
Application Assistance and Information Statement

It is the policy of this community to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

In the event that you have a disability or have difficulty completing this application, please advise us of your needs and we will be happy to assist you. Appropriate assistance will be provided in a confidential manner and setting.

NOTE: All answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to: (1) determine your eligibility or (2) determine your need for special housing features. Family members with handicaps or disabilities may be entitled to certain deductions from income that affect rent.

We do provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

If you or a member of your family have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission in writing to the on-site office. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- * Making alterations to an apartment so it could be used by a family member with a wheelchair;***
- * Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;***
- * Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family community where dogs are not usually permitted;***
- * Making large type documents or a reader available to a vision impaired applicant during the application process;***
- * Making a sign language interpreter available to a hearing impaired applicant during the interview;***
- * Permitting an outside agency to assist an applicant with a disability to meet the community's resident screening criteria.***

However, we are not required to take any action that results in a fundamental alteration in the nature of this program or service. In addition, we are not required to take any action if the change would result in an undue financial and administrative burden on the community.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Subsidy Acknowledgement

Please check one:

1. _____ I have indicated on my application that I **am receiving subsidy** at my current residence of: _____.
2. _____ I have indicated on my application that I **am NOT receiving subsidy** at my current residence of: _____.

If number one is checked above, please complete the following and sign below; if number two is checked above, please just sign below.

I understand that I must move out of my current residence and turn in keys to the office staff prior to moving in to: _____

I also understand that if I **fail** to complete the move out process at my current residence before I move in to _____, that **NO rent subsidy or utility allowance** will be provided to me by HUD here until the day after the move out is completed.

I understand that I will be responsible for paying the market rent of \$_____ until I qualify to receive subsidy.

Head of Household - Print Name: _____

Applicant

Date

Applicant

Date

Applicant

Date

Site Representative

Date

Name: _____
 Phone: Home: () _____
 Work: () _____



For Office Use Only	
Date: // //	Time: :
Unit Size:	
Owner/Agent:	

INSTRUCTIONS TO APPLICANT

- Each household member over 18 must complete a separate application. However, married household members may complete only one application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Selection Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria, posted in the Management Office.

HOUSEHOLD INFORMATION

Full Name of Household Member	Relationship	Sex	SSN	Driver's License/ Picture ID	Date of Birth	Marital Status

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| • Will any of the household members live anywhere except in your apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you plan to have anyone living with you in the future who is not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does anyone live with you now who is not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your household qualify for a statutory preference due to being displaced by government action or the President declaring a disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are any of the household members enrolled at an institution of higher education? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If YES, is this member a veteran? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you answered "YES" to any question above, please explain (attach additional sheet if necessary): | | |

MARKETING

It is important to know how we are doing. Please let us know how our marketing efforts are working.

How did you hear about our community?

- Newspaper Ad
 Signage
 Drive By
 Magazine Publication (please specify which one: _____)
- On-line Advertisement (please specify which one: _____)
- Referral (please let us know who referred you: _____)

RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the **past three (3) years**. Use an additional sheet if necessary.

Present Address	Street Address:				From: // //	Landlord Name:		
	City:	County:	State:	Zip Code:	To: // //	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent: \$	City:	State:	Zip Code:

Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip Code:	To:	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent: \$	City:	State:	Zip Code:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip Code:	To:	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent: \$	City:	State:	Zip Code:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip Code:	To:	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent: \$	City:	State:	Zip Code:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip Code:	To:	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Was this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent: \$	City:	State:	Zip Code:

You **must** report **ALL** states you have resided in since the age of 18, and the last address in each state. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information.

State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:

	Yes	No	If 'Yes', you must answer the following:
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? _____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____

ASSET INFORMATION

- Does any household member have any of the following:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> CDs	<input type="checkbox"/> Other
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Yes	No	If 'Yes', you must answer the following:
<input type="checkbox"/>	<input type="checkbox"/>	Type of Asset: _____
		Amount: _____

- Does any household member own any real estate?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	

Description of Asset: _____	Value of Asset: \$ _____	Income from Asset: \$ _____
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SOURCES OF INCOME

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Household Member Name	Amount of Wages/Salaries, etc.	Amount of Social Security/SSI/Pensions, etc.	Amount of AFDC	Other – please include type and amount

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make and Model:	Color:	Year:	License Plate Number:
Make and Model:	Color:	Year:	License Plate Number:

RENTERS INSURANCE

We recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:			Phone:
Street Address:			Policy Number:
City:	State:	Zip Code:	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:		
Phone No.:	City:	State:	Zip Code:
Name:	Address:		
Phone No.:	City:	State:	Zip Code:
Name:	Address:		
Phone No.:	City:	State:	Zip Code:

EMERGENCY CONTACT

Provide the name of the person we should contact in case of an emergency.

Name:		Address:		
Phone No.:	Relationship to you:	City:	State:	Zip Code:

ACCESSIBLE UNIT STATUS

Do you or any household member have a need for an accessible unit?
 Yes No

If 'Yes', please specify accessible need: _____

CRIMINAL HISTORY

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete, your application may be rejected, OR, if move-in has occurred, your lease may be terminated and you and your household evicted.

	Yes	No	If 'Yes', you must answer the following:
• Have you or any household member ever had a conviction or adjudication other than an acquittal of a crime which involved bodily harm or molestation of a child?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any household member ever been charged and/or convicted of a felony or a sex related crime?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever had a conviction or adjudication other than an acquittal of a drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever had a conviction or adjudication other than an acquittal of any violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____
• Have you or any member of your household ever had a conviction or adjudication other than an acquittal for the sale, illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ From Where? _____
• Do you or any other household member suffer from behavior as a result of alcohol abuse, or the pattern of alcohol abuse that interferes with the health, safety, and right to peaceful enjoyment by other residents?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any household member ever served a sentence of three or more years in a prison or any other correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any members of your household ever had a conviction or adjudication other than an acquittal of a gang or weapon related incident?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any members of your household had a conviction or adjudication other than an acquittal for the illegal use or possession of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____ State: _____

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

Initial: _____ I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

Initial: _____ I have read and understand the Resident Selection Criteria that is posted in the Management Office and summarizes the procedures for processing applications.

Initial: _____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

Initial: _____ I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

Initial: _____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

Initial: _____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

Initial: _____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

Initial: _____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

Initial: _____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

Initial: _____ I understand that being placed on the waiting list for this community does not guarantee that I am eligible for housing. The final determination for my eligibility is done after the move in interview and until that time, my application is subject to further review.

The information solicited in this question is requested in order to assure the Dept. of Housing and Urban Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color national origin, religion, sex, familial status, and handicap status are complied with. This information is optional and will not be used in evaluating your application or to discriminate against you in any way.

RACE: White Black Asian American Indian Other

ETHNICITY: Hispanic Non-Hispanic

Applicant Signature: _____ Date: ____/____/____

Spouse Signature: _____ Date: ____/____/____

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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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.	
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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

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