

Welcome to Greenspire!

Greenspire LIHTC Apartments, LLC, provides affordable housing for the elderly and disadvantaged. Greenspire offers a home lifestyle where residents and their families are treated with compassion, dignity, and ongoing support. All individuals and families are treated equally without regard to race, color, religion, sex, national origin, handicap, familial status, actual or perceived sexual orientation, gender identity or marital status.

Greenspire believes in providing quality service and a safe, clean environment for the residents. There are established consistent procedures when reviewing applications. Each application is thoroughly reviewed and accepted or rejected in a timely manner.

Qualified applicants must meet the following criteria:

1. Each adult applicant (over the age of 18) intending to reside in the apartment must complete an application. All questions and information on the application must be answered in its entirety.
2. Credit checks will be performed on all applicants. Applicants who have delinquent balances with prior landlord will automatically be denied. Medical judgments and collections are excluded from overall credit screening.
3. Criminal background checks will be performed on all applicants. Sex offenders will automatically be denied. Federal guidelines will apply.
4. Applications must have verifiable satisfactory current and past landlord history (i.e. timely payments and no evictions). Two years of housing is required, and friend or relative is not considered a reference.
5. All sources of income and assets will need to be third party verified. This includes, but is not limited to, Social Security, SSI, employment, pensions, annuity, and bank accounts.

Other criteria:

1. Greenspire LIHTC Apartments, LLC, are specifically for residents 62+ or disabled, therefore applicants must provide verification such as a photo ID and Social Security Benefit letter proving they meet the required qualifications.
2. Maximum occupancy is two persons for a 1 bedroom and 4 persons for a 2 bedroom.
3. Combined household income and income from assets must fall below current income limits for the area in which the property is located.
4. To determine rent payment, medical expenses expected over the next 12 months can also be taken into consideration and must be third party verified.
5. Security deposits are a full month's rent and must be paid in full prior to move in.

If you have any questions regarding Greenspire LIHTC Apartments, LLC or the application process, feel free to contact us at 608-873-7855 or via email at greenspire@sbcglobal.net.

Thank you!



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APPLICATION FOR OCCUPANCY

This is Not a Rental Agreement

Greenspire LIHTC Apartments, LLC (a non-smoking apartment community)
924 Jackson Street, Stoughton WI 53589
Phone: (608) 873-7855 Fax: (608) 873-4537
E-Mail: greenspire@global.net

Applicant's Full Name _____
(First) (Middle Initial) (Last)

Present Address: _____
(Mailing Address) (City) (Zip)

Date of Birth* _____ Age _____
(Month / Day / Year)

Social Security Number _____ Marital Status _____
(Married, Unmarried, Separated)

Telephone Number _____ Email: _____

Spouse/Co-Tenant _____
(First) (Middle Initial) (Last)

Present Address: _____
(Mailing Address) (City) (Zip)

Date of Birth* _____ Age _____
(Month / Day / Year)

Social Security Number _____ Marital Status _____
(Married, Unmarried, Separated)

Telephone Number _____ Email: _____

Other Members of the Household:

Name	Relationship	Date of Birth	Age	Gender	Social Security Number

**Acceptable age verifications include: birth certificate, driver's license, or passport*

Would your household benefit from a housing program for individuals who are 62 or older and/or who have a physical or mental impairment that substantially limits one or more major life activities?

YES NO

Person to be notified in case of emergency:

Name Relationship Full address including zip code

Phone number Email



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What is your preferred moving date? _____

Have you ever filed for bankruptcy? Yes No *If yes, please provide details:*

Have you ever been evicted? Yes No
If yes, please provide details, including date, name of landlord, and reason for eviction.

Are you, or any member of your household a lifetime registered sex offender? Yes No
If Yes, list state(s) registered _____

Is someone legally empowered to act on your behalf? Yes No *If yes, provide legal document.*

Do you have specific housing requirements, such as an accessible unit or any other accessible feature? Yes No *If yes, please explain:*

Will you or any adult household member require a live-in care attendant? Yes No
If yes, additional information will be required.

