



**The Gardens at Flint Hills
FHI Apartments LP
1400 Flint Hills Place
Manhattan, KS 66502
Phone: (785) 537-3422
FAX: (785) 537-7479**



PLEASE MAIL OR BRING COMPLETED APPLICATION TO:

**Gardens at Flint Hills
1400 Flint Hills Place
Manhattan, KS 66502**

**Manhattan Housing Authority
P.O. Box 1024
205 So. 4th Street, Suite G
Manhattan, KS 66502**

Applications are reviewed in the order they are received. Please PRINT Clearly. Do not use White Out. The attached Landlord Reference form must be completed by your landlord and returned directly to us by the landlord. Once you are contacted that a unit is available, we will need the following information:

- Birth Certificates for all members of the household
- Social Security cards for all members of the household
- \$30.00 Fee for background check. Must be paid by money order or cashiers check and made payable to the Gardens at Flint Hills/FHI Apartments..
- Most recent six (6) months bank statements for all members of the household, all accounts
- Most recent six (6) months consecutive pay stubs, if employed
- Most recent six months statement for any pre-paid debit cards (i.e. NetSpend, AmEx, NOW Card, etc.)
- Verification of Child Support Payments (including Order for Child Support, County of Order and Case Number). If applicable, include Kansas Payment Center printout for the most recent 12 months or a printout from the Child Support in the State where it was ordered.
- Most recent Income Tax Return (entire return, including W-2, 1099, Etc)
- Any other income or asset information not mentioned above
- If you are currently a student, please provide a current class schedule, tuition statement, most recent student financial aide award letter and Student Verification from www.degreeverify.org.

Your name will be placed on our waiting list and you will be contacted via phone and/or mail when we have units available. Therefore, it is **very important that you provide us with any changes in your address and phone number as they occur so that we can contact you.**

Thank you for your interest in our housing! All guidelines of the Low Income Housing Tax Credit (LIHTC)/HOME program must be met.

Mailing Address: PO Box 1024, Manhattan, KS 66505-1024 • Street Address: 205 S. 4th Street Suite G, Manhattan, KS 66502 Phone: 785-776-8588 • Fax: 785-537-0269 • Web Page: www.mhaks.com

APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY

Project Name	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.****

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

**** If Divorced or Separated please list the date(s): _____ ****

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant		Other Applicant		Amount:
	Yes	No	Yes	No	
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant		Other Applicant		Cash Value Amount	Name of Bank or Institution:
	Yes	No	Yes	No		
(27) Savings Account					\$	
(28) Checking Account Debit Card/Demand Deposit Account					\$	
(29) Certificate of Deposit					\$	
(30) Safe Deposit Box					\$	
(31) Trust Account					\$	
(32) Any Stocks or Securities					\$	
(33) Any Treasury Bills					\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)					\$	
(35) Mutual Funds					\$	
(36) Saving Bonds					\$	
(37) Money Market Account					\$	
(38) Cash on Hand (excluding checking accts)					\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, CitiBank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	

Do you or anyone in your household have:

40. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Amount of most recent tax bill: _____

--

PART III - ASSET INCOME (continue) - To be completed by applicant

<p>44. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>45. Do you have any other assets not listed above (excluding personal property)? If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART IV – STUDENT QUESTIONS - To be completed by applicant

<p>46. Are all occupants' full-time students? If Yes please answer the following listed below:</p> <p>a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, <u>and</u> all household members are full time students, attach a copy of the Signed Federal Income Tax Return). b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>47. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____ Name of School (s) _____ Where located: _____ When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART V – RENTAL HISTORY - To be completed by applicant

**48. Residence History: Current & Previous Landlords:
(Past 2 years residence including any owned by applicants.)**

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**49. Residence History: Current & Previous Landlords for Co-Head or Applicant:
(Past 2 years residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:

50. Head's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

51. Head's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

52. Spouse Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

53. Spouse's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

PART VII - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
56.		\$
57.		\$
58.		\$

PART VIII - OTHER - To be completed by applicant

59. Do you have full custody of your child (ren)? Explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
60. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you <u>ever</u> received rental assistance If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

PART IX – RESIDENT’S STATEMENT - To be completed by applicant

69. Do you have a legal right to be in the United States: (check one that applies) _____ Yes, because I am a United States Citizen _____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) _____ No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART X – SPECIAL NEEDS - To be completed by applicant

70. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Special living accommodations required? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

**** Before you complete this section of the application, were all questions above completely answered? All blanks filled in? If not please go back through the application and complete the sections that were left blank.****

PART XII - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature	Date
Other Applicant Signature	Date

*****This section must be completed even if assistance was not needed*****

Did anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's
 Authorized Representative: _____ Date _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White 2 – Black/African American 3 – American Indian/Alaska Native
 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era Vietnam Veteran
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!



