

RENTS & Minimum Annual Income Required per bedroom size:

LIHTC- Affordable Apartments

1 Bedroom \$732/mo.* Min. Annual Income Req. \$24,0002 Bedrooms \$837/mo.* Min. Annual Income Req. \$27,0003 Bedrooms \$941/mo.* Min. Annual Income Req. \$30,000

MAXIMUM ANNUAL GROSS INCOME ALLOWABLE @ 60%AMI for the LIHTC – Affordable Apartments

1 Person	\$28,860	4 Persons	\$41,160
2 Persons	\$32,940	5 Persons	\$44,460
3 Persons	\$37,080	6 Persons	\$47,760

Market-Rate Apartments

1 Bedroom \$775/mo. * Min. Annual Income Req. \$25,000 2 Bedrooms \$825 - \$930/mo. * Min. Annual Income Req. \$27,000 3 Bedrooms \$1,205/mo. * Min. Annual Income Req. \$39,000

NO MAXIMUM INCOME RESTRICTIONS for the Market-Rate Apartments

PRE-APPLICATION INSTRUCTIONS

- 1. Please make sure to fill in all spaces and answer all questions. If the answer to a question is \$0 or "not applicable", please make sure to enter that response.
- 2. All questions must be answered in legible print or writing.
- 3. Date of Birth and Social Security Numbers must be filled in for each household member.
- 4. Everyone in the household over 18 years of age must sign the pre-application.

5. <u>NO HAND DELIVERED PRE-APPLICATIONS WILL BE ACCEPTED, THEY MUST BE</u> MAILED, FAXED OR EMAILED TO:

RIVER WEST PH. 1 ATTN: TMO 2232 South Nogales Tulsa, OK 74107

FAX: 1.877.886.2151 EMAIL: RiverWest@TMO.com

6. If you do not follow the above procedures your pre-application may be delayed or not processed.

Please note:

*Pre-Applications will be time and date stamped and will be reviewed in the order in which they are received.

REQUIREMENTS FOR ALL APPLICANTS:

Everyone in the household 18 years of age and older will be screened for:

-INCOME & ASSET Verification -CREDIT & CRIMINAL BACKGROUND CHECKS -STUDENT STATUS -LANDLORD verification





FOR MORE INFORMATION CALL: 918.600.0740 TTY 711



RIVERWEST APARTMENTS

PRE-APPLICATION

PLEASE NOTE:

This pre-application is used to be entered onto the waiting list electronically and this pre-application will be used to run a credit & criminal background check for all adults 18 years of age & older. A full application will need to be completed upon interview process. Please complete and return as instructed.

NAME:

_____ CONTACT NUMBER: _____

MAILING ADDRESS: ____

EMAIL ADDRESS:____

EMERGENCY CONTACT NAME:_____

PHONE NUMBER: _____

List Full Name, Social Security Number, Age & Date Of Birth Of All Household Members: INCLUDING HEAD OF HOUSEHOLD

	Name	Relationship to Head	Social Security Number	Age	Sex	Date of Birth	Full Time Student (Y/N)
HH		SELF					
1							
2							
3							
4							
5							
6							
7							
8							

Bedroom size desired: _____

Source of Income (Check all that apply):

 Employment______SS____SSI____Child Support_____Alimony_____Pension_____Disability_____

 Regular Cash Contributions______Self Employment_____Unemployment_____

Total Gross of all above annual household income: \$______ Housing Voucher (Yes/No):_____

FOR OFFICE USE ONLY					
Application Entered By:					
Application Entered On:					
Elderly/Disabled Housing					
General Developments					
Bedrooms	1	2	3	4	





Does your household require an accessible unit? If	? If yes, please identify the special feature neede	ed:
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Current Landlord:	Rental Amount: \$			
Landlord Address:				
Landlord Phone Number:	How long have you lived here?			
For Statistical Purposes Only:				
Race of Head of Household (check one):				
[] White [] Black [] American Indian/Alaskan Native [] Asian [] Other [] Do not wish to answer				
Ethnicity of Head of Household (check one):				
[] Hispanic [] Non-Hispanic [] Do not wish to answer				

I/we certify that if selected to live in this affordable housing, the unit I/we occupy will be my/our only residence. I/we understand that the above Information is being collected to determine my/ our eligibility. I/we authorize the owner/manager to verify all information provided on this application for credit and criminal background verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household

Signature of Co-Head of Household

Signature of Member 18 or older

Signature of Member 18 or older

Date

Date

Date

Date



