

Office Use Only: _____ EL Income _____ Very Low Income _____ Low Income

Date/Time Received: _____ Accessible Unit Requested

Application for Eligibility Determination for Residency with SunStates Management

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?

_____ Yes _____ No

If Yes, please list the language and services requested:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

_____ Yes _____ No If Yes, please list the request: _____

1. Household Composition and Characteristics & Family Summary Sheet: *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

Mbr. No.	Last Name	First Name	Relationship to HOH	Age	Sex	Date of Birth	Social Security Number
1							
2							

Current Mailing Address: _____
Street Apt.

City, State, Zip Code Telephone (area code)

2. Mobility Impaired/Barrier-Free Units: Do you have a mobility impairment that would necessitate the features of a fully accessible/barrier-free unit? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant _____

Name/Address of a Doctor who can verify either of these needs: _____



3. Current Housing Status: Please list all addresses where you have lived during the past ten years. *(Use additional sheet if necessary.)*

Address (including Apt. #)	City/State/Zip	Dates Lived there	Rental	Manager

4. Employment: Are you or a household member currently employed? Yes No If Yes, give name and address of your employer(s):

Mbr. No.	Name	Address/City/State/Zip	Telephone with area code
1			
2			

5. Income: Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Monthly or Periodic Amount: Mbr. No. 1	Monthly or Periodic Amount: Mbr. No. 2	Documentation Needed at eligibility interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Retirement			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Specify)			Written Documentation

Do you or any members of your family have any regular sources of income not listed above? Yes No If yes please describe: _____



6. Assets: Do you or any members of your family have any of the following assets?

Please Select an Answer	Asset	Current Value	Documentation Needed as Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1000)		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment		Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts		Most Recent Statement

Do you or any member of your household own a home, commercial property, or other real estate? Yes No If yes, please list and provide documents.

Address _____ Estimated Value
 _____ \$ _____

7. Do you or any member of your household have any Life insurance policies with permanent cash value? (May be called “whole life”, “universal”, or “paid up” coverage.)
 Yes No If yes, please list policies below:

Name of Company	Policy #	Face Value	Current Cash Value

8. Student Status: Are you or any member of your household currently enrolled in an institute of higher education? Yes No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, “Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937”, implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for Section 8 assistance, or the student’s parents are, individually or jointly, ineligible for assistance, no Section 8 assistance can be provided to the student.

If Yes, please list family member(s) and institution:



9. Do you have **Medicare**? Yes No Please provide documentation.
 Do you have **other medical insurance that you are paying out of pocket**? Yes No
 If Yes, give the name of the insurance company and your policy number and amount of premium: _____

 Are your medical bills paid by insurance? Yes No
 Are you receiving medical assistance through Medicaid? Yes No
If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

10. Do you have any **dependents** that live with you? Yes No

11. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years? Yes No
 If Yes, please describe: _____

12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Address, City, State, Zip	Telephone (area Code)

13. **Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.** Yes No If Yes, please explain and name household member: _____

Are you or any member of your household subject to a lifetime registration requirement under a state/federal sex offender registration program? Yes No If Yes, please explain and name household member: _____

Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity. Yes No If Yes, please explain and name household member: _____

Are you or any member of your household currently engaged in illegal drug use?



Yes No If Yes, please explain and name household member: _____

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? Yes No If Yes, please explain and name household member: _____

SunStates Management may prohibit admission of a household to federally assisted housing under your standards if you determine that any household member is currently engaging in, or has engaged in during a reasonable time before admission decision:

- (1) *Drug-related criminal activity*
- (2) *Violent criminal activity*
- (3) *Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) *Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

14. Optional Information: Do you plan to use a service or assistive animal in this facility? Yes No If Yes, please describe the animal: _____

Do you have a pet you wish to bring into this facility? (There is a \$200 deposit per pet, no more than 2 with a 20 lb. weight limit) Yes No If Yes, please describe the animal: _____

Do you have a vehicle you wish to bring onto the property? Yes No
If Yes, is the car registered, insured, in operable condition and owned by a member of the household? Yes No If Yes, please describe vehicle (Make, Model, Year): _____

15. Applicant(s)' Certification:

I/We certify that if selected to move into this project, 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 for assistance. I/We authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/We understand that our information will be kept confidential, but may be reviewed by a HUD auditor. 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, and could result in this application being rejected. I/We am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact property in writing every six (6) months should we decide to remain on the waiting list.



I/We understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Person Assisting the Applicant on Filling-In the Application: _____ Date: _____

Signature of Property Representative: _____ Date: _____

SunStates Management does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preferences, disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. SunStates Management does not discriminate based upon age for any reason excluding HUD program/project requirements.

