

Oliver Management Services, Inc.

5713 Grand Ave. Suite B

Duluth, MN 55807

(218) 628-0311 *(218) 624-2235

TAX CREDIT APPLICATION

HOUSEHOLD QUESTIONNAIRE

Certification Effective Date: _____

Household certifying for the following Program(s):

- Move-in _____
- Initial Cert _____
- Recertification _____
- Add a Member _____

- Section 8
- Housing Tax Credit
- HOME
- Section 236
- Other _____

Date & Time Rec'd: _____
Rent Amount: \$ _____

Property Name _____

Bldg/Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

#	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	SOCIAL SECURITY NUMBER
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Does any member work for someone who pays them in cash or is self-employed.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay for a member of the armed forces	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Public Assistance (MFIP, GA)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Worker's compensation	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Unemployment benefits or severance pay	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Student financial assistance (public or private, not including student loans)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony/Spousal Maintenance	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Social Security income (including unearned income of minor children)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability benefits including social security disability	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular payments from pensions (PERA, railroad, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from retirement benefits	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Death Benefits	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from annuities or life insurance dividends	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	17. Net income from rental property	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	20. Other (list) _____	\$ _____

HOUSEHOLD ASSETS

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts (include cash cards used as savings accounts)	\$
<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks	\$
<input type="checkbox"/>	<input type="checkbox"/>	24. Capital Investments	\$
<input type="checkbox"/>	<input type="checkbox"/>	25. Bonds	\$
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market Funds	\$
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
<input type="checkbox"/>	<input type="checkbox"/>	35. Safety Deposit Box	\$
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? If yes, list address(es): _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed?	\$
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____	
Enter combined cash value of all household assets			\$

DO NOT LEAVE THIS SECTION BLANK.

From 1-42, **income and assets** above, provide contact information for all "YES" checked items. All information must be verified.
(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).