

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) _____	\$ _____

