



*"Welcome Home to Better Living"*

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## APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Please Print Clearly**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### **A. GENERAL INFORMATION**

Applicant Name(s): _____			
Mailing Address:	P.O. Box / Street	City	State ZIP
Daytime Phone:	_____	Evening Phone:	_____
Email Address:	Ethnicity/Race: _____		

Are you currently	
<input type="checkbox"/> RENTING	<input type="checkbox"/> RENTING (Sec. 8 assisted)
<input type="checkbox"/> HOMEOWNER	<input type="checkbox"/> Other (specify): _____
Amount of current monthly rental (if Sec. 8 assisted, include Sec. 8 benefit amount):	\$ _____
If a Section 8 voucher holder, list your share of the current monthly rental?	\$ _____
Amount of current monthly mortgage payment:	\$ _____
If a Homeowner, do you receive monthly rental income from property?	<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)

Check utilities paid by you: <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify): _____	
Approximate monthly cost of utilities paid by you ( <i>excluding phone and cable TV</i> ):	\$ _____
Check utilities assisted by <b>GHURA/NMHC</b> : <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____	
Approximate monthly utility allowance you receive from <b>GHURA/NMHC</b> :	\$ _____

No. of bedrooms in current unit: _____	Bedroom size requested: <input type="checkbox"/> 1BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR
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<b>B. HOUSEHOLD COMPOSITION</b>						
	<b>Name</b>	<b>Relationship to head</b>	<b>Birth Date</b>	<b>Age (optional)</b>	<b>SS#</b>	<b>Student Y/N</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

Will <b>ALL</b> of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF (Welfare) or a title IV (Financial Aid) recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another’s tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**C. INCOME**

List ALL sources of income as requested below.  
 If your income are too numerous to list here, please request an additional form.  
 If a section doesn't apply, please indicate **NONE**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	Social Security (Income based on earned credits from taxable work)	\$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	\$
	SSI (Social Security Income) Benefits (Cash Assistance for 65 or older/Blind/Disabled)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	\$
	Title IV (Financial Aid)/TANF (Temporary Assistance for Needy Families-Welfare)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

**Application**

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Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	
	Employer:	
	Employer's Contact #:	
	Position Held:	How long employed:
	<b>Employment amount</b>	
	Employer:	
	Employer's Contact	
	Position Held:	How long employed:
	<b>Employment amount</b>	\$
	Employer:	
	Employer's Contact #:	
	Position Held:	How long employed:
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

**If a section doesn't apply, please indicate N/A or \$0.**

Checking Accounts	Interest Rate:	Bank Name	Balance \$	
	Interest Rate:	Bank Name	Balance \$	
	Interest Rate:	Bank Name	Balance \$	
Savings Accounts	Interest Rate:	Bank Name	Balance \$	
	Interest Rate:	Bank Name	Balance \$	
	Interest Rate:	Bank Name	Balance \$	
Credit Union	Interest Rate:	Bank Name	Balance \$	
	Interest Rate:	Bank Name	Balance \$	
Certificates	Interest Rate:	Bank Name	Balance \$	
Trust Account	Interest Rate:	Bank Name	Balance \$	
Savings Bonds	Interest Rate:	Maturity Date	Value \$	
Life Insurance Policy	Company:	#	Cash Value \$	
Life Insurance Policy	Company:	#	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

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Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, describe:*

Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

*If yes, Type of property:*

Market value when sold/disposed	\$
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Amount sold/disposed for	\$
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Date of transaction:

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, describe the asset:*

Date of disposition:

Amount disposed	\$
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Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please list:*

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you or any member listed on this application ever been convicted for any criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, describe:*

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, describe*

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, describe*

**Briefly describe your reasons for applying:**




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<b>F. REFERENCE INFORMATION</b>			
Current Landlord	Name:		Contact:
	Address:		How Long?
Prior Landlord	Name:		Contact:
	Address:		How Long?

Credit Reference #1:	Account #:
Address:	Phone #:
Credit Reference #2:	Account #:
Address:	Phone #:
Credit Reference #3:	Account #:
Address:	Phone #:

Personal Reference #1:	Relationship:
Address:	Phone #:
Personal Reference #2:	Relationship:
Address:	Phone #:
Personal Reference #3:	Relationship:
Address:	Phone #:

<b>In case of emergency notify:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Phone #:</b>

<b>G. VEHICLE INFORMATION</b>	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:



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<b>H. REFERRAL SOURCE</b>			
Tell us how you heard about Ironwood Estates?			
	Name:	Contact:	Location:
Family / Friend / Other (person):			
Ironwood Tenant:			
Real Estate Agent/Company:			
Ironwood Advertisement (specify):			
Other (specify):			

**Certification by Applicant(s)**

1. As an Ironwood representative, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly?      Yes    No
2. Do you understand that if we discover during the verification process that others will be living in your household not listed on the application or on this interview checklist that is grounds to cancel your application?  Yes    No
3. **NO PETS. As an Ironwood representative, I am also making you aware that we do not allow pets in the community and having a pet(s) will be in violation of Ironwood’s Community Rules and Regulations. Do you understand this clearly?**      Yes    No

\*\*\*\*\*

I/We certify that all questions on this application have been asked of me/us at my/our personal interview with management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this application. I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Owner Representative/Manager)	Date