

Hallmark House Application

Hallmark House Apartments, opening in Summer of 2021, is now accepting applications. Please complete the attached application and return it via fax or online through our website.

Hallmark House is an affordable housing property, and all applicants are subject to income limits. Your acceptance to the Low Income Housing Tax Credit Program is contingent upon your confirmed eligibility. The program regulations require third party verification of your income, assets, and other household history.

Completing The Application

1. Fill out and sign the application

The attached form may be printed and completed by hand, or filled in using Adobe Acrobat software on your computer and then printed for your signature.

2. Provide proof of income

Please provide one of the following:

- Last pay stub of 2020 + Most recent
- Social Security Award Letter
- Current Unemployment Claim Award Letter
- Most recent 2 years of Tax Returns if self-employed
- Child support documents (current)
- County Assistance (Cal-Works, current letter)
- Retirement Income
- Any other income not listed above

3. Upload or fax the application along with proof of income

- Your application and proof of income can be sent via fax to 408-251-1191
- You may also submit your documents securely online via the hallmarkhouseapartments.com website

Rental History

YES NO

6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or anyone else named on this application been convicted of a felony within the last 7 years?
Explanation: _____
8. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past TWO years of housing references. (If additional space is required, use the back of this page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: (____) _____			
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: (____) _____			
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: (____) _____			

Personal References

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned by any household member.

<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1: _____	_____	_____
Vehicle #2: _____	_____	_____

Emergency Contact

List someone in the area that is not already on the application or someone who will not be living in the apartment with you.

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older or legally emancipated. However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

9. **Employment/job wages or salaries?** *(Include overtime pay, commissions, fees, tips, bonuses and/or other compensation, including payments received in cash.) List businesses and/or companies that pay you.*

<u>Household Member</u>	<u>Name of Company</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **Self-employment?** *(include overtime, tips, bonuses, commissions and payments received in cash.)*

a. Have you filed taxes on this income? If so, last year Filed: _____

<u>Household Member</u>	<u>Type of Business</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Date self-employment started: _____

11. **Regular pay, benefits or income as a member of the Armed Forces or National Guard?**

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. **Unemployment benefits or worker's compensation?**

<u>Household Member</u>	<u>Contact Person</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



YES NO

13. Public Assistance, General Relief, Temporary Assistance for Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)?

Household Member

Contact Person

Monthly Amount

(If yes, provide court order)

14. Child support or alimony? Court-ordered support must be included whether or not it is received unless legal action has been taken to remedy. Support that is not court-ordered also must be included (received directly from payor).

(a) Check the box that applies:

- I am entitled to receive support payments (Circle C if child support or A if alimony or B if both.)
- I am currently receiving support payments (Circle C if child support or A if alimony or B if both.)
- I am currently making efforts to collect support owed to me. List the efforts being made (please indicate if child support or alimony):

For Household Member

Payor

Monthly Amount

C or A

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency *Name of Agency* _____
- Court of Law *Name of Court* _____
- Directly from Individual *Name of Person* _____
- Other *Explain* _____

(If yes, provide court documents)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

15. Social Security, SSI or any other periodic payments from the Social Security Administration?

Household Member

SSA Office

Monthly Amount

16. Regular payments, benefits or income from a Veteran's Administration, G.I. Bill, National Guard, Armed Forces or other military benefits, pension, retirement benefits or annuities?

Household Member

Source of Benefit

Monthly Amount



YES NO

17. Regular gifts or payments from anyone outside of the household including gifts received by check, cash or money order? (This includes anyone supplementing your income or paying any of your bills; i.e., rent or utility payments or other contributions on an ongoing basis.)

Household Member

Source of Benefit

Monthly Amount

If gift contribution of income to household is greater or equal to 50% of household income, please provide name and contact information of gift giver. (Gift giver's income and assets will be verified.)

Gift Giver Name: _____ Phone: () _____

Address: _____

18. Unearned income from household members Age 17 or under (social security, trust fund disbursements, etc.)?

Household Member

Source of Benefit

Monthly Amount

19. Disability or death benefits other than social security?

Household Member

Source of Benefit

Monthly Amount

20. Periodic payments from trusts, annuities, inheritances, retirement funds, pensions, insurance policies or lottery winnings?

Household Member

Source of Benefit

Monthly Amount

21. Student Financial Aid: Educational grants, scholarships or other student benefits (public or private, not including student loans)? Subtract cost of tuition from aid received only for households receiving Section 8 assistance.

Household Member

Source of Benefit

Monthly Amount

22. Regular payments or income from real or personal rental property or other types of real estate transactions (use net earned income)?

Household Member

Source of Benefit

Monthly Amount

23. Any other income sources or types not listed?

Household Member

Source of Benefit

Monthly Amount

YES NO

24. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

25. Checking account(s)? If yes, list bank(s):

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

26. Savings account(s)? If yes, list bank(s):

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

27. Certificates of deposit (CD's) or money market accounts? If yes, list source(s)/bank name(s):

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

28. EBT, debit VISA, MasterCard account(s) including social security wages, unemployment, public assistance, disability, etc.?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

29. Stocks, bonds, securities or Treasury bills?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

30. Revocable Trust(s)? If yes, list bank(s):

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Whole life insurance policy(ies)? If YES, list policies:

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



YES NO

32. Pensions, IRAs, Keogh or other retirement account (401K/403b, lump sum pensions, etc.)?

Household Member Source of Benefit Amount

33. Cash on hand?

Household Member Source of Benefit Amount

34. Real estate, rental property, land, contracts/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member Source of Benefit Amount

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value (its current worth) within the past 2 years? If yes, list items and date disposed.

Household Member:: _____ Amount: _____

Explanation: _____

36. Any other asset sources or types not listed above?

Household Member Source of Benefit Amount

Applicant Status

The following questions pertain to specific eligibility requirements of the affordable housing programs on the property.

37. Are you or any other ADULT household members claiming zero income?

Household Member:: _____ Amount: _____

Explanation: _____

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

Explanation: _____

39. Will you or any ADULT household member require a live-in care aid to live independently?

Name of Attendant: _____

Relationship (if any): _____



YES NO

 40. Will your household be receiving Section 8 rental assistance at time of move-in?
 If so, specify voucher bedroom size _____.

Name of Agency: _____

Contact Person: _____

 41. Does your household anticipate receiving Section 8 rental assistance in the next 12 months?
 If so, specify voucher bedroom size _____.

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the affordable housing programs on the property. I certify that all information and answers to the above questions are true, correct and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information, making false statements or omitting information may be grounds for denial of my application or termination of my tenancy, if discovered after move-in also understand that such action may result in **criminal penalties**.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers, where applicable, and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing program requirements.

All ADULT household members must sign below:

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

For Office Use Only

Date of Interview: _____ Desired Apt # _____ Desired Move-in Date: _____

