

INITIAL INQUIRY FORM

Prospects Name _____ Date _____

Age _____ Address _____

City _____ St _____ Zip _____

Current Living Situation _____

Person Inquiring _____ Phone _____

Alternate Phone _____

Relationship _____

How did they hear about Delaware Highlands _____

SUMMARY OF CURRENT NEEDS / PREFERENCES

Applied for Medicaid Y N Private Pay Y N
Needs to apply Y N On Medicaid Y N

Income \$
- 747



RESIDENT SELECTION CRITERIA

This Resident Selection Criteria has been written in accordance with local, state, federal, and all applicable fair housing laws. This Resident Selection Criteria will be used for all applications, without regard to race, color, creed, sex, age, religion, national origin, familial status, or handicap.

Applications will be processed in the order of receipt. A waiting list is used. All applications must be updated every 90 days or they will be removed from the current waiting list.

This is a LIHTC Housing Program that is governed by the IRS – Section 42 rules and guidelines. Owner is required to verify all income and assets from all sources to determine the household's eligibility. There are income restrictions to initially qualify. Household must be recertified annually for all years residing in the apartment. The income guidelines are set by federal and state agencies. Listed below are the income guidelines for this county. THE AMOUNTS ARE THE MAXIMUM THE HOUSEHOLD CAN EARN.

50% Income Limits

1 Person Household - \$25,500.00

2 Person Household - \$29,150.00

60% Income Limits

1 Person Household - \$31,080.00

2 Person Household - \$35,520.00

A household will be denied residency if any member is currently engaging in illegal drug use, been evicted by a previous landlord for drug related or criminal activity, or if any member of the household is a sex offender and is subject to a lifetime registration requirement under a state sex offender program.

Married individuals living apart must provide documentation whether a spouse is permanently or temporarily absent.

Applicants will be verified thoroughly. Your application will be rejected if you falsify information pertaining to your income, assets, name, citizenship, marital status, household members, or certain residence. All applications must include current telephone numbers, addresses, and previous rental history. Each applicant must qualify on his/her own ability.

Deposit for a one bedroom is \$350.00 and is received at Section 42 application appointment and is due at time of application appointment.

The cost to receive any verification will be charged back to the applicant.

Applicants currently on Medicaid must be 65 years and older.

The initial lease is for one (1) year.