

Applicant Information

_____ provides affordable housing for very low, low and moderate income households. This is an Equal Housing Opportunity community and all are welcome to apply.

Inquire at the community management office about current rental rates.

As set forth in the management plan, the following occupancy standards are enforced. Some of the unit sizes listed below may not apply to this property:

		RHCP Limits	
Unit Size	Min-Max (persons per household)	Unit Size	Min-Max (persons per household)
Studio	1 – 2	Studio	1 – 2
1-Bedroom	1 – 3	1-Bedroom	1 – 3
2-Bedroom	2 – 5	2-Bedroom	2 – 5
3-Bedroom	3 – 7	3-Bedroom	4 – 7
4-Bedroom	4 – 9	4-Bedroom	6 – 9
5-Bedroom	5 – 10	5-Bedroom	8 – 11

To apply for an apartment, you must complete an application. For an application to be considered complete, at a minimum, the following information will be needed:

1. Income and assets of the household (total gross income and assets)
2. Household composition
 - a. Name(s) of all household members
 - b. Number in household
 - c. Household’s current address and a contact telephone number
 - d. Handicap/disability status
 - e. Birthdates and Social Security numbers of household members
 - f. Driver’s license or ID number for adult household members
3. Prior and present landlord information
4. Credit history
5. Personal references
6. The application must be signed by all adults applying for occupancy

You will be notified in writing that you have been placed on the waiting list. It is the applicant’s responsibility to notify the Resident Manager with any changes of address, phone number, employment, income, or household size. The Resident Manager can give you an estimate of when a unit may be available. The verification process will begin when your name is near the top of the waiting list.

Current and previous landlords will be contacted, Criminal History will be verified, and a Credit Check will be run on all adult household members.

At any point of the verification process if a negative verification report is received, the application process will be discontinued and the application rejected in writing. Otherwise, when all the verifications are received, eligibility will be determined. The applicant will be notified in writing that they have been placed on the waiting list or rejected for occupancy.

If an applicant misses two (2) scheduled appointments with the Manager, their application will be withdrawn.

OFFICE USE ONLY
 Date Rec'd: _____
 Time: _____
 Apt. Size: _____



APPLICATION FOR OCCUPANCY

FOR: _____
 TDD AND VOICE
 1-800-735-2929

GENERAL INFORMATION:

HEAD OF HOUSEHOLD

Name	SSN#	Birth Date/Age	Drivers Lic. #/State
_____	_____	_____	_____

CO-HEAD OF HOUSEHOLD

Name	SSN#	Birth Date/Age	Drivers Lic. #/State
_____	_____	_____	_____

LIST ALL OTHERS WHO WILL OCCUPY THE UNIT:

Name	SSN#	Birth Date/Age	Drivers Lic. #/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Does **anyone live with you now** who is **not** listed above? yes no
 If yes, who? _____ Relationship: _____
- List all states you or a member of your household have lived in: _____
- Have you ever been a **prior tenant at this property before**? yes no If yes, when? _____
- Have you ever been **evicted**? yes no If yes, explain: _____
- Have you been **convicted of a felony** in the last 10 years? yes no
- Are you or any member in your household a **convicted sex offender** or required to register as a lifetime sex offender in any state? yes no
 If yes, when _____ and what for? _____
- Do you wish to **claim a \$400 deduction** from your household income based on an elderly "Household Status," where the tenant or co-tenant is 62 or older, or disabled? yes no
 Which member of your household entitles you to this deduction? _____
 Do you wish to request a **handicap accessible unit**? yes no
 Specify: _____
- Are there any **reasonable accommodations** or services that you would like to request? yes no
 Specify: _____
- Are you or any members of your household 18 or older **attending school**? yes no If yes, who? _____
- Do you own a **pet**? yes no If yes how many? _____ Description: _____
- Do you have a **waterbed**? yes no If yes, do you have waterbed insurance? yes no
 Name of insurance company: _____

APARTMENT SIZE REQUESTED: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Applicant has received a Letter of Priority Entitlement (LOPE) issued by USDA Rural Development **OR** has registered with FEMA in lieu of LOPE letter. yes no

