

Alice Place Apartments – A Senior Community
255 SE Brick Drive, Waukee, IA 50263
Phone: (515) 216-1656 Fax: (515) 216-1658



Our building will be leasing up quickly so it is important that you return your application as soon as possible. We are excited that you are applying to Alice Place and we look forward to meeting with you!

This is a “**NO SMOKING**” and pet free building designated for seniors **age 62 and older**.

APPLICATION INSTRUCTIONS – DO NOT USE WHITE OUT

Please answer all questions thoroughly and return the application as soon as possible. Make sure to sign the last page, “Release of Information” and **PRINT YOUR NAME NEATLY so we can read the correct spelling of your name. If you are not age 62 when we receive your application it will be declined.** If there is an error or unanswered question on your application it will be returned to you for completion. When we receive your correctly completed application you will be put on our waiting list according to the date and time we receive it. Please call the phone number listed above if you have any questions regarding how to fill out your application.

Processing your application can take a few days to a couple of weeks depending on how quickly the banks and other financial institutions respond to our third-party verification. **Be sure to put full addresses and phone numbers for all your information.** When your application has been approved we will call you to arrange a meeting at Alice Place.

IMPORTANT: Along with your application please enclose copies of the following documents (we cannot process your application without them). These document cannot be more than 120 days old except for the copy of your social security card.

- Social Security card for all household members
- Driver’s License or State Issued photo I.D. for all household members
- Social Security or SSI **Monthly Benefit Letter** that shows your **CURRENT** monthly gross benefit amount (please do not send us the form the government sends you at the end of the year to file with your taxes). If you cannot find your Monthly Benefit Letter, you can go to the Social Security office and they will print one for you. We cannot process your application without it.
- Document showing your DHS monthly check amount

If you own real estate we need: (These documents cannot be more than 120 days old)

- Current statement showing the **fair market value** of your property
- Current statement from your mortgage company showing the **balance owed on your mortgage**
- If you are using your real estate for rental income we need a copy of the lease between you and your renters showing how much rent they pay you.
- If you have sold your home since you sent us the Pre-Qualifying Application we need the Bill of Sale
- If you are going into foreclosure we need your foreclosure documents

If you are self-employed we need:

Copies of your federal tax return including the **Schedule C or profit & loss schedule FOR THE LAST 2 YEARS**

IMPORTANT: If someone will be helping you with your application and will be discussing your financial information with us, we need a notarized letter from you giving us permission to discuss your application with them.

TAX CREDIT APPLICATION FOR HOUSING

Equal Housing Opportunity

(The use of white out, black out, or alteration of original information will void this document.)

Project Name: Alice Place	Project Number: 13-13-26
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For Office Use Only:	Date Received:	Time Received:	
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TAX CREDIT – APPLICATION FOR HOUSING

Equal Housing Opportunity

Bedroom Size Requested: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Applicant Name	MI	Last
Co-Applicant Name	MI	Last
Current Address	City	ST Zip Code Telephone Number

All co-applicants, age 18 or older, other than spouse, is recommended to complete a separate application.

Any applicant who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Household Composition

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Optional			Month & Year Last Attended School Full-Time	Marital Status	Current Student Y or N	Last 4 SSN#
					Race	Ethnicity	Disabled				
1.	HEAD										
2.											
3.											
4.											
5.											
6.											

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above
Marital Status: M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; Not Available – Leave Blank
Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; Not Available – Leave Blank

Disabled: 1-Yes; 2-No; Not Available – Leave Blank. See Fair Housing Act for definition of handicap (disability) - http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

Is any family member of this household, a full-time or part-time student or will be a student at an institution of higher education?
 YES ☐ NO ☐

If yes, please complete the following student information and check boxes which apply:

Member Name	School Name/Address	Current Full-Time	Current Part-Time	Future PT Student NEXT 12 months	Future FT Student NEXT 12 months	Previous FT Student in the current calendar year	Are you receiving financial assistance? i.e., scholarships, grants or private funds, parental support*
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use back for extra space

*Student loans are not considered financial assistance

QUESTIONS – Please answer all of the following questions

1. Is there anyone currently living with you that is not on this application? ☐ Yes ☐ No
If yes, explain: _____
2. Provide the name of any person not listed on the application who expects to move into the unit during the next 12 months or any anticipated changes to household composition: _____
3. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? ☐ Yes ☐ No
If yes, explain: _____
4. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e., traffic ticket, etc)? ☐ Yes ☐ No If yes, explain: _____
5. Have you ever been evicted? ☐ Yes ☐ No If yes, explain _____
6. Have you ever received a written notice for nonpayment of rent? ☐ Yes ☐ No If yes, explain _____
7. Does your household have a pet? ☐ Yes ☐ No
8. Do you currently receive Housing Assistance? ☐ Yes ☐ No ☐ Sec.8 Project Based ☐ Sec. 8 Voucher ☐ USDA
9. Do you expect to receive Housing Assistance? ☐ Yes ☐ No
Date expected: _____ Type: _____
10. How did you select our community? ☐ Drive by ☐ Referral ☐ Newspaper ☐ Other _____

CURRENT HOUSING STATUS

Address	City	State	Zip
Name of Landlord		Phone Number	

How long have you resided at your current address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip
Name of Landlord		Phone Number	

