

**Foxcrest Elderly Housing**  
Corner of Cheyenne Street & Cleveland Avenue

**Qualifications:**

All tenants must meet the income and credit guidelines

Income cannot exceed 60% of the area median income

<b>Family Size:</b>	1	2	3	4
<b>Income Limits:</b>	\$28,740	\$32,820	\$36,900	\$40,980

A \$25.00 Non-refundable application fee must be paid before application may be processed

A Cheyenne Police Department background check and a State of Wyoming Division of Criminal Investigation background check must be provided before the application will be processed. The background check documents will become a part of the application and will be used to determine eligibility.

A credit report will be obtained on all applicants and will be used in determining eligibility for residency.

Must be 55 years of age or older

**Rent:**

One (1) bedroom units - \$422.00 per month

Two (2) bedroom units - \$502.00 per month

**Security Deposit:**

Security deposit is equal to one month's rent and payable when signing one year lease

**Utilities:**

Owner pays for water, sewer and trash removal

Tenant is responsible for all other utilities

**Amenities:**

Refrigerator	Electric Range	Attached single car garage
Sprinkler system	Washer/dryer hook-ups	Natural gas forced air heat
Patio	Natural gas water-heater	All units are ground level
Pets are allowed <b>ONLY</b> with some restrictions		<b>NON-SMOKING UNITS</b>

**Tenant responsibilities:**

Units must be kept-up and clean

**Other questions:**

Please call (307) 637-4676 for further information or tours.



## FOXCREST

The Foxcrest housing complex is a Low Income Housing Tax Credit (LIHTC) development. LIHTC's is a federal program, which enables individuals with limited incomes to lease apartments at affordable rents. The LIHTC units may only be leased to individuals that have income at or below 60% of Area Median Income by family size. To ensure that Tax Credit units are rented to individuals who qualify by having limited income, the Foxcrest Limited Partnership must verify income received from all so The head of household and each member of the household 18 years of age and older must fill out and will be required to disclose and certify in writing the amount of anticipated annual income including wages, interest income, pension distributions, and other income from any source for the coming year.

Tenants are required to recertify annually which will include third party verification of income in writing. All Income will need verification documentation.

The requirements of the LIHTC program may not be waived or modified.

Providing false, misleading or incomplete information relating to household income or composition may be grounds for denial of a unit or eviction from a unit.

Applicant eligibility will be determined based on verified information.

If any applicant or tenant is self-employed, they will need to provide a copy of the prior year income tax return (including form 1040 and schedule C) and a current year to date profit and loss statement for the business will be required.

Wyoming Housing Opportunities Association, Inc. will need a copy of the Social Security card and driver's license for **ALL** 18 years old and older applicants.

## APPLICATION FOR HOUSING

Purpose: To obtain resident or household information, sufficiently detailed to determine income and program eligibility.

General Instructions: Address all lines and sections. If a line or section is not applicable instruct the applicant to cross it out, mark with "N/A", or mark with a "0" if it is a dollar amount line or section.

Specific Instructions:

1. All applicants 18 and older must sign the application.
2. All sources of earned income must be reported for all household members 18 years and older.
3. All unearned income and assets must be reported for all household members, including minors.
4. If a spouse or roommate is not working, it must be disclosed what he or she is doing, i.e. homemaker, student, etc. (An unemployed or 0 Income verification should be filled out.)
5. Application information should not exceed 90 days of move-in to be sure that income/asset sources to be verified are current and still applicable. If an application becomes out-of-date, either a new application must be submitted to update information or the applicants may be called in for the application interview (using the Interview Checklist form) to update all information.



### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months?     Yes     No

If yes, explain |

Will all 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?     Yes     No

**IF YES. ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	J Yes	J No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	J Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	J Yes	J 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?	J Yes	J No

**C.INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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.	\$
	Child Support	
	Are you <i>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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$
<b>Do you anticipate any changes in this income in the next 12 months?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

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

If a section doesn't apply, cross out or write NA.

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

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

Have you sold/disposed of any property in the last 2 years?	Yes	No
<i>If yes, Type of property</i>		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
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)?	Yes	No
<i>If yes, describe the asset</i>		
Date of disposition		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No

**Briefly describe your reasons for applying:**

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference # 1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference # 1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:

In case of emergency notify

Address:

Relationship:

Phone #:

**G. VEHICLE AND COMPANION/SERVICE ANIMAL (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe:</i>	

**CERTIFICATION**

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

**TENANT RELEASE  
AND CONSENT**

I/We \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_  
\_\_\_\_\_ to release without liability, information regarding my/our employment,  
income and/or assets to the Foxcrest Limited Partnership, c/o Wyoming Housing Opportunities  
Association (WHOA) for the purpose of verifying information provided as part of my/our housing  
unit rental application.

**Information covered:**

I/We understand that previous or current information regarding me/us may be needed. Verifications  
and inquiries that may be requested include, but are not limited to: personal identity, employment,  
income and assets; medical or child allowances. I/We understand that this authorization cannot be  
used to obtain any information about me/us that is not pertinent to my eligibility for and continued  
participation as a Qualified Tenant.

**Conditions:**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The  
original of this authorization is on file and will stay in effect for a year and one month from the date  
signed. I/We understand I/we have a right to review this file and correct any information that I/we  
can prove is incorrect.

**Signatures:**

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

**Note:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX  
RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST FOR  
COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

## FEDERAL PRIVACY ACT STATEMENT

The Wyoming Community Development Authority and the Internal Revenue Service collect information on tenants in low income housing tax credit assisted rental housing. The U.S. Privacy Act of 1974, established requirements governing the use and disclosure of the information collected on individuals and families.

Entities operating such housing must retain and provide to the above listed agencies information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the owner, or its agents, when applying or being re-examined.

**USE:** The agencies listed above use the information to monitor compliance with Federal requirements on eligibility and to verify the accuracy and completeness of the income information.

**PUBLIC ACCESS:** Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts the disclosure of information on individuals and families but does not restrict the owner, or its agents, from releasing such information. There may be State and local laws or regulations that govern disclosure.

**INFORMATION REQUIREMENTS:** Providing Social Security numbers for yourself and other residents of the household is a requirement. Failure to give it effects your eligibility for participation or recertification.

The other information must be provided so that the above mentioned agencies can carry out monitoring and data collection responsibilities. Failure to do so may result in eviction.

**SIGNATURE:** I have read this Federal Privacy Act Statement on \_\_\_\_\_, 20\_\_.

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HEAD OF HOUSEHOLD

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CO-TENANT SIGNATURE

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.