



Equal Housing Opportunity

Application for Admission



Project Name: _____

OFFICE USE ONLY

Address: _____

Date Received _____

Time Received _____

Answering Questions on your Application:

Please answer all questions truthfully. We will verify your answers through the appropriate third party source. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds. All information is kept confidential.

Applicant Name: _____

Phone No. _____

Present Address _____

A. Household Composition and Characteristics

List ALL Persons who will live in the apartment. List the head of household first. Head of Household is an individual who is 18 years of age or older.

	Name	Relationship to Head of household	Marital Status D- divorced S- single L- legal separation E- estranged	Date of Birth	Age	Social Security Number	Gender M/F	Student Y/N
Head of Household								
Co-Head								
3.								
4.								
5.								
6.								
7.								

Do you anticipate any additions to the household in the next twelve months? ____ Yes ____ No

If yes, please explain: _____

Citizenship Notification and Certification (For program eligibility purposes only)

In properties subject to the restriction on assistance to noncitizens, housing will be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

Race/Ethnicity information (For statistical purposes only)

The information regarding race, ethnicity and sex designation solicited on this application is requested for statistical purposes only. 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.

Race of Head of Household (please check all that apply)

American Indian/ or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other

Ethnicity of Head of Household (please check one)

Hispanic or Latino Not Hispanic or Latino

Gender (please check one)

Male Female

Handicap Status (For program and unit eligibility purposes only)

Note: Answers to questions on your application concerning disability status are optional, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

Please identify any special housing needs your household has (For example, hearing impaired, wheelchair unit, live in aide, modification to a typical unit).

Handicap/Disabled Status Yes No

Visual Impairment (Legally Blind) Yes No

Hearing Impairment (50% Loss of Hearing or Greater) Yes No

Mobility Handicap (Use of Walker, Cane, Wheelchair) Yes No

Other: _____

In addition, Person(s) with disabilities have the right to request reasonable accommodations to participate in the application process. A reasonable accommodation is some modification or change that we can make to policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. We may be able to provide alternative methods of taking your application. You may contact our office with your request for a reasonable accommodation or structural modifications to the unit or premises. Appropriate assistance will be handled in a confidential manner and setting.

Student Eligibility

Will any of the persons in the household under the age of 24 be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

If Yes, please answer the following questions:

Are any full time student(s) married and filing a joint tax return	Yes	No
Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full time student(s) a TANF or a title IV recipient?	Yes	No
Are any full time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	Yes	No

B. Income

List ALL sources of income as requested below. If a section doesn't apply, please write NA. Please list all gross monthly income (income before taxes are taken out)

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security (including Medicare premium)	\$
	Social Security (including Medicare premium)	\$
	SSI/SSD Benefits	\$
	SSI/SSD Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Full-Time Student Income (18 & over only)	\$
	Dividend/