

**Workforce Housing Exemption
2008 Application Information**

Applicant Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Mailing Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Marital Status: _____
 Spouse's Name: _____

Spouse's Phone: _____

Permit Number: _____ Application Date: _____

Household Profile

<u>OCCUPANT FULL NAME</u>	<u>RELATIONSHIP</u>
Occupant #1: _____	_____
Occupant #2: _____	_____
Occupant #3: _____	_____
Occupant #4 _____	_____
Occupant #5 _____	_____
Occupant #6 _____	_____
Occupant #7 _____	_____
Occupant #8 _____	_____

**INCOME REVIEW SECTION
PLEASE ATTACH TAX RETURNS FOR THE FOLLOWING YEARS
2007 Income Tax Filing Information**

Primary Tax Payer Profile **Income Reported:** _____

_____ *Last* *First* *M.I.*

_____ *Address on Return (City, State, Zip)* _____ *Tax ID or Social Security#*

Primary Phone: () _____ Alternate Phone: () _____

Secondary Tax Payer Profile **Income Reported:** _____

_____ *Last* *First* *M.I.*

_____ *Address on Return (City, State, Zip)* _____ *Tax ID or Social Security#*

Primary Phone: () _____ Alternate Phone: () _____

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2006 Income Tax Filing Information

Primary Tax Payer Profile **Income Reported:**

Last *First* *M.I.*

Address on Return (City, State, Zip) *Tax ID or Social Security#*

Primary Phone: () Alternate Phone: ()

Secondary Tax Payer Profile **Income Reported:**

Last *First* *M.I.*

Address on Return (City, State, Zip) *Tax ID or Social Security#*

Primary Phone: () Alternate Phone: ()

2005 Income Tax Filing Information

Primary Tax Payer Profile **Income Reported:**

Last *First* *M.I.*

Address on Return (City, State, Zip) *Tax ID or Social Security#*

Primary Phone: () Alternate Phone: ()

Secondary Tax Payer Profile **Income Reported:**

Last *First* *M.I.*

Address on Return (City, State, Zip) *Tax ID or Social Security#*

Primary Phone: () Alternate Phone: ()

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify for an exemption under the **Workforce Housing Fee (Resolution No. 2006-44)**. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval for a prospective exemption may be delayed or rejected.

I/We hereby certify that all of the information submitted is true and complete. I/We made no misrepresentations in the application or other documents, not did I/We omit any pertinent information:

Signature of Applicant/Primary Tax Payer

Date

Signature of Applicant/Secondary Tax Payer

Date

For Internal Use Only

Received By: **Date**
Approved/Denied By: **Date:**
Comments: