

Magnolia Commons

(559) 441-2315 TTY: 800-735-2929

Unit Size: 1bd 2bd 3bd 4bd

LOW INCOME HOUSING TAX CREDIT

APPLICANT: _____
(First) (Middle) (Last)

SSN: _____ - _____ - _____ DATE OF BIRTH: ____/____/____ SEX: M / F

HOME PH: (____) _____ - _____ CELL PH: (____) _____ - _____ MESSAGE PH: (____) _____ - _____

E-MAIL: _____

CURRENT ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

DATES AT THIS ADDRESS: FROM: _____ TO: _____

LANDLORD NAME: _____ LANDLORD PHONE NUMBER: _____

PREVIOUS ADDRESS: (If less than three years)

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

DATES AT THIS ADDRESS: FROM: _____ TO: _____

LANDLORD NAME: _____ LANDLORD PHONE NUMBER: _____

PREVIOUS ADDRESS: (If less than three years total)

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

DATES AT THIS ADDRESS: FROM: _____ TO: _____

LANDLORD NAME: _____ LANDLORD PHONE NUMBER: _____

NOTE: Subsidy standards for unit size apply.

Household Composition: List ALL persons who will be living in the household.

	FIRST AND LAST NAMES	Relationship To You	Sex M/F	Date of Birth	Social Security No.		
1		Head of Household					
2							
3							
4							
5							

Household Income: List ALL income in the household.

Household Member Name	Employer/Source	Address & Phone #	Monthly Income	How long

Total Monthly Household Income: \$ _____
 (If additional sources, list on separate piece of paper and attach)



Assets: List all Savings/Checking Accounts, real estate, stocks, bonds, etc. or other assets for the household. If none enter 'NONE.'

Household Member Name	Source	Account #	How long

Has any family member(s) disposed of any assets for less than fair market value in the last 2 years?
 Yes No

Voucher Holder: Do you currently have a Section 8 Voucher? Yes No

DISABILITY STATUS: Are you or your co-head or spouse a person with a disability? Yes No

Are you or any member of your family a person with a mobility impairment that needs an accessible unit (wheelchair accessible)? Yes No

AFFIRMATIVE ACTION INFORMATION. Applicants are considered for housing without regard to race, color, sex, religion, creed, national or ethnic origin, age, family or marital status, handicap or disability, or sexual orientation. Federal and state governments require Magnolia Commons to collect certain demographic information. This information helps us to better serve those populations most in need of the Fresno Housing Authority’s assistance. To help us with this goal, please complete the information regarding ethnicity and race below. The information you provide will only be used for the Authority’s compliance with federal and state, record keeping and, reporting requirements. The information you provide has no bearing on the processing or approval of your application and will not be used for law enforcement purposes.

Ethnicity: (Select Only One) Hispanic or *Latino* Not-Hispanic or *Latino*

Race: (Select All that Apply) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White Other

APPLICANT’S RESPONSIBILITY. Applicants are required to inform Magnolia Commons, in writing, of changes in family composition, preferences, address, phone numbers, or any other information that may affect their application on the waiting list(s). **Please mail your application changes to the address provided below.**

CERTIFICATION. The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site’s resident selection plan, and my payment of any applicable security deposit in advance of move-in.

 Print Name Social Security #

 Signature Date

Hand-deliver application to:
 1445 Peach Street, Selma, CA 93662
 (559) 441-2315 TTY: 800-735-2929

