Oliver Management Services, Inc.

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TAX CREDIT APPLICATION

. Move-in . Initial C . Recertific . Add a Me	ation	Household certifyi Section 8 Housing Tax Cre HOME Section 236	ng for the following P	'rogram(s):	HOUSE QUESTIO	NNAIRE	
P	roperty Name			Ble	dg/Unit #		
the water		HOUS	EHOLD COMPOSI	TION	are grant and a		
member to the include the incl	esidents, complete this application in the head of household. If this eligibility information for the new applicant. hold member age 18 years or older tion. All Housing Tax Credit Program	your own handwriting ty application is being and under age 18 if h	ng. List all persons we completed by an applicand, spouse, or co-hea	tho will be live icant who is ap	plying for occupancy with an exi d must disclose income and ass	sting household, only	
	HOUSEHOLD MEMBE	R'S NAME	RELATIONSHIP	DATE OF BIRTH	STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	SOCIAL SECURITY NUMBER	
1			HEAD				
2							
3							
4							
5							
6							
7			-				
8							
		. 1.1 11		1 1 1	in the trade of the trade of	41	
* Include pu	blic and private elementary, junior &	senior high, college, u	niversity, technical, tra	de, and mecha	nical 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.							
	include <u>an</u> fun time,	part time or seasons	ii iiicoine even ii con	ipicting tins a	application in the on-season.		
			R RECEIVE OR EX		ECEIVE ount. List sources on page 2.):		
YES	NO	each item, as applied	able, and include gros	s monuny am		Gross Monthly Amount	
	1. Wages, salaries (include	overtime, tips, bonus	es, commissions, etc.)		\$	
	2. Does any member work	for someone who pay	s them in cash or is se	elf-employed.		\$	
	3. Regular pay for a member	er of the armed forces				\$	
	4. Public Assistance (MFIF	, GA)				\$	
	5. Worker's compensation						
	6. Unemployment benefits or severance pay						
	7. Student financial assistance (public or private, not including student loans)						
					he full amount awarded)	\$	
						\$	
						\$	
	0.5		-			\$	
	12. Regular payments from pensions (PERA, railroad, etc.)						
$\vdash \vdash \vdash \vdash$						\$	
$\vdash \vdash \vdash \vdash$						\$	
	15. Regular payments from annuities or life insurance dividends						
\vdash	VAI 5 (5)			070 10		\$	
\vdash					om individuals not living in	<u>*</u>	
	the unit (not including	groceries)				\$	
	19. Are any changes to inco	ome expected within	the next 12 months du	ue to a raise, b	onus or other reason?	\$	
	20. Other (list)					\$	

		HOUSEHOLD ASSETS					
Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN: 21. Checking Accounts (include cash cards used as savings accounts) 22. Savings Accounts (include cash cards used as savings accounts) 23. Stocks 24. Capital Investments 25. Bonds 26. Trusts* 27. Securities 28. Whole or Universal Life Insurance Policy (do not include term life insurance) 29. 401K* 30. IRA/KEOGH Accounts 31. Certificates of Deposit 32. Pension/Retirement/Annuity accounts 33. Money Market Funds 34. Treasury Bills 35. Safety Deposit Box 36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	CURRENT BALANCE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?					
		38. Other					
*Include T	rusts, 401K, etc	tc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the acc	count and it will be verified.				
Yes	No	39. Do you now own a home or other real estate?	Value \$				
		If yes, list address(es):	9				
	40. Do you receive payments for a home you sold by contract for deed?						
	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items						
		Enter combined cash value of all household assets	\$				
		DO NOT LEAVE THIS SECTION BLANK. om 1-42, income and assets above, provide contact information for <u>all</u> "YES" checked items. All information must be very bold member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets,					
Item Number	HH Men		act Name & phone/fax number				
ramoei	11111111		number				
	-						

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