

# APPLICATION INSTRUCTIONS

## HUD PROPERTIES

1. **Complete application in black ink.**
2. **Complete application being sure you follow any directions at the top of each section.**
3. **Be sure all adult household members sign the application. Be sure all adult household members complete and sign the consent form(s). If adult members are not married, there needs to be a separate application for each adult member with each application having that individual's information.**
4. **Do not scribble out answers or use white out. If you make a mistake draw a line through it, initial the error and write the correct answer.**
5. **Read the brochure attached to the application called "Applying for HUD Housing Assistance"**
6. **Read the tenant selection criteria.**
7. **Bring in copies of all Social Security Cards and Birth Certificates for all household members.**
8. **When bringing in application or completing application in office, be sure to complete Race and Ethnic Data Reporting Form for all household members, complete a Family Summary Sheet, complete Citizenship Declaration for all household members (if child the signature should be the adult family member and the box marked), complete Form 9887 & 9887A for all adult household members and Form HUD-92006 (Supplement to Application For Federally assisted Housing) for all adult household members. If they choose not to list a contact person they must check the box that states they choose not to provide the contact information and sign.**
9. **Realize the approval of an application is not the end of the process and does not guarantee you being able to move-in. There is other required verifications and paperwork that must be processed.**



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

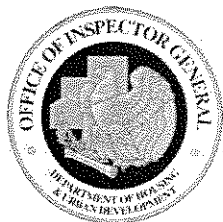
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



# ¿ESTÁ SOLICITANDO ASISTENCIA DE HUD PARA SU VIVIENDA?

**PIENSE EN ESTO...  
¿VALE LA PENA COMETER FRAUDE?**

## Se da usted cuenta....

De que si comete fraude para obtener asistencia para su vivienda por HUD, podrían:

- Desahuciarle de su apartamento o casa.
- Exigirle que reembolse toda la asistencia que le pagaron de más para su alquiler.
- Multarle hasta \$10,000.
- Enviarle a prisión hasta por cinco años
- Prohibirle recibir más asistencia en el futuro.
- Imponerle sanciones del gobierno estatal y local

## ¿Sabe usted...

Que está cometiendo un fraude si firma una planilla a sabiendas de que está dando información falsa o engañosa?

La información que usted proporciona en las planillas de solicitud y re-certificación de asistencia con la vivienda será verificada. La agencia de vivienda local, HUD o la Oficina del Inspector General, verificarán la información sobre ingresos y bienes que usted proporcione, con otros organismos del gobierno federal, estatal y local, así como con agencias privadas. Es un fraude certificar información falsa.

## ¡De modo que tenga cuidado!

Cuando usted llena su solicitud y re-certificación anual para recibir asistencia para su vivienda por HUD, asegúrese que sus respuestas a las preguntas sean exactas y honestas. Usted tiene que incluir:

Todas las fuentes de ingresos y cambios en los ingresos recibidos por usted o cualquier miembro de su familia, tales como sueldos, pagos de Bienestar Social, seguro social y beneficios de veteranos, pensiones, jubilación, etc.

Todo el dinero que usted reciba en nombre de sus hijos, como el destinado al mantenimiento de hijos, pagos de AFDC, seguro social para niños, etc.

Cualquier aumento en el ingreso, como sueldos de un nuevo trabajo o un aumento de sueldo o bonificación esperados.

Todos los bienes, como cuentas bancarias, bonos de ahorro, certificados de depósito, acciones, propiedades inmobiliarias, etc., de usted o de cualquier miembro de su familia.

Todo ingreso procedente de bienes, como intereses de cuentas de ahorros y cuentas corrientes, dividendos de acciones, etc.

Cualquier negocio o bienes (como su casa) que haya vendido en los dos últimos años a un precio inferior a su valor total.

Los nombres de todas las personas, adultas o niños, parientes o no parientes, que estén viviendo con usted y que componen su familia.

(Aviso importante para los evacuados como resultado de los huracanes Katrina y Rita: Los requisitos de HUD en cuanto a la notificación pueden ignorarse o suspenderse temporalmente debido a sus circunstancias. Contacte la agencia local de vivienda antes de llenar la solicitud de asistencia para vivienda).

## Haga preguntas

Si no entiende algo en la solicitud o planilla de recertificación, pregunte siempre. Es mejor estar seguro que lamentarse.

