible

Any Special Needs: _____

2) HOUSEHOLD COMPOSITION:

	Name	Relationship to head	Birth Date	Age (Optional)	Social Security #	Student (Y/N)
Head						
Co-T						

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain: _____

Do you anticipate any changes in the household composition in the next twelve months? Yes No

If yes, explain: _____

Is there someone not listed above that would normally be living with the household? Yes No

If yes, explain: _____

3) 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 #:

4) INCOME:

List all sources of income as requested below. If section does not apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	
	Social Security	
	SSI Benefits	
	SSI Benefits	
	Pension (List Source)	
	Pension (List Source)	
	Veteran's Benefit (List Claim #)	
	Veteran's Benefit (List Claim #)	
	Unemployment Compensation	
	Unemployment Compensation	
	Public Assistance (Title IV/TANF, etc.)	
	Public Assistance (Title IV/TANF, etc.)	
	Other Contributions to the Household	
	Other Contributions to the Household	
	Full-Time Student Income (18 & Over Only)	
	Full Time Student Income (18 & Over Only)	
	Financial Aid (Excluding Loans)	
	Annuities (List Source)	
	Long Term Care Medical Care Insurance Payments (In Excess of \$180/day)	
	Scheduled Payments From Investments	

Does anyone have your Power of Attorney? Yes No

If yes list names, address and phone number: _____

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:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income/Specify:	\$
Total Gross Annual Income (Based on the monthly amounts above x12)		\$
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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

5) ASSETS:

If your assets are too numerous to list, please request additional forms. If section does not apply, cross out or write N/A.

Checking Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
	#			\$
Savings Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
	#			\$
Trust Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Certificates of Deposit	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Money Market Account	Account Number	Name of Bank		Balance
	#			\$
	#			\$
Savings Bonds	#	Maturity Date:		Value \$
	#	Maturity Date:		Value \$
Life Insurance Policy	#			Cash Value \$
Life Insurance Policy	#			Cash Value \$
Mutual Funds	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$
Stocks	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$
Bonds	Name	#Shares	Interest or Dividends	Value
		#	\$	\$
		#	\$	\$
		#	\$	\$

Investment Property	List Location:	Appraised Value
		\$
		\$

Do you own any Real Estate Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of Property:	
Location of Property:	
Appraised Market Value:	
Mortgage or Outstanding Loan Balance Due:	
Amount of Annual Insurance Premium:	
Amount of Most Recent Tax Bill:	

Does any member of the household have assets 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
If yes, describe:	
Do they have access to the assets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Disposition:	
Amount Disposed:	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

6) 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
If yes, describe:	

Are you or any member of your family subject to a lifetime sex offender registration Requirement in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

In Case of Emergency Notify:	
Address:	
Relationship:	Phone #:

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Address:	
Relationship:	Phone #:

In Case of Emergency Notify:	
Address:	
Relationship:	Phone #:

7) VEHICLE 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:

8) PET INFORMATION (If applicable):

Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:

9) CERTIFICATION:

I/We hereby certify that I/We, 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 Managements 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 applicable or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application.

SIGNATURE(S):

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

GOOD SHEPHERD USE ONLY:

Date Received: _____ By: _____

Additional Information Needed: Yes ___ No ___ (Specify: _____)

Date Contacted/Response: _____

