

APP. REC'D BY _____
DATE REC'D _____
TIME REC'D _____
BR SIZE NEED _____

APPLICATION FOR ADMISSION

Disabled applicants are encouraged to ask for assistance in completing this application. Please ask for whatever type of assistance will help you the most. For example: If you need someone to read the application to you or assist with the written answers, just check below and we will set aside time to help you.

Yes, I need some help please

PRIVACY ACT NOTICE

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers for you and all other household members 6 years of age and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility.



It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

No person shall be subjected to discrimination because of race, color, religion, sex, handicap, familial status or national origin in the sale, rental or advertising of dwellings, in the provision of brokerage services or in the availability of residential real estate-related transactions.

APPLICATION FOR ADMISSION

Applicant Name: _____
Current Address: _____ Apt. #: _____
City, State, Zip Code: _____
Home Phone #: _____ Head Work # _____ Spouse Work # _____

Indicate two people who generally know how to contact you:

1. Name _____ 2. Name: _____
Address: _____ Address: _____
City & zip _____ City & zip _____
Phone #: _____ Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the apartment. Give the relationship of each member to the head of household.

<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Soc. Sec. #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Race of Head of Household (circle): White Black American Indian Asian
Ethnicity of Head of Household (circle) Hispanic Non Hispanic
(Data is collected for record keeping requirements only and in no way affects applicant's eligibility for housing in the complex.)



Has any household member disposed of any assets for less than their market value during the past two years? Yes No If yes, give date and explain _____

Does any household member own or have an interest in any real estate or mobile home? Yes No If yes, describe: _____

Has any household member sold any real estate in the last two years? Yes No If yes, describe: _____

ASSETS INFORMATION

List all checking and savings accounts (including IRAs, Keough accounts, certificates of deposit) of all household members, including amounts disposed of during the past two years. Attach additional pages if necessary.

<u>Household Member</u>	<u>Bank Name</u>	<u>Account Number</u>	<u>Balance</u>
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List value of all stocks, bonds, trusts, pension funds, or other assets:

For each type of asset:

- A. Check "yes" if any household member has one or more of that type of asset.
- B. Check "no" if no household member has that type of asset.
- C. Check "divested" if any household member has disposed of that type of asset for less than fair market value within the past 24 months.

<u>Yes</u>	<u>No</u>	<u>Divested</u>	
<u> </u>	<u> </u>	<u> </u>	Savings Account
<u> </u>	<u> </u>	<u> </u>	Checking Account
<u> </u>	<u> </u>	<u> </u>	Trust
<u> </u>	<u> </u>	<u> </u>	Home, Real Estate, Rental Property
<u> </u>	<u> </u>	<u> </u>	Money Market Fund
<u> </u>	<u> </u>	<u> </u>	Stocks, Bonds, Treasury Bills, Certificates of Deposit
<u> </u>	<u> </u>	<u> </u>	IRA or Keough Account
<u> </u>	<u> </u>	<u> </u>	Retirement or Pension Fund
<u> </u>	<u> </u>	<u> </u>	Inheritance, Lottery Winnings, Insurance Settlement Due
<u> </u>	<u> </u>	<u> </u>	Capital Gains, Capital Investments
<u> </u>	<u> </u>	<u> </u>	Personal Property Held as an Investment (Gems, Autos, Art, etc.)
<u> </u>	<u> </u>	<u> </u>	Other: _____



Current Landlord: _____ Phone # _____
Landlord's Address _____
Date of Move-In _____

Previous Landlord: _____ Phone # _____
Landlord's address _____
Date of Move-In _____ Date of Move-Out _____

COMPLETE LIST OF ALL STATES RESIDED IN BY EACH HOUSEHOLD MEMBER

Member Name	State	Address if Known

If more space is needed, add a plain piece of paper with the continued list.

DISABILITIES

An individual with a handicap is any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment, or is regarded as having such an impairment.

Applicant must meet the requirements for the federal program benefits. An individual who cannot meet all the program requirements is not a qualified individual and his or her application may be declined on that basis, regardless of disability.

However, if a reasonable accommodation would allow the applicant to meet the housing program eligibility requirements, please submit your need for reasonable accommodations in writing.

Reasonable accommodations are made on a case-by-case basis. It may be an adjustment to our rules, policies, practices and procedures in order for a disabled applicant or resident with a disability to have an equal opportunity to use and enjoy the unit and the common areas of a dwelling, or to participate in or have access to other activities conducted or sponsored by the property. When



a request for a reasonable accommodation will result in an undue financial and administrative burden, the owner must provide all other needed accommodations up to the point at which further accommodations would result in an undue

financial and administrative burden.

Does any member of the household need a reasonable accommodation and what do they need? _____

Initial here _____

PREFERENCES

Have you been displaced or left homeless due to a federally declared disaster?

____ Yes ____ No

Has a government action left you without housing?

____ Yes ____ No

When a Presidential declared federal disaster occurs, preference will be given to those victims affected on the waiting list of 221 (d)(3) and 236 properties only.

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.
2. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information, which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
3. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I/we understand that false statements or information are punishable under federal law.
5. I/we understand a credit check and a criminal background check will be processed on every adult aged 18 or older, as a part of the eligibility requirements. Credit checks will have to conform to standards set in the Tenant Selection Plan.
Criminal background checks for all members of the household will have to comply with the following standards:
 - a. No convictions of crimes committed against children
 - b. No convictions of crimes committing rape or sexual assault
 - c. No convictions of crimes involving the sale or use of drugs.
 - d. No convictions of capital crimes against humanity.
6. I/we understand that failure to complete this application in its entirety, will result in our/this application being rejected and not being placed on the waiting list.



HEAD OF HOUSEHOLD (Please print) _____

SIGNATURE OF HEAD: _____ Date: _____
SIGNATURE OF SPOUSE _____ Date: _____
CURRENT ADDRESS: _____
MANAGEMENT: _____ Date: _____

By signing this application, I/we certify the accuracy of the above information. The information submitted is true and correct and I/we authorize management to verify any references I/we have listed. I/we authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities. I/we authorize my/our present and prior landlords to release information regarding my/our tenancy. I/we understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing development. I/we understand that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction. It also can result in termination of assistance and or lead to eviction. Failure to sign this application will result in the application being rejected and not being placed on the waiting list. Any questions left unanswered will cause your application to be denied.



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.

Form HUD-92006
(05/09)