## ¡Cúidese de las trampas con la asistencia para vivienda!

- No le pague dinero a nadie por llenarle sus planillas de solicitud de asistencia y recertificación para vivienda.
- No pague dinero para que le avancen su lugar en una lista de espera.
- No pague por nada que no esté incluido en su contrato de arriendo.
- Pida un recibo por cualquier dinero que pague.
- Pida una explicación por escrito si le exigen pagar por algo que no sea el alquiler (cargos de mantenimiento o de servicios públicos).

## Denuncie el fraude

Si usted sabe de alguien que haya proporcionado información falsa en una solicitud de asistencia o re-certificación para vivienda de HUD, o si alguien le dice que le dé información falsa, denuncie a esa persona a la línea directa de la Oficina del Inspector General de HUD. Usted puede llamar a la línea directa de lunes a viernes, entre 10:00 a.m. y 4:30 p.m., hora del Este, al 1-800-347-37353. También puede enviar la información por fax al (202) 708-4829 o por correo electrónico a: [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). Usted puede escribir a la línea directa a:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

TENANT SELECTION CRITERIA  
LAFONTAINE ARMS APARTMENTS  
SECTION 8 FAMILY PROPERTY  
Revised 1/22/2014

The tenant selection criteria shall be used for all Section 8 properties under management by the Management Agent. The policy of the Management Agent is one of equal opportunity and non-discrimination in compliance with all Civil Rights legislation (1964, 1968, 1988) Section 504 of the Rehabilitation Act of 1973 and Affirmative Fair Housing Marketing requirements as set forth individually for each property. No applicant would be denied on the basis of race, color, religion, sex, familial status, handicap status or national origin. Applicants must meet all HUD and Management Agent tenant selection requirements to gain admission to a Section 8 property rented or managed by the Management Agent.

Reasonable accommodations will be offered in the application and interview process to any handicapped/disabled applicants when requested.

1. APPLICATION/ELIGIBILITY

All persons interested in any Section 8 property rented or managed by the Management Agent may request an application either in person (or through a designated individual) at the local on-site office during posted office hours; or request an application to be mailed by calling the local phone number posted on the project sign. FAX requests for applications may be sent. TDD telecommunication relay is available by calling the TDD relay number. Applications are available even if a sizable waiting list exists.

An application must be completed in full by the applicant and submitted either in person to the local site office or via mail to the local office. The application must be used and contains requests for all information necessary for determining initial HUD eligibility. Applicants may request assistance in completing the application if necessary. The Management Agent's policy is to assist wherever possible especially in the accommodation requests by persons with disabilities. When an application is received, the application will be logged by date and time received. If a vacancy at the project exists, or is expected within the next 90 days, the verification-selection process will begin immediately in regard to the income, assets, allowances for HUD certification and the Management Agent references for selection or rejection.

The application contains a release form which must be signed to authorize the local site office or general management office to verify all items inclusive of criminal history and other references. Landlord References will be verified for the last three years except from immediate family members. For those properties with an existing waiting list and no current or known upcoming vacancies, HUD preliminary eligibility will be satisfied by using information on the application. Placement of an application on the waiting list does not denote final tenant selection. That can and will occur only after complete processing.

All applicants who submit a completed application will be notified in writing of waiting list status or subsequent tenant selection or rejection. Any applicant who exceeds HUD income limits for eligibility based upon application information, or if ineligible during later processing, would be notified in writing that they are HUD ineligible. However, should the property have HUD permission (or will be seeking such permission) to rent to ineligibles, the income ineligible application would be maintained on the waiting list.

This is a Section 8 family project that was available for occupancy after October 1, 1981. Single applicants, larger households and those meeting the definition of familial status are welcome to apply. So long as income eligibility and occupancy policy along with other criteria are met all are eligible so long as the tenant is of legal age or legally emancipated by state law.

Effective January 31, 2010, all household members must provide:

The complete and accurate SSN assigned to each member of the applicant's household and documentation necessary to prove that the Social Security Number is accurate. The applicant who has not disclosed and/or provided verification of Social Security Numbers for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the Social Security Numbers. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and /or verify Social Security Numbers for all non-exempt household members, the applicant will be determined ineligible and removed for the waiting list.

For **eligibility** purposes, the Social Security Requirement does not apply to:

A household member is 62 or older as of January 31, 2010 and eligibility determination started before January 31, 2010.

A household member is an ineligible non-citizen. This household member does not qualify for assistance therefore household assistance will be prorated.

