

## 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:

		<b>RHCP/MHP Limits</b>	
<b>Unit Size</b>	<b>Min-Max</b> (persons per household)	<b>Unit Size</b>	<b>Min-Max</b> (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If an applicant misses two (2) scheduled appointments with the Manager, their application will be withdrawn.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

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) (EDD, SS, C/S, TANF, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.