

- Print out this application.
- Complete entire application.
- Do not leave any blank spaces.
- Mail or drop off completed application to:



Pioneer Homestead III Apartments
280 South Rancher Street
PO Box 552
Jackson, WY 83001

Office hours: 1:00-5:00 Mon-Thu

Or fax to:

307-733-3114



"USE BLACK INK ONLY"

Application for Occupancy North Star Management Properties

Property Name
Pioneer Homestead III Apartments
280 South Rancher Street
PO Box 552
Jackson, WY 83001

1.0 General Information

Unit Request: Bedroom(s)

Section 1.1

Applicant's Full Legal Name: _____ email address: _____
 CoApplicant Full Legal Name: _____ email address: _____
 Current Physical Address: _____ PO BOX _____
 City, State, Zip: _____ Day Phone: _____ Evening Phone: _____

Section 1.2 - Occupants

Complete information for all people who will live in this unit. (Include those who will live there on a part-time basis)

Family Member	Name (First, Middle, Last)	FT/PT	Relationship to Applicant	M/F	Date of Birth	Social Security #	Student Y/N
1			Self				
2							
3							
4							
5							
6							

Section 1.3

Yes No

Do you have full custody of the child(ren) listed above? Explain: _____		
Do you pay out of pocket child care? If yes, name, mailing address and phone # of provider. _____		
Is the apartment going to be your sole resident?		
Are you expecting your household size to increase / decrease in the next 12 months? (include unborn children, adoption, obtaining custody or joint custody) Explain: _____		
Are there any absent household members who under normal conditions would live with you? (ie: away at school, military, foster care, nursing home, hospital, out of town employment) Explain: _____		
Is there anyone living with you now that will not live with you at this property? Explain: _____		
Do you wish to have priority for a handicapped accessible unit with special design features?		
Do you wish to claim a deduction from household income based on an "Elderly Household" status where the (co)tenant is 62 or older, handicapped or disabled?		
Are you currently living in Government Subsidized Housing and receiving Rental Assistance or a holder of Housing Choice Voucher?		
Do you have a pet?		

2.0 Student Information

Section 2.1

Is anyone (including children) in your household currently / planning to be or been a full time student any time this calendar year at an educational institution with regular faculty and students?
 Who: _____ If yes, please complete Section 2.2.

Section 2.2

Do any of the full-time students qualify for one of the exemptions listed below?	Yes	No
- Married and filing or entitled to file a joint tax return? (attach marriage certificate or tax return)		
- A participant in a program receiving assistance under Job Training Partnership Act, Workforce Investment Act or similar federal, state or local laws? (Attach verification)		
- A TANF, MFIP, ATAP or ASAP recipient? (Provide program printout)		
- A single parent with child(ren) AND this parent is not a dependent of someone else, AND the child(ren) are not dependents of someone other than a parent?		
- At least 1 student who was previously under foster care within 5 years of the effective date of initial certification (provide verification of participation)		
Are any students receiving financial aid assistance for attending a college or post secondary school?		

The Federal Low Income Housing Tax Credit Program provides for specific qualification restrictions with respect to occupancy of units by full-time students. Resident(s) acknowledges that qualification to remain as a resident is at all times dependent upon the household meeting all student status requirements. Should student status fail to be met, residents will be deemed unqualified and will be subject to lease termination.

3.0 Income Information

Section 3.1 - Complete checklist for each person to occupy apartment

Question	1	2	3	4	5	6	Total Gross \$
Are you currently or anticipate becoming employed - Full Time (F) Part Time (P) Seasonal (S) Otherwise (O)							\$
Do you own or anticipate owning your own business?							\$
Are you currently or do you anticipate becoming self employed?							\$
Have you been employed in the last 36 months?							\$
DO YOU RECEIVE:							
Or anticipate receiving income from cash, tips, commissions, direct sales tax, overtime, bonuses, etc.?							\$
Or anticipate receiving Public Assistance cash i.e. (AFDC, TANF, APA, GA, MSA)? (Do not include food stamps or med assist)							\$
Supposed to receive or anticipate receiving child support?							\$
Supposed to receive or anticipate receiving alimony?							\$
Have applied for or anticipate receiving Social Security (SS)?							\$
Have applied for or anticipate receiving Supplementary Security Income (SSI)?							\$
Have applied for or anticipate receiving Retirement Survivors Disability Insurance (RSDI) or Widows Pension?							\$
Have applied for or anticipate applying for income from Unemployment Compensation?							\$
Have applied for or anticipate receiving income from Workers Compensation?							\$
If you are receiving unemployment, disability or workers compensation, do you plan to return to previous employment?							\$
Have applied for or anticipate receiving income from severance pay?							\$
Student Financial Aid (grants, scholarships, fellowships, job training - public or private)?							\$
Have applied for or anticipate receiving Veteran's Benefits or Military Pay?							\$
Anticipate receiving income from lottery winnings?							\$
Have applied for or anticipate receiving church welfare?							\$
Or anticipate receiving rental income from property owned?							\$
Or anticipate receiving income from temporarily absent family member?							\$
Or anticipate receiving income from annuities, retirement (IRA's), or pensions? (Yours or someone else's)							\$
Have applied for or anticipate income from insurance policies?							\$
Or anticipate receiving any Cash Distributions as an Alaska or American Native?							\$
Or anticipate receiving income for foster placements or adoptions?							\$
Or anticipate receiving any regular or periodic contributions from anyone outside your household?							\$
Or anticipate receiving any other source of income not listed above, such as unlicensed hobbies/arts/crafts?							\$
Do you anticipate any changes in this income in the next 12 months? Explain:							\$
Total Gross Annual Income							\$
Do you file Federal Income Tax Returns? If "Yes", include most recent year's return.							
Are any adult members of the household claiming zero income? If "Yes", Explain: _____							
Explain any unusual Income:							

