

Fill out application completely. Application may be rejected if items are left blank. Contact the Property Manager with questions about this application process. Please do not use any white-out on this application. If an error is made, please mark with a single line 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

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:

- Current resident moving to a new unit
- Displaced by a presidentially declared disaster
- Displaced by a federally or locally declared disaster
- Court ordered placement
- Returning military (returning from active duty)

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	

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/move-in or recertification. Include all full time, part time, or seasonal income. If a household member has more than one source of income, use a separate line for each source.

HOUSEHOLD INCOME SOURCES:

<input type="checkbox"/> Wages, salaries (including overtime, tips, bonuses, commissions, self-employment)?	\$
<input type="checkbox"/> Does any member work for someone who pays them cash?	\$
<input type="checkbox"/> Regular pay for a member of the armed forces?	\$
<input type="checkbox"/> General Assistance benefits (MFIP, TANF, GA, MSA)	\$
<input type="checkbox"/> Worker's Compensation?	\$
<input type="checkbox"/> Unemployment benefits or severance pay?	\$
<input type="checkbox"/> Ordered child support?	\$
<input type="checkbox"/> Ordered alimony or spousal maintenance?	\$
<input type="checkbox"/> Social Security, SSI, RSDI (included unearned income of minor children)	\$
<input type="checkbox"/> Long or short term disability?	\$
<input type="checkbox"/> Pension (PERA, Railroad, pension from Military, etc)?	\$
<input type="checkbox"/> Retirement benefits?	\$
<input type="checkbox"/> Lump sum payments such as inheritances, insurance settlement, lottery winning?	\$
<input type="checkbox"/> Student financial assistance (public or private NOT including student loans)?	\$
<input type="checkbox"/> Non-cash contributions (assistance paying bills/gifts from individuals not living in the unit)?	\$
<input type="checkbox"/> Other income not listed	\$
<input type="checkbox"/> Does any adult member of the household have zero income?	

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

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

Household Asset Information In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

HOUSEHOLD ASSET SOURCES:

Do you have a Checking Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Savings or Money Market Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold money in a Certificate of Deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an employment 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a house or other property such as land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own stocks/bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a trust fund in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset:		
Have you sold or given away real property or other assets with a value of \$1000 or more (including cash) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Deductions: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have any out-of-pocket (non-reimbursed) expenses for the following:

HOUSEHOLD EXPENSE SOURCES:

<input type="checkbox"/> Child care for a minor 12 year of age or younger Child care is used to take care of the child because the parent or guardian is:		\$
<input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Going to School		
Child's Name(s)		
Provider Name		
Provider Address		
City, State, Zip		
Phone		
<input type="checkbox"/> Care for a disabled family member that is necessary for an adult household member to work		\$
Disabled Person's Name		
Provider Name		
Provider Address		
City, State, Zip		
Phone		
<input type="checkbox"/> Other expenses for auxiliary aides for a disabled family member		\$
<input type="checkbox"/> Health Insurance		\$
<input type="checkbox"/> Dr. Visit/Medical Treatments		\$
<input type="checkbox"/> Prescription Drugs		\$
<input type="checkbox"/> Over-the-Counter medical expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcuim supplemente to treat osteoporosis)		\$
<input type="checkbox"/> Medical Spenddown in which you pay out of pocket		\$
<input type="checkbox"/> Other		\$

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:

_____ 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).