The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet the applicable SSN disclosure, documentation and verification requirements.

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System – EIV) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

Only U.S. citizens and eligible non-citizens may benefit from federal rental assistance. All family members must declare their citizenship or immigration status, regardless of age, at the time of application and when immigration status or family composition changes. Citizens must complete the Declaration Format and provide a copy of their U.S. birth certificate or a U.S. passport. Noncitizens must complete the Declaration Format, must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Noncitizens age 62 or older must sign a declaration of eligible immigration status and provide a proof of age document. Applicants that hold a noncitizen student visa are ineligible for assistance. Temporary deferral may be granted to families found to be ineligible due to noncitizenship status during verification after they had already moved in. This deferral period allows the family time to find other suitable housing before HUD terminates assistance. The initial deferral period is for six months and 6 month extensions may be granted but may not exceed 18 months.

**STUDENTS** – A student's eligibility for Section 8 assistance must be determined at move-in, annual recertification, when an in-place tenant begins receiving Section 8, and at the time of interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

No assistance will be provided to any individual who 1) is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certification, or other program leading to a recognized educational credential; 2) is under the age of 24 years of age; 3) is not married; 4) is not a veteran of the U.S. military; 5) does not have a dependent child; 6) is not a person with disabilities and was not receiving section 8 assistance as of November 30, 2005; 7) is not living with his or her parents who are receiving Section 8 assistance; and 8) is not individually eligible to receive Section 8 assistance **and** has parents who, individually or jointly, are not income eligible to receive Section 8 assistance.



For a student to be eligible independent of his or her parents (income of the parents is not relevant), the student must demonstrate his or her independence from parents by meeting at a minimum all of the following criteria to be eligible for Section 8 assistance. The student must: 1) be of legal contract age under state law; 2) have established a household separate from parents or legal guardians for at least one year prior to application for occupancy **or** meet the U.S. Department of Education's definition of an independent student; 3) not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and 4) obtain a signed certification of the amount of financial assistance that will be provided by parents. This certification is required even if no assistance will be provided.

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of tuition is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance.

If an ineligible student is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated in accordance with HUD regulations.

## 2. WAITING LISTS/PRIORITIES

All applicants, as mentioned above, are notified that the application has been received. All applications are placed on a master list by date and time received, name, address, phone of the applicant, bedroom size requested, estimated income and any special comments. Every application is tracked. Those rejected due to ineligibility by income or occupancy status are notified of rejection and the master list so noted.

All applicants may inquire at any time as to their chronological place on the waiting list. All HUD priorities in regard to waiting lists and tenant selection in addition to eligibility regulations for income and occupancy will be explained to all applicants.

It is our policy to never close the waiting list.

## 3. SELECTION

Applicants who meet the income/occupancy guidelines still need to meet management selection criteria for final approval as residents.

QHWRA requirements state at least 40% of the units that become available each year (project's fiscal year) must be rented to families whose income do not exceed 30% of the area median income (extremely low income) at the time of admission. The only other income level that will be selected is very low-income. The very low income applicants will not be moved-in until the extremely low goal is reached unless there are no extremely low applicants on the waiting list and marketing to extremely low income families has been done for a period of 30 days after the unit became available . Once the goal of extremely low income move-ins has been met, applicants will be admitted in waiting list order.

The income limits for this project are:

	1 Person	2 Person	3 Person	4 Person	5 Person
Extremely Low	11,650	13,300	14,950	16,600	17,950
Very Low	19,400	22,150	24,900	27,650	29,900

Applicants must complete Section 8 application in full and supply references to be checked. Managers will house no applicant without a reference check. Some applicants may have no previous or current landlords, but nonetheless can still offer personal non-related references.

Handicap accessible units will be marketed to qualified disabled households who would benefit from the unit's features. In the event no such households apply or there are no eligible households, non-handicap households or households who do not need the unit features would be temporarily housed. In this circumstance, tenants would sign a lease addendum agreeing to transfer to a non-adapted unit later on should an appropriate unit become available and there are households needing the benefit of the handicap accessible unit now on the waiting list. Tenant would be responsible for payment of moving costs.