Section 3.2 - Income Sources

List Family Members number (from Section 1.2), full Income Source Name, and their full mailing address and phone number for ALL employers from wherever your income is paid. Include public assistance office, Social Security, pension, child support, unemployment, etc. List all incomes separately.

Family Member	Income Source Full Name	Income Source Full Mailing Address, City, State, Zip	Income Source Phone #	Gross Amount

4.0 Family Assets

Section 4.1 - Complete checklist for each person to occupy apartment

Question	1	2	3	4	5	6	Total \$ Amount
Do you have a checking account and/or a debit card type of account?							\$
Do you have a savings, money market, CD or trust account?							\$
Do you receive interest on any of your accounts?							\$
Do you have an individual retirement account (IRA), Keogh, annuities 401K or any other retirement account?							\$
Do you have cash held in a safety deposit box, home, etc.?							\$
Do you have stocks, bonds, mutual funds, treasury bills, securities, or savings bonds?							\$
If employed, can you withdraw from retirement or pension fund without terminating employment?							\$
Do you have personal property held as an investment (i.e. gems, antiques, jewelry, automobiles, collections, etc.)?							\$
Do you own real property (i.e. raw land, dwelling, etc.)?							\$
Do you have a whole life insurance policy? (do not include term insurance)							\$
Do you receive any lump sum payments? (ie: inheritance, lottery winnings, insurance settlements)							\$
Have you or any member disposed of any assets within the last two (2) years?							\$
Have you or any member disposed of any assets for less than what it was valued at (given it away, donated)?							\$
Are any accounts held jointly with someone not in the unit? Which Account and with whom?							\$
Is combined cash value of all household assets under \$5000?							\$
Do you have any other assets not listed above (i.e. recreational vehicle/motor home)? (Do not include personal property)							\$
Do you have any assets held in another state or foreign country?							\$
Total Assets							\$

Section 4.2 - Banking

List Banks complete Name, and their full mailing address and phone number for ALL banking/investment institution(s) used and note which account types are there. (If more than space provided, PLEASE ADD ATTACHMENT TO APPLICATION.)

Full Name of Bank or Institution	Banks Full Mailing Address, City, State, Zip	Banks Phone #	Amount	Acct Type	Account #

Section 4.3 - Allowances (RD properties only)

	1	2	3	4	5	6	Total Gross \$
Do you have out-of-pocket daycare expenses for any child under age 13 which enables you to work or attend school?							\$
Do you have out-of-pocket expenses for attendant care or auxiliary apparatus for handicapped or disabled family member which enables them to be employed?							\$

Notes:

- You cannot claim child care or handicap assistance if an adult household member is capable of providing child care or handicap assistance during the hours the care is needed.
- The amount deducted must be reasonable for the hours and type of care provided.
- The amount cannot be paid to a family member living in the household.
- The amount cannot be paid by or reimbursed by an agency or individual outside the household.
- Any expense allowed to enable a family member to work cannot exceed the employment income derived because the care is available.

5.0 Miscellaneous

Section 5.1

	Yes	No
Are you or anyone in your household a drug dealer?		
Are you or any member of your household a current illegal user of a controlled substance?		
Have you or any member of your household ever been convicted of a crime?		
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?		
If you answered "YES" to any of the 3 questions, have you successfully completed a controlled substance abuse recovery program? - or-		
Are you presently enrolled in a controlled substance abuse recovery program?		
In the past 10 years, have you or other members of your household that will reside with you been charged with a misdemeanor, gross misdemeanor or felony?		
Are there any outstanding judgements against you?		
Have you declared bankruptcy?		
Are you the co-maker or endorser on a note?		
Are you a party in a law suit?		
Are you currently or have you ever been evicted from any rental property?		
Are you or anyone in your household a smoker?		
Do all persons to be listed as tenant or co-tenant possess the legal capacity to enter into a lease agreement?		

