



**ANDERSON HOUSING INCORPORATED
WESTWOOD ESTATES
LOW-INCOME HOUSING TAX CREDIT PROPERTIES
3 BEDROOM UNITS**

**SECURITY DEPOSIT \$300
RENT \$650-\$700**

**PET DEPOSIT \$150 FEE \$100
WEIGHT/BREED LIMITS**

1506 HALFORD STREET- AVAILABLE 7/1/2021

2412 W 23RD STREET- AVAILABLE 7/1/2021

**AMENITIES: ELECTRIC RANGE, REFRIGERATOR, GAS HEAT,
CENTRAL AIR, ATTACHED GARAGE,
WASHER/ELECTRIC DRYER CONNECTION**

APPLICATIONS AVAILABE AT THE ANDERSON HOUSING AUTHORITY

OFFICE: 528 W. 11TH STREET ANDERSON IN 46016

HOURS: MONDAY – FRIDAY 8:00 AM-4:00 PM

APPLICANTS MUST MEET THE LIHTC SCREENING GUIDELINES(attached)

CONTACT: 765-641-2620 x112 or lrichardson@ahain.org



ANDERSON HOUSING INCORPORATED/WESTWOOD ESTATES SCREENING GUIDELINES

AHI/Westwood Estates is an IRS Section 42 Low-Income Affordable Tax Credit Program. **THIS IS NOT A RENTAL ASSISTANCE PROGRAM.** The program is managed by Anderson Housing Authority.

All potential applicants must meet the LIHTC eligibility requirements, admission and screening criteria, including but not limited to the following:

- Applicant must be legally eligible to enter into lease agreement
- Applicant must meet income guidelines according to household size (see below)
- Applicant must have sufficient income to pay rent and utilities
- Applicant must have acceptable credit history
- No bankruptcies in the past 3 years
- No criminal or drug activity on police report
- Provide 2 years Income Tax Reports (if applicable)
- No evictions within the past 3 years (exceptions on case by case basis)
- Good housekeeping skills
- Provide contacts for Landlord History/Referrals
- 25-pound pet limit/Breed limit; Deposit and FEE

Applications will be processed according to date and time received. Incomplete applications will not be accepted. PLEASE COMPLETE ALL AREAS AND SIGN AND DATE WHERE REQUIRED

All adult household members are required to attend a scheduled interview and provide requested documents.

COMPLETED APPLICATIONS WILL BE ACCEPTED DURING NORMAL BUSINESS HOURS M-F 8:00AM-4:00PM AT THE ANDERSON HOUSING AUTHORITY 528 W. 11TH ST. ANDERSON, IN 46016. You may also return by mail or use our drop box located at the employee entrance.

Contact: (765) 641-2620 x112 for further information

ANNUAL GROSS INCOME CANNOT EXCEED THE FOLLOWING

2021 IHEDA INCOME LIMIT:

1 Person Household-**\$28,080**

2 Person Household-**\$32,100**

3 Person Household-**\$36,120**

4 Person Household-**\$40,080**

5 Person Household-**\$43,320**

6 Person Household-**\$46,500**

7 Person Household-**\$49,740**

8 Person Household-**\$52,920**

AHI, Incorporated Westwood Estates, L.P.

528 W. 11th St.

Anderson, Indiana 46016

PHONE: 765-641-2620 EXT. 1112

FAX: 765-641-2629

SELF-DECLARATION

PLEASE PRINT

(This box is for office use ONLY)
PLEASE CHECK PROGRAM BOX(ES)

TAX CREDIT – NO SUBSIDY
 TAX CREDIT W/SUBSIDY
 Specify: Sect 236 Sect 8 Sect 202/8 Sect 811
 FARMERS HOME 515
 HUD
 Specify: Sect 236 Sect 8 Sect 202/8 Sect 811
 FAMILY ELDERLY
 PREFERENCE NO. BDRMS. NEEDED: _____

DATE RECEIVED: _____ TIME: _____

Property Address _____

Application for Occupancy

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD WHO IS NOT RELATED BY BLOOD, MARRIAGE, OR ADOPTION. Please provide date of birth for all persons who will be living in the household. Please state below the name(s) of household member(s) designated to be **HEAD and CO-HEAD**. (Co-head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.)

Last Name,	First,	Mi	Age	Sex	Relationship	Social Security No.	Date of Birth
1.							
2.							
3.							
4.							
5.							
6.							