Reasonable Accommodation requests for the disabled must be made in writing. A reasonable request must be completed by the owner unless doing so would result in a fundamental alteration in the nature of the program or an undue financial or administrative burden. If a request is denied and was a modification to a unit or common area, the owner may permit the resident/applicant to make the modification. In this case, the owner may require the resident/applicant to restore the change to its previous condition. An escrow account may be required to be established by the resident/applicant to pay for the restoration at the time the resident vacates unit.

In determining occupancy standards, the intent of project policy is to neither overcrowd nor under utilize space. Different properties may have different occupancy standards depending on bedroom sizes, square footage of unit and any local restrictions. Occupancy is based on number of persons in the household, and is based on counting all full time members of household, dependent minors who are away at school but live with the applicant at recesses, unborn children or children in the process of being adopted or secured by custody action, foster children and live-in attendants. Children who live in a household 50% of the year or more are also counted towards the total household number; however, visitors, permanently confined/institutionalized household members and children on active military duty are not counted in this determination for occupancy eligibility. A handicapped/disabled applicant who would need larger unit due to accommodation requests would be given such consideration.

Live-in attendants must complete an application and pass the criminal history/landlord reference requirements of the tenant selection criteria. If denied, the resident would have to find a different live-in attendant that would meet this part of the selection criteria. The live-in attendant and resident would have to sign a live-in care attendant affidavit.

Occupancy Standards for this property:

One (1) Bedroom - For One (1) person or a maximum of Two (2) persons

Two (2) Bedrooms - For Two (2) persons or a maximum of Four (4) persons

Limits may be adjusted depending on State and Local codes.

In the case of marketing problems with various sized units, applicants who meet the income limits and would qualify for another unit by the occupancy policy may occupy a larger unit with the same agreement to transfer to the correct sized unit when one becomes available. **This does not apply to a single person household.** The tenant would be responsible for payment of any moving costs.

All households must provide positive identifications of all persons who will be part of the household; pregnancy must be acknowledged in writing if a larger bedroom size unit is requested other than what the household would be eligible for if not pregnant; and adoption or other custody in process must have written documentation.

Applicants in addition to HUD income and owner occupancy policy requirements must also meet application and reference criteria. In completing the application, all applicants must sign a release form allowing the site office to verify all income, assets and allowances, current status as a HUD recipient, along with criminal, personal and landlord references. In addition the central office would be authorized to check with other agencies necessary to verify eligibility, Enterprise Income Verification System provided by HUD, Department of Housing & Urban Development (HUD), Department of Health and Human Services (HHS), Social Security Administration (SSA), Medicare/Medicaid and police departments. All Applicants must disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD assisted unit. HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use the Enterprise Income Verification System Existing Tenant Search to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to (1) minor children where both parents share 50% custody (2) recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit. If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's misrepresentation of information. This information will be reviewed on an annual basis, at each annual certification. If any household member receives or attempts to receive assistance in another HUD assisted unit while receiving assistance on this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges. After processing has been completed, an eligible applicant would be notified of tenant selection. Applicants who wish to be a tenant or co-tenant must possess the legal capacity to sign all documents, (unless an accommodation determination for the handicapped to allow guardian signature if otherwise eligible is made), and would have to agree to complete the tenant certification process, enter into a one year lease agreement, pay security deposit and participate in a unit inspection prior to physical occupancy of the unit.

The Violence Against Women and Department of Justice Reauthorization Act of 2005 -- this act's protections apply to families applying for or receiving rental assistance payments under the project based Section 8 program. The law protects victims of domestic violence, dating violence or stalking from being evicted or being denied housing assistance if an incident of violence is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy or occupancy rights of the victim. Furthermore, criminal activity

directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim's tenancy. Landlord may choose to separate a lease in order to evict, remove or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

Unit Transfers – In-place residents will take precedence over anyone on the waiting list. A medically necessary or accommodation transfer of an in-place resident must have written verification of need. Upon receipt of request and written verification of need, resident will be placed on transfer list. This transfer would take place as soon as the appropriate unit becomes available. After the 1<sup>st</sup> year's lease has been met, any in-place resident may request a transfer and be put on the transfer list for another unit of the appropriate size. Change in household size or family composition that requires a different size unit will be determined by the occupancy standards for the property. If a different sized unit is required, the tenant will be notified in writing of the requirement for them to transfer and be put on the transfer list. When an appropriate sized unit is available and tenant will have 30 days to transfer or they can remain in the unit and pay market rent.

This property has suspended use of federal preferences until further action by HUD. Therefore tenant selection does not take these into account.

#### 4. REJECTION

Applicants rejected due to ineligibility by HUD income or owner occupancy regulations or for failure to meet management criteria will receive a written notice detailing the reasons for rejection. Rejected applicants will have 14 days to request an informal hearing to dispute the rejection. Should an applicant be selected and refuse occupancy for reasons other than a medical situation, that applicant's name will be removed from the waiting list. Those applicants may reapply and will be placed on the list chronologically by the new date of application. A waiting list update will occur at least once every 12 months. Applicants who do not respond to the waiting list update will be removed from the waiting list with appropriate written notice.

An applicant who refuses to sign releases to allow verification of HUD and Company eligibility, references, etc. would be rejected. Applicants who do not meet HUD income limits for a property would be rejected unless permission to rent to income ineligibles is in process or been received from HUD. Applicants who exceed the maximum allowable occupancy standards for a property would also be rejected. Single applicants who do not meet minimum occupancy standards for a property would also be rejected. Applicants found to have provided false answers on the application would also be rejected. Applicants with negative personal, landlord or police references about noise or disruption during the last 3 years would also be rejected. Rejection may also occur if there is unpaid rent or damages, an eviction during the last three years, damage to the premises (outside of normal turn around costs such as carpet cleaning, painting, etc.) and violation of the terms (other than length) of current or previous lease agreements inclusive of failure to maintain a unit in sanitary condition. Rejection will occur when any applicant's criminal history or other verifications show any of the following: 1) Any household member is subject to a state sex offender lifetime registration requirement. 2) Any household member who was evicted in the last three years from federally assisted housing for drug-related criminal activity. 3) Any household member is currently engaged in the use of drugs for which the owner has reasonable cause to believe a member's illegal use or pattern of illegal use of drugs may interfere with the health, safety and right to peaceful enjoyment of the property by other residents. 4) There is reasonable cause to believe a

household member's abuse of alcohol may interfere with the health, safety and right to peaceful enjoyment by other residents. 5) Any household member with evidence of violent criminal activity (murder, rape other than #1, child abuse other than #1, possession or use of a weapon, etc) and have been out of jail or off of probation (whichever is later) with no further incidents for 15 years. 6) Any household member with drug-related criminal activity other than #2 & #3 and have been out of jail or off of probation (whichever is later) with no further incidents for a period of 3 years. 7) Any household member with other criminal activity that threatens the health, safety and right to peaceful enjoyment of the property by others (domestic violence resulting in body injury, theft/forgery in excess of \$200.00, assault, etc.) and have been out of jail or off of probation (whichever is later) with no further incidents for a period of 3 years. Applicants would never be rejected arbitrarily such as on the basis of race, color, religion, sex, handicap status, age, familial status or national origin.

All selected tenants must pay rent as determined on the 50059 Tenant Certification and sign that form along with the Section 8 lease and attachments.



EQUAL HOUSING OPPORTUNITY

# LaFontaine Arms Apts.

401 Rennaker  
LaFontaine, IN 46940  
(765) 981-2129 (VOICE) 800-743-3333 (TDD) (765) 981-2129 (FAX)

FOR OFFICE USE:

DATE REC'D: \_\_\_\_\_

TIME REC'D: \_\_\_\_\_

MANAGER'S SIGNATURE  
\_\_\_\_\_

## RENTAL APPLICATION

*(Subsidized Housing)*

**Applicants must be over 18 or legally emancipated and have the legal capacity to sign a lease**

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. **Do not scribble or white out any answers, if you make a mistake draw one line through it and initial it.**

(Please Print)

Applicant's Full Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Bedroom size requested: \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR

**RESIDENCE INFORMATION FOR LAST THREE (3) YEARS:** (Attach another sheet if necessary.)

**Current Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you (circle one) OWN RENT OTHER (please describe other) \_\_\_\_\_

County \_\_\_\_\_ Are you related to Landlord? (circle one) YES NO

Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address from month/year \_\_\_\_\_ to month/year \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Previous Address #1** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you (circle one) OWN RENT OTHER (please describe other) \_\_\_\_\_

County \_\_\_\_\_ Are you related to Landlord? (circle one) YES NO

Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address from month/year \_\_\_\_\_ to month/year \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Previous Address #2** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you (circle one) OWN RENT OTHER (please describe other) \_\_\_\_\_

County \_\_\_\_\_ Are you related to Landlord? (circle one) YES NO

Landlords Name \_\_\_\_\_ Landlords Phone # \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address from month/year \_\_\_\_\_ to month/year \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**VEHICLES:** List any cars, trucks, or other vehicles owned.