Year and Make of Car _____ License # _____ State _____

Year and Make of Car _____ License # _____ State _____

6.0 References

Section 6.1 - Landlord

List name, full mailing address and telephone number of your 3 most recent landlords (starting with most current) or mortgage holding company (if you have not rented in the past 5 years). Please explain your home ownership history below.

Name	Full Mailing Address, City, State, Zip	Phone #	Date Residing	Explanation (as required)

Section 6.2 - Professional

List three (3) non-related professional references, including full mailing addresses and phone numbers who we may contact to determine your history of meeting financial obligations.

Name	Full Mailing Address, City, State, Zip	Phone #	Relationship

Section 6.3 - Personal

List full mailing address and telephone number of 3 "personal" references with whom you've been well-acquainted for at least 6 months. (These must be people to whom you are not related.)

Name	Full Mailing Address, City, State, Zip	Phone #	Relationship

7.0 Medical

Section 7.1 - Elderly, handicapped or disabled families only. (RD properties only)

Please indicate which medical expenses you anticipate paying in the next 12 months which are not paid or reimbursed by outside source:	Yes	No
Services of Health Care Facilities Care Attendant or Other Periodic Medical Care (please circle those that apply)		
Medical care of permanently institutionalized family member if his/her income is included in annual income.		
Services of physicians and other health care professionals.		
Prescription or non-prescription medicines.		
Dental expenses, Eye Glasses Hearing Aids Batteries (please circle those that apply)		
Payments on accumulated medical bills.		
Medical insurance premiums.		

Section 7.2 - If you pay medical expenses.

Please list name, full mailing address, telephone number and any required explanation for all medical expenses:

Medical / Eye Care / Dental Facility Name	Full Mailing Address, City, State, Zip	Phone #	Explanation (as required)
Insurance Provider	Full Mailing Address, City, State, Zip	Phone #	Explanation (as required)
Prescription Medications	Full Mailing Address, City, State, Zip	Phone #	Explanation (as required)

8.0 Verification

Section 8.1 - Fair Housing Laws

Notice to all Applicants

Fair housing laws protect applicants from discrimination due to marital status; however for Tax Credit Program purposes, it is necessary for you to disclose your marital status. If you are legally married but your spouse does not plan on living with you in this apartment, your spouse's assets and income must be included as part of your household even though he/she will not be a member of the household. This type of situation could impact whether or not you are income eligible to occupy an apartment here. His/her assets and income will be included as part of your household until such time you can provide legal, written proof that you are legally separated or divorced or that you have legally filed for dissolution of marriage.

Please check one of the following:

- Have always been single Am legally divorced (provide a copy of divorce decree)
 Am widow/widower Am legally separated (provide a copy of separation papers)
 Am legally married Am in the process of dissolution of marriage (provide a copy of filed divorce papers)

Marketing - Please Check how you heard about our property.

- Newspaper Radio Television
 Scanner Flyer Internet
 Word of Mouth Other _____

Section 8.2 - Signatures

All information provided will be verified by Management.

I/We consent to release wage matching data to RHS and the borrower.

I/We certify the housing being applied for will be my permanent residence. I will not maintain a separate subsidized rental unit in a different location. I/We certify that all household assets and income information is correct.

I/We certify all information on this application is true and complete to the best of my knowledge.

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION,

_____	Applicant's Signature
_____	_____
Date	Applicant's Signature
_____	_____
Date	Applicant's Signature
_____	_____
Date	Manager's Signature

Section 8.3 - Ethnic, Racial, Gender Information

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the United States Department of Agriculture, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color national origin, religion, sex, family status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. If you choose not to furnish it, we are required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

Racial Categories (check all that apply)

- White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Islander Black or African American & White
 Asian & White American Indian or Alaska Native & White American Indian or Alaska Native & Black or African American
 Other Multi Racial

Ethnic Categories

- Hispanic or Latino Not Hispanic or Latino

Gender

- Male Female

Citizenship (Please check all that apply)

- US Citizen or qualified Alien A Non-citizen with eligible immigration status Not a US Citizen

Provide a copy of one of the following: US Birth Certificate, US Passport, Green Card, Certificate of Citizenship, Naturalization Certificate, Registered Alien Card or Temporary Resident Card.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider.