Do you require an on-premise vehicle parking space? Yes No

All -OR- Some household members are U.S. Citizens or non-citizens with eligible immigration status.

Are you, or any member of your household, a full-time student? Yes No
If yes, additional information will be required.

Do you certify this unit will be your permanent residence and that you do not/will not maintain a separate address in a different location? Yes No

What states have you or any member of your household resided in?



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HOUSING HISTORY

List all addresses that you have lived at within the last five years, including your current address.
 (Use space below and/or attach another page if necessary; explain any dates not accounted for.)

Property Address <i>(Include street number, name and apartment number)</i>	Dates lived at address <i>(Include move-in and move-out dates)</i>	Rent or Own?	Owner / Landlord / Management Company Name	Landlord's Contact Information <i>(Include phone number, fax and email address)</i>
	From: <i>(mo/day/year)</i> To: <i>(mo/day/year)</i>			Phone: Fax: Email:
	From: <i>(mo/day/year)</i> To: <i>(mo/day/year)</i>			Phone: Fax: Email:
	From: <i>(mo/day/year)</i> To: <i>(mo/day/year)</i>			Phone: Fax: Email:
	From: <i>(mo/day/year)</i> To: <i>(mo/day/year)</i>			Phone: Fax: Email:



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DECLARATION OF INCOME

Are you or any members of the household currently receiving income from any of the following sources?

<u>Circle One</u>		<u>Description</u> <i>(Provide most current statement)</i>	<u>Source</u> <i>(Name & contact info)</i>	<u>Gross Amount</u> <i>(Before taxes & deductions)</i>
YES	NO	Employment / Wages/tips/bonuses <i>(Provide 2 of the most recent paystubs)</i>		
YES	NO	Self-Employment <i>(Provide the last 2 most recent years of tax returns including Schedule C)</i>		
YES	NO	Unemployment Benefits or Worker's Compensation or Severance payments		
YES	NO	Social Security <i>(Provide all pages for the most current annual benefit letter)</i>		
YES	NO	Social Security SSI / Disability <i>(Provide all pages for the most current annual benefit letter)</i>		
YES	NO	VA / Military / Armed Forces Compensation & Benefits		
YES	NO	Pension / Annuity / Retirement Funds <i>Do you Receive regular payments</i>		
YES	NO	Disability or Death Benefits <i>(Other than Soc Sec or SSI)</i>		
YES	NO	Spousal Support, Alimony or Court ordered Child Support and/or Maintenance		
YES	NO	Consistent periodic payments from trusts, inheritance, insurance policies or lottery winnings		
YES	NO	Cash contributions or gifts including rent/utility payments on a regular basis from others not living in the unit		
YES	NO	Income from real or personal property i.e. rental income <i>Provide 2 years of taxes & attachments</i>		
YES	NO	Student financial aid, grants & scholarships		
YES	NO	Anticipated Income		
YES	NO	Other Income (GoFundMe, Kickstarter, other online crowdfunding)		

DECLARATION OF ASSETS

Do you or other members of the household have any of the following:



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<u>Circle One</u>		<u>Description</u> <i>(Provide most current statement)</i>	<u>Source</u> <i>(Name & contact info)</i>	<u>Gross Amount</u> <i>(Before taxes & deductions)</i>
YES	NO	Checking – Current balance		
		Savings – Current balance		
YES	NO	Certificates of Deposit (CD) or Money market accounts		
YES	NO	IRA -Are you receiving distributions from this IRA? <i>(monthly, quarterly, annually)</i>		
YES	NO	Stocks / Bonds / Mutual Funds		
YES	NO	Pension / Annuity <i>(No regular payments received)</i>		
YES	NO	Revocable Trusts <i>(Do you control withdrawing from this trust?)</i>		
YES	NO	Non-necessary personal property, recreational car/vehicle not used for day-to-day transportation, campers, motorhomes,ATV,UTV,boat/watercraft		
YES	NO	Real Estate or Land Contracts <i>(Provide the most recent 2 years of taxes and applicable schedules)</i>		
YES	NO	Whole or Universal Life Insurance <i>(Does <u>not</u> include Term Life)</i>		
YES	NO	Lump Sum Payment <i>(Inheritance, Lottery, Insurance settlement)</i>		
YES	NO	Items held as an investment <i>(vintage baseball cards, Barbie collections, coin collections, art, antique cars)</i>		
YES	NO	Cash on hand / Safe Deposit Box <i>(More than \$500)</i>		
YES	NO	Income from other assets not listed above		
YES	NO	Have you sold, given away money or transferred ownership of assets within the past 2 years for less than market value?		



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DECLARATION OF EXPENSES (Expenses you pay "out-of-pocket")

Do you have any of the following medical expenses?

<u>Circle One</u>	<u>Description</u> <i>(Provide most current statement and/or receipts including co-pays)</i>	<u>Source</u> <i>(Name & contact info)</i>	<u>Actual Expenses</u> <i>(Annualized)</i>
YES NO	Medicare Premiums <i>(Provide all pages for the most current annual benefit letter)</i>		
YES NO	Medicare Part D <i>(Provide all pages for the most current annual benefit letter)</i>		
YES NO	Health Insurance Premiums		
YES NO	Prescription Expenses		
YES NO	Doctor/Clinic/Hospital Care		
YES NO	Vision Care		
YES NO	Dental Care		
YES NO	Chiropractic Expenses		
YES NO	Other Medical Expense - Over the counter medications - Assistance and/or companion animal expenses - Medical mileage		
YES NO	Other Expenses (not listed above)		



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AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

This form enables Broihahn Management & Consulting, LLC to comply with federal regulations requiring verification of all sources of income, assets, and expenses of household members residing in federally assisted housing.

Conditions:

The consent granted by this form may be used as a basis to collect income, asset, and expense information which is confidential and protected by the Federal Privacy Act. Such information will be used by Broihahn Management & Consulting, LLC to determine eligibility to reside in federally financed housing. Such information will not be disclosed or released outside of Broihahn Management & Consulting, LLC except to appropriate Federal, State and local agencies monitoring Broihahn Management & Consulting, LLC compliance with federal regulations.

Authorization:

I hereby authorize release of any information requested by Broihahn Management & Consulting, LLC to be used in determining my eligibility to reside in federally financed housing. I agree that photocopies of this authorization may be used for the purpose stated above. I also authorize the Landlord and Manager to investigate my credit and financial responsibility, rental, criminal and evictions history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files of consumers on a nationwide basis. A sex offender check will be completed for all adult members of household (including live-in aides).

I also consent to release wage matching data to Broihahn Management & Consulting, LLC (acting as agent for the owner) and Rural Housing Service.

The undersigned certify that the information and statements provided in this application are true and complete to the best of my/our knowledge and belief. 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 agree to provide verifications of all income and assets as required by the Owner or its agent. I/We authorize disclosure of all information which will verify my/our income, assets, and expenses.

Subject to approval, this will be my/our primary residence. If we cannot approve your application, you will receive a letter explaining the reason for denial.

Signature of Head of Household Date

Signature of Spouse – OR – Co-Applicant (if applicable) Date

Other Adult Household Member (if applicable) Date



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This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by Rural Development. The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to notice the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname. **You are not required to furnish this information, but are encouraged to do so, and there is no penalty for persons who do not complete the form.**

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories**	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Gender***	Select One
Male	
Female	
Other	

Ethnic Categories*

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".
2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial Categories**

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. Asian. A person having origins in any of the original peoples of the Far East., Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Gender***

1. Male. Assigned male sex at birth.
2. Female. Assigned female sex at birth.
3. Other. Transgender, does not identify with assigned sex at birth, perceived gender related characteristics.



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