Year/Make/Model	Color	License Number	Monthly Payment	Payment to Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NON-RELATED PERSONAL REFERENCES:**

Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**DISABILITY STATUS:**

- Would you or anyone in your household benefit from the features of a handicap unit?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Would you like to be placed on a priority waiting list for a handicap unit?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- If you are disabled, do you need modifications to the unit?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, please list the modifications needed: \_\_\_\_\_  
\_\_\_\_\_
- Do you have any handicap assistance expenses you incur? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Annual Cost of these expenses: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List each person who will occupy the apartment.

NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER (M/F)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT Y/N
	HEAD				

Are you or anyone in your household planning to become a student within the next 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Please explain: \_\_\_\_\_

Do you expect any additions to the household within the next twelve months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what will additions be? \_\_\_\_\_

**GENERAL INFORMATION:**

1. Have you, your spouse, or any other proposed occupant including minors ever:

- a. Been evicted from any residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- b. Willfully or intentionally refused to pay rent? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- c. Been arrested and charged with any misdemeanor or felony, or currently on probation or parole? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- d. Been arrested for a sex offense or required to register as a sex offender? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- e. Been arrested for drug usage, sale or delivery of any illegal or controlled substance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes" to any, please explain: \_\_\_\_\_

2. Are you currently living in subsidized housing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Has any member of this household ever lived in a subsidized complex before and had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Do you have to pay any childcare expenses in order to be gainfully employed, seek employment or to further your education? Please provide contact information of childcare provider: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ Annual Cost: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

5. Do you have any pets? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

6. Do you own a waterbed? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, what size: \_\_\_\_\_

7. How did you hear about our apartment community: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer

I am \_\_\_\_\_ divorced, \_\_\_\_\_ separated, \_\_\_\_\_ N/A, and have \_\_\_\_\_ full custody of the child(ren) \_\_\_\_\_ joint custody of the child(ren) \_\_\_\_\_ N/A, (children listed on this application only)

Are you or any member of your household **entitled** to receive child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, are you **currently** receiving any child support payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, are your child support payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

If **money is not actually received**, are you taking legal action to remedy? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation: \_\_\_\_\_



**INCOME:**

HUD AND RURAL DEVELOPMENT regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. **Please provide the name, mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask your Resident Manager for assistance, he/she would be more than happy to help.

To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income which you and your household members receive.

**A "0" MUST BE MARKED IN EACH COLUMN IN WHICH YOU DO NOT RECEIVE INCOME FROM THAT SOURCE.**

INCOME SOURCES	HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMT. RECEIVED	NAME, PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM
Salary / Wages / Employment Tips / Bonuses			
Self Employment / Unearned Income Workers Compensation			
Social Security Benefits			
SSI			
Disability Pension / Death Benefits			
Pension / Retirement Funds			
Welfare			
AFDC / TANF - Not including Food Stamps			
Rental Income			
Child Support / Unearned income from a family member under 17 years of age			
Alimony			
Military Payments / GI Bill / VA			
Unemployment			
Net Farm/Business Income			
Payment Rec'd on Real Estate from a Contract sale of Real Estate			
Interest on Check/Savings Acct.			
Interest on Bonds/CD's			
Investment Dividends			
Stock Dividends / Annuities / Trusts			
Recurring gifts/monetary or not			
Other			

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

**ASSETS:** Please identify the following assets, placing a "0" in the "value" columns that do not apply.

Type of Assets	Value	Account #	Organization Name, Phone & Address
Checking Accounts			
Savings Accounts			
Cash on Hand/At Home			
Trust Accounts/Revocable or Irrevocable			
Certificate's of Deposit (CD's)			
IRA's/Pensions/401K/Mutual funds			
Stocks/Bonds/Money Mkt.			
Whole Life-Cash Value			
Money in a safety deposit box			
Savings bonds			
Personal property held as an investment			
Other (Describe)			

**REAL ESTATE:**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_  
 Market Value: \$ \_\_\_\_\_  
 Do you have any land contracts? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you receive any rent from your property? Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSETS DISPOSED OF:**

Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold.