Married Single Divorced Separated Widowed

Current Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

- Do you have the legal right to enter into a lease? YES NO
- Have you ever filed bankruptcy? YES NO If yes, please explain (include dates):

- Have you ever been convicted of a felony? YES NO If yes, please explain:

- Have you ever been evicted from an apartment? YES NO If yes, please explain:

ALL adults must initial each page:

WARNING: SECTION 1010 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 U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

GENERAL INFORMATION

- YES NO 1. Do you own a waterbed? If YES, do you carry Renter's Insurance? YES NO
- YES NO 2. Do you own a pet? If YES, what kind? _____ Weight: _____
- YES NO 3. Are any household members temporarily absent?
If YES, who? _____ How long? _____
- YES NO 4. Will you be receiving a Section 8 Certificate or Voucher?
- YES NO 5. Are you a **full-time student**? (Student's Name: _____)
- YES NO 6. Are you a **part-time student**? (Student's Name: _____)
- YES NO 7. Do you anticipate enrolling in the next twelve (12) months as a student?
(If YES, complete the following): Full-Time Part-Time

Name of School: _____
Address: _____
Street *City* *State* *Zip Code*

- YES NO 8. Do you pay 50% of your income or more for rent and utilities? (Excluding telephone expenses)
- YES NO 9. Do you live in substandard housing?
- YES NO 10. Are you being involuntarily displaced?
- YES NO 11. Are you a victim of Domestic Violence?

COMPLETE THE FOLLOWING IF YOU ARE A FULL-TIME STUDENT:

- YES NO 1. Are you **married** and filing a **joint** Federal Income Tax Return with your spouse?
(If YES, attach a copy of your **signed** Federal Income Tax Return)
- YES NO 2. Are you a single **parent** with a child (or children) and neither you or the minor child/children are a dependent of a third party? (A **signed** copy of last year's Tax Return must be attached)
- YES NO 3. Is your child/children claimed as a dependent of a third party for any portion of a year or alternating years on their Federal Tax Return? (A **signed** copy of last year's Federal Tax Return, and Divorce Decree, or Marital Separation Agreement must be attached)
- YES NO 4. Are you receiving benefits under Title IV of the Social Security Act, which includes, but is not limited to, AFDC?
- YES NO 5. Are you enrolled in a job training program such as the Job Training Partnership Act or a similar program funded by a state or local government agency?

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Emergency Contact(s)

Name: _____ Relationship: _____

Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip Code*

Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip Code*

Day Phone: _____ Evening Phone: _____

REFERENCES

(List Landlords for past TWO (2) years)

Type of Reference	Landlord Name	Landlord Phone Number	Landlord Address City State Zip
Current Landlord			
Previous Landlord			
Personal Reference			
Personal Reference			

Previous Address if less than 2 years at current address _____

Please Provide Information Below for Outstanding Debts for Which You Have a Balance Due

Type Of Account	Name Of Creditor	Address			
		<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

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ASSETS

Do you own a home or any *real estate? { } YES { } NO If YES, address: _____

Do you have assets considered to be **investments such as a coin collection, antique car, etc.? { } YES (list below) { } NO

HAVE YOU DISPOSED OF AN ASSET FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?

{ } YES { } NO

Please provide information on *ALL* bank accounts, stocks, bonds, trusts, Christmas Clubs, Keoghs, IRAs, etc. in the chart below.

Type of Account	Account No.	Name of Financial Institution	Address (incl. Street, City, State, & Zip)	Account Owner

*Real Estate: If there is a mortgage balance, give the name & address of financial Institution:

**Investments: Such as coin collection, antique car, etc. (Please describe):

INCOME

List Source(s) of Income for All Household Members

Type of Income	Person Receiving Income	Name of Source	Address of Source	Phone Number	Amount Received
Employment					
Employment					
Unemployment					
Child Support					
Alimony					
Public Assistance					
Grant/Scholarship					
Military Pay					
Reoccurring Gifts					
Pension/Annuity					
Other					

Type of Income	Person Receiving Income	Social Security No./File No.	Amount Received
Social Security			
Social Security			
SSI/Disability			
SSI/Disability			
VA or RR Benefits			

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APPLICANT/TENANT CERTIFICATION

I/We certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing, HUD Programs, or FmHA Programs. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We further authorize the disclosure of all information which will verify my/our assets, income, and allowances. I/We understand that applicants **must be eligible** for such programs as listed above. I/We understand and agree that a credit report will be required to establish my eligibility for an apartment and my/our signature(s) below authorizes this investigation.

I/We fully understand that any application fee of \$ 0 per credit applicant is required to cover the cost of processing this application and credit report(s). I/We understand this fee is non-refundable and is not applied toward any rent, deposit, or other charges.

Signature: _____ Date: _____
(Head of Household)

Signature: _____ Date: _____
(Co-Head of Household)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

ETHNIC INFORMATION

The ethnic information requested is required by the property owner in order to assure the Federal Government, acting through HUD, that federal laws prohibiting discrimination against applicants on the basis of race, national origin, and sex are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you. If you choose not to provide the information, the owner is required to note the race and national origin of applicants on the basis of visual observation or surname.

Ethnic Origin: WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN

Signature of Property Manager

Date

In the spirit and intent of the Section 504 regulation of the Rehabilitation Act of 1973, we will not discriminate on the basis of handicap.

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FORM: AHIWWE2020