

Fill out application completely. If anything is left blank, the application may be rejected.
 Contact the site manager with questions about the application process. **Please do not use any white-out on this application. If an error is made, please put a line through it, make the correction and initial it.**



For Office Use Only

Date: _____	Time: _____	Initials: _____
Unit Number Assigned: _____		

HOUSING APPLICATION

Applicant Current Address: _____

Telephone Number (Head of Household): _____

Complete Address (Head of Household): _____

Name and Number of Emergency Contact: _____

HH #:	Member's Full Name	Relationship	Date of Birth	Sex F/M	Are you, or have you been a student in the last year?	Social Security Number
1		HEAD			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Yes <input type="checkbox"/> No	

For every student household member, complete the information below:

HH #	Name of School	Mailing address and telephone number of school

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Do you or anyone else in your household qualify for housing because of a handicap or disability?
 Yes No If yes, please explain: _____

How many people live in your household now? _____
 Will any members of household applying for this unit live anywhere except this unit?
 Yes No If yes, please explain: _____

UNIT PREFERENCE: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent's occupancy standards indicated a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1.

Please indicate unit size preferences below. If you require special unit features, the owner/agent must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate the desire for special features below.

Unit Size	Special Features
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> Communication Accessible Unit (Visual)
	<input type="checkbox"/> 1 st Floor Unit
	<input type="checkbox"/> Unit within _____ feet of an exit/elevator
	<input type="checkbox"/> Special Features: Provide Items Below:

SELECTION PRIORITY: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the following preferences:

- Displaced by a presidentially declared disaster
- Displaced by a federally or locally declared disaster

We do not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

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Do you expect your household composition (# of people) to change in the future?
 Yes No If yes, please explain: _____

Do you have sole legal and physical custody of your children?
 Yes No Not Applicable (N/A)
 If yes or no, please explain custody agreement: _____

Does/will the household receive rent assistance?
 Yes No If yes, please indicate from what source: _____

PREVIOUS RENTAL HISTORY: Screening is used to help ensure that people who live on the property will abide by the rules of the property so that everyone has a safe home and is allowed to live in peach and quite comfort.

Present Landlord	
Address	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
Move-In and Move-Out dates	To
Reason for Leaving	
Previous Landlord	
Address	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
Move-In and Move-Out dates	To
Reason for Leaving	
Previous Landlord	
Address	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
Move-In and Move-Out dates	To
Reason for Leaving	

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HOUSEHOLD INCOME INFORMATION

(all information will be verified by a third party)

For each household member (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time or seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	<u>YES</u>	<u>NO</u>	<u>Gross Monthly Amount</u>
1. Wages, salaries, (including overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. General Assistance benefits (MFIP, GA, MSA)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Child support?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Alimony or spousal maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. Social Security, SSI (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10. Long or Short Term Disability?.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11. Pensions (PERA, railroad, pension from military, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12. Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13. Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14. Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15. Lump sum payment (i.e. inheritance, insurance settlement, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16. Student financial assistance (public or private, not including student loans)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17. Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Regular cash and non-cash contributions, assistance with paying bills Or gifts from individuals not living in the unit (not including groceries)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19. Does any adult member of the household have zero income?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Other (list)? _____			\$ _____
21. Other (list)? _____			\$ _____

For every "yes" item checked above, please list the source below:

Item Number	Member Number	Name of company, financial institution or source	Mailing address and telephone number of company, financial institution or source

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HOUSEHOLD ASSETS			
(all information will be verified by a third party)			
DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE
1. Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Savings (Direct/Express Debit) Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Cash on Hand.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Trusts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. 401K	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10. Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11. IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12. Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13. Retirement/annuities accounts.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15. Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16. Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17. Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18. Lump Sum Payment (i.e. inheritance, insurance settlement, lottery)..	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19. Do you now own Real Estate?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20. Do you hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21. Do you have any coin collections, antique cars, gems/jewelry, or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22. Are any assets held jointly with another person? If yes, please list name and account information: _____			

Section 42 properties only: If household has no assets – please complete “Under \$5,000 Asset Verification”.			

For every “Yes” item checked above, please list the source below:

Item Number	Member Number	Name of company, financial institution or source	Mailing address and telephone number of company, financial institution or source

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**HOUSEHOLD ALLOWANCE INFORMATION
(all information will be verified by a third party)**

If you are in a property/unit that receives project-based Section 8, all or part of your household's expenses may be allowable as a deduction from your annual income in order to determine your rent/income eligibility. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by in outside sources; e.g. insurance, Medicare, state agency, or charitable organization. Only Elderly and Handicapped Household are eligible for medical related deductions. **THESE EXPENSES ARE NOT DEDUCTIBLE UNDER SECTION 42 (HOUSING TAX CREDIT) PROGRAM.** DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:

	<u>YES</u>	<u>NO</u>	<u>MONTHLY AMOUNT</u>
1. Child care which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Attendant care for a handicapped or disabled household member, so that an adult household can work, seek employment, or go to school?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Do you pay for Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Do you pay for other medical insurance premiums ..	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Outstanding medical bills on which you are currently paying?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Did you pay for assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Do you receive medical assistance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Do you pay for Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. Do you have Over the Counter Medications as prescribed by your Doctor that you keep receipts for?.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

For every "yes" item checked above, please list the source below:

Item Number	Member Number	Name of company	Mailing address and telephone number of company

MISCELLANEOUS

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

How did you hear of this housing development?

Are you or any member of your household, including minors, subject to a lifetime registration under the State sex offender registration program?

- Yes No

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

- Yes No

If yes, *please explain*:

Have you or any member of your household ever been convicted of a crime?

- Yes No

Have you or any member of your household ever used different names from the names given in this application?

- Yes No

Have you or any member of your household ever used social security numbers different from those listed in this application?

- Yes No

Have you or any member of your household ever lived in any other state?

- Yes No

If yes, *which states?* _____

Explanation: _____

I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/We agree to notify Landlord immediately.

All household members age 18 or older sign and date below:

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

This applicant/resident required assistance in completing the eligibility application due to:

Assistance in completing this application was provided by:

Name

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