Did you have any assets (excluding personal assets) in the last two years not listed above?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, did you dispose of any assets for less than fair market value?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Please list assets disposed of:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF

**MEDICAL:**

Do you or a co-tenant qualify for housing as an elderly household as described by HUD, (62 years of age and older or disabled)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **yes** to the above questions, please complete the boxes below regarding the medical expenses your household anticipates **paying out of your pocket** (not reimbursed by insurance or other agencies) in the next 12 months.

Circle yes or no below

<b>Medicaid</b>	Yes/No	Monthly Spenddown		
<b>Medicare Premiums</b>	Yes/No	Monthly Amount		
<b>Medicare (Part D) Prescription Plan</b>	Yes/No	Monthly Amount		
<b>Do You Have a Live-In Resident-Assistant</b>	Yes/No	Cost Per Month	Name, Phone Number & Address of Resident Assistant	
<b>Do You Pay For Your Spouses Nursing Home Care</b>	Yes/No	Cost Per Month	Name Phone Number & Address of Nursing Home	
<b>Medical Insurance</b>	Yes/No	Monthly Premium	Annual Deductible Amt.	Carrier Name, Phone Number and Address
<b>Outstanding Medical/Dental/Eye Balances</b>	Yes/No	Monthly Payment	Balance Due	Name, Phone Number & Address of Organization
<b>Prescriptions</b>	Yes/No	Monthly Amount	Name & Address of Pharmacy #1	Name, Phone Number & Address of Pharmacy #2
<b>Do You Have Regular Physicians Visits</b>	Yes/No	Cost Per Visit	# Visits Per Year	Name, Phone Number & Address of Physician

Please list any other medical expenses you anticipate incurring during the next twelve months: list type of expenses such as glasses, hearing aid batteries, mileage to physicians' office, non-prescriptive medications you need to take for treatment of a diagnosed medical condition, and vet visits or food for a service animal.

Type	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If disabled, does your disability require a service animal? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please describe: \_\_\_\_\_

**NOTE:** In considering this application, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Landlord to verify any references that you have listed.

In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, terminate any lease. The Landlord's information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by HUD/RD.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. HUD has also established the EIV system to match resident wage and benefit data with federal and state records to assure that applicants/residents are fully disclosing income. I hereby certify that if I am applying for federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Your signature on this application authorizes us to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex for which you have applied. Any individual or organization may be asked to release information. Inquiries include, but not limited to:  
Personal References, Landlord References, Criminal History, Family Composition, Student Status, Income, Asset and Medical Sources.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Co-Applicant (Spouse) Signature:** \_\_\_\_\_

**STATUS:**

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

**ETHNICITY:** Please check one of the following: Hispanic or Latino \_\_\_\_\_  
Non Hispanic or Latino \_\_\_\_\_

**RACE:** Please check one of the following: American Indian/Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or \_\_\_\_\_  
Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

**GENDER:** Please check one of the following: Male \_\_\_\_\_ Female \_\_\_\_\_

***"This institution is an equal opportunity provider and employer."***

***If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."***

For Management Use Only: \_\_\_\_\_  
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Property Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

## **SELF – AFFIDAVIT OF POLICE RECORD**

### **HUD PROPERTIES**

Please complete the following information and return as soon as possible. This information will be used to determine eligibility for housing and occupancy in a development governed by Rural Development, IRS Low Income Housing Tax Credit Program, and/or HUD. Due to Federal regulations, we must verify all income and asset information.

Tenant Name \_\_\_\_\_ Date \_\_\_\_\_

For Application Purposes

I, \_\_\_\_\_, certify that:

**I DO NOT HAVE A CRIMINAL RECORD IN ANY STATE (excluding traffic violations).**

**IF IT IS DISCOVERED AT A LATER DATE THAT I DO IN FACT HAVE A POLICE RECORD FOR A CRIMINAL CHARGE THAT LANDMARK MANAGEMENT, INC. WOULD HAVE ORIGINALLY DENIED MY APPLICATION FOR HOUSING ACCORDING TO THE TENANT SELECTION CRITERIA, I UNDERSTAND THAT IT IS GROUNDS FOR IMMEDIATE EVICTION.**

**I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.**

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 statement 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

**Self-Affidavit of Police Record**

appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security Act at 42 USC 208 (a)(6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a)(6), (7) and (8).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature acknowledges  
Witnessing of Applicant's signature

\_\_\_\_\_  
Date

"This Institution is an Equal Opportunity Provider and Employer"