How many adults in household? _____ (two years housing history must be attached for each adult. Please copy this page for additional room)
The housing history listed below is for: _____

CURRENT ADDRESS: _____
Street Apt # City State Zip

Phone Number: _____ From: _____ to _____ (mm/year)

CURRENT MAILING ADDRESS: _____
Street or PO Box City State Zip

CURRENT LANDLORD: _____ Address: _____

Is this landlord related to you? yes no If yes, what is the relation? _____

Phone Number: _____ If Apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you currently living in a subsidized complex? yes no

Type: _____ Do you have a Section 8 certificate? yes no

Are you being displaced? yes no If yes, why? _____

Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? yes no

If yes, circumstances: _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____ From: _____ to _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) (previous landlord)

Is this landlord related to you? yes no If yes, what is the relation? _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____ From: _____ to _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) (previous landlord)

Is this landlord related to you? yes no If yes, what is the relation? _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____ From: _____ to _____

Previous landlord: _____ Reason for moving: _____

Address: _____ Phone number: _____
(previous landlord) (previous landlord)

Is this landlord related to you? yes no If yes, what is the relation? _____

AUTOMOBILE:

Make: _____ Model: _____ Color: _____ Year: _____ License Plate # _____

Do you own a trailer, boat, camper, moped, motorcycle, etc? yes no

If yes, what type? _____

EMERGENCY CONTACT PERSON:

Name _____ Address _____ Phone # _____ Relationship _____

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next twelve months? (Please mark every question YES or NO. If you answer any questions YES, complete the blanks at the right.)

	AMOUNT RECEIVED		BY WHICH	SOURCE OF INCOME
	(per time period)		<u>FAMILY MEMBER</u>	(name, address, & phone #)
	YES	NO		
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pension or Retirement/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Welfare (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Workers' Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Do you anticipate any change in this income in the next twelve months? yes no

CHILDCARE: (Complete only if your child/children is/are 12 years of age or younger and living in you household.)

Do you pay for childcare expenses? yes no If yes, how much? \$ _____ / _____

To whom is this expense paid? Name: _____ Address: _____

Do you employ childcare in order for a household member to work or continue education? yes no

MEDICAL EXPENSES: Complete this part ONLY if the head of household or spouse is 62 or older, handicapped or disabled and you wish to be considered for deductions from your income.

Do you wish to claim ANY medical expenses within the next twelve-(12) months that are not paid for by Medicare or an insurance policy? yes no If yes, explain: _____
(examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

DISABILITY EXPENSES: Complete the part ONLY for expenses to the extent needed to enable any family member to be employed and you wish to be considered for deductions from your income.

Do you wish to claim handicap or Attendant Care Expenses? yes no If yes, do you employ an attendant in order for a family member to work? yes no If yes, name of attendant: _____

Address of the attendant: _____

Are any of these expenses paid for or reimbursed by an outside agency? yes no

ASSETS:

Have you received or do you expect to receive any LUMP SUM payment such as inheritance, lottery winnings, or insurance settlements? yes no

If yes source of income: _____ Amount of income: \$ _____

Source Address: _____ When did you receive a payment? _____

In the last TWO years have you sold, given away or disposed of assets or real property (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? yes no

If yes what type of asset: _____

Name of party who acquired asset and address: _____

Was this due to a divorce, separation, or bankruptcy? yes no

ASSETS II: Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right.

DO YOU HAVE...?	YES	NO	NAME ON	ACCOUNT #	BALANCE/VALUE	BANK (name and address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Money Market	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Direct Debit Card(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
(EDD, SS, C/S, TANF, etc.)						
Certificate/Time Dep.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
IRA/Keogh/Life Ins.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Or other retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

I/We certify the housing I/we will occupy at _____ will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location.

I/We authorize _____ to obtain a criminal back ground check, credit report, and to contact any previous landlords.

I/We also certify that the information given is accurate and complete and understand lying or deliberate omission of relevant information will disqualify the applicant.

Signature: _____ Date: _____(A)

Signature: _____ Date: _____(B)

Signature: _____ Date: _____(C)

Signature: _____ Date: _____(D)

It is your responsibility as applicants to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.