How long did you live at your previous address? _____ Rent \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip
Name of Landlord		Phone Number	

How long did you live at your previous address? _____ Rent \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

DO YOU RECEIVE OR EXPECT TO RECEIVE		YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	Does any member work for someone who pays him/her cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Welfare or disability benefits (AFDC, TANF, FIP, SSDI or SSI)?	<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	Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8	Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$
9	Education grants, scholarships or VA student benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
10	Social Security Payments?	<input type="checkbox"/>	<input type="checkbox"/>	\$
11	Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
12	Death Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
13	Retirements Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
16	Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$
17	Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$
18	Other, (list)?	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following area must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF INCOME NAMES, START DATE, AND ADDRESSES (i.e. employers, public assistance office, social security, pension fund, etc.)	
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:

HOUSEHOLD ASSETS

All information will be verified by a third party

DO YOU HAVE MONEY HELD IN		YES	NO	AMOUNT
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$
6	Trusts	<input type="checkbox"/>	<input type="checkbox"/>	\$
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
8	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
9	Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$
10	Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
11	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
HOUSEHOLD ASSETS (continued) All information will be verified by a third party				

DO YOU HAVE MONEY HELD IN		YES	NO	AMOUNT
12	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
13	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Insurance Settlement	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
16	Do you currently hold a contract for deed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17	Do you currently own real estate	<input type="checkbox"/>	<input type="checkbox"/>	\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$
19	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, list person's name and the asset(s) held jointly:	<input type="checkbox"/>	<input type="checkbox"/>	

The following area must be completed for each asset source listed as YES. If a household member has more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please use the back of sheet if additional room is needed.

Question #	Family Member	SOURCE(S) OF ASSET NAME AND ADDRESSES (i.e. checking, saving, IRA, stocks, bonds, etc.)	
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:
		Name: Start Date:	Address:

I/we certify that I/we ☐ have ☐ have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

Applicant(s) hereby understand and represent that (1) this application is complete and contains all material facts; and (2) if applicant(s) rent at this property such rental may be canceled in the event that any statement or information furnished by the applicant is false.

All household members age 18 or older must sign below

Applicant Signature

Date

Applicant Signature

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

TENANT RELEASE AND CONSENT

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to the **Pioneer Property Management Inc.**, it's owners and agents for the purposes of verifying information necessary to complete my application for admission (or re-certification for continued occupancy) to the **Thomas Place at Wauke**
Apartments, Wauke, IA.

INFORMATION COVERED:

I/We understand that the previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, the following: personal identity, employment, income, assets, effective dates and rates, housing and payment history. I/We understand that this authorization can not be used to obtain any information about me/us that is not pertinent to my eligibility for and/or continued participation in the owner's affordable housing program governed by Section 42 of the IRC.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO VERIFY INFORMATION:

The following groups, individuals or business entities may be asked to provide third-party verification of information which is required to be verified by the owner of the above referenced apartment complex prior to approval of the application or recertification:

Current and Former Employers	Public Assistance Agencies	Veteran's Administration
Current and Former Landlords	State Employment Offices	Pension and Retirement Systems
Public Housing Authorities	Social Security Administration	Banks/Financial Institutions
Child Support or Alimony Providers	Medical or Child Care Providers	Credit Reporting Agencies
Educational Agencies		

CONDITIONS:

The applicant and/or resident is not required to sign this release form. Failure to provide the owner with authorization to obtain third-party verification of information needed to determine an applicant's eligibility (or continued eligibility) will result in a determination of ineligibility for participation in the owner's Section 42 affordable housing program.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original signed authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and to correct any information that is reported incorrectly.

Signatures:

_____ Applicant/Resident Signature	_____ (Printed Name)	_____ Date Signed
_____ Co-Applicant/Resident Signature	_____ (Printed Name)	_____ Date Signed
_____ Other Adult Member Signature	_____ (Printed Name)	_____ Date Signed
_____ Other Adult Member Signature	_____ (Printed Name)	_____ Date Signed

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

MARITAL STATUS FORM

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:	Alice Place	IFA Project #	13-13-26	Date:	
Applicant/Tenant:		SSN:		Apt. #:	

☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated

If divorced, please attach a copy of the recorded legal agreement.

☐ Y ☐ N A.) Are you legally separated from your spouse?
If "Yes", please attach a copy of your current legal separation agreement.

If "No", please continue with questions b, c, and d.

B.) My reasons for not pursuing legal action are:

C.) My future plans for pursuing legal action are:

D.) I currently receive \$_____ per ☐ week ☐ month ☐ year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

Applicant/Tenant Signature

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



STUDENT STATUS SELF AFFIDAVIT

Project Name:	Alice Place Apartments	IFA Project #	13-13-26	Date:	
Applicant/Tenant:		SSN:		Apt. #:	

Check all that apply:

- ☐ I am currently a student. List name of educational institution: _____
☐ Full-time
☐ Part-time
- ☐ I have been a student during the current calendar year. List name of educational institution: _____
☐ Full-time
☐ Part-time
- ☐ I plan on becoming a student in the next 12 months. List name of educational institution: _____
☐ Full-time
☐ Part-time
- ☐ I have not been a student in the current year and do not expect to become a student in the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant_____
Printed Name of Applicant/Tenant_____
Date

Subscribed and sworn to me this _____ Day of _____, 20____

(SEAL)

Notary Public

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.