**The Gardens at Flint Hills
FHI Apartments LP
1400 Flint Hills Place * Manhattan, KS 66502
Phone: (785) 537-3422
FAX: (785) 537-7479**



LANDLORD REFERENCE

(TO BE COMPLETED BY LANDLORD ONLY and RETURNED TO OUR OFFICE DIRECTLY BY LANDLORD)

The following individual has applied for occupancy with the Manhattan Housing Authority Public Housing Program. In order to determine his/her eligibility and suitability for housing assistance, we must obtain past rental history for this applicant. Please provide us your cooperation by answering the questions below and return within ten (10) days. Thank you in advance for your prompt attention!

Name of Applicant/Tenant: _____ Address of Property Rented _____

My signature hereby authorizes the release of the requested information: _____

Dates of Tenancy (Month/Year): From _____ To _____ Amount of Rent? \$ _____

Did tenant pay rent on a timely basis? Yes No Were utilities maintained as required? Yes No

Were any written notices to vacate the premises issued to the Tenant at any time during tenancy? Yes No

If Yes, reason: _____

Do you have any knowledge of any behavior that was detrimental or a nuisance to other tenants? Yes No

If Yes, please describe? _____

Did the tenant keep his/her residence in a clean and sanitary condition? Yes No

If No, Please Explain: _____

Did the Tenant vacate the premises owing a balance? Yes No

If Yes, how much? Rent \$ _____ Damages \$ _____ Other \$ _____ Total \$ _____

Has the balance been cleared as of this date? Yes No Is there a repay agreement in place? Yes No

Would you rent to this person again? Yes No Are you in any way related to applicant? Yes No

If yes, please explain the nature of your relationship? _____

If your property state or federally subsidized? Yes No If yes, please explain _____

Please provide any additional information you feel would be helpful:

Landlord Printed Name: _____ Phone: (_____) _____

Landlord Address: _____

Landlord Signature: _____ Date: _____

Thank you for your time and cooperation!



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a reasonable accommodation, we ask that you request what assistance is desired by contacting the Manhattan Housing Authority, 300 North 5th Street (P.O. Box 1024), Manhattan, Kansas, 66505-1024, or call (785) 776-8588 (or 1-800-766-3777 TTD Kansas Relay Center). We are here to assist you.

INSTRUCTIONS FOR LANDLOR REFERENCE

Please Carefully Note The Following:



- Provide the Landlord Reference form to your CURRENT Landlord
- Your LANDLORD must complete the form completely, including signature, date and contact information
- Your LANDLORD will need to return the form directly to us via FAX at (785) 537-7479 or via mail by mailing to:

The Gardens at Flint Hills
1400 Flint Hills Place
Manhattan, KS 66502

- Applicants MAY NOT return this form in person
- If you have not been at your current address for at least 12 months, an additional reference will be required.

INSTRUCTIONS FOR LANDLOR REFERENCE

Only if you have NEVER had a Landlord:

- A Professional Reference will be accepted.
- The Professional Reference MUST be written on professional letterhead
- The Professional Reference CANNOT be from a friend, family member, family friend, etc.
- The Professional Reference must come from someone who has known you in a professional capacity for at least one (1) year. Examples include teacher/professor, counselor, clergy, employer, social service advocate.
- The Professional Reference must state the following:
 - How long they have known you
 - In what capacity they know you
 - Attributes or characteristics that would qualify you as a good candidate for our housing program.
- Your LANDLORD will need to return the form directly to us via FAX at (785) 537-7479 or via mail by mailing to:

The Gardens at Flint Hills
1400 Flint Hills Place
Manhattan, KS 66502

- Applicants MAY NOT return this form in person
- A Professional Reference may NOT be substituted for a Poor Landlord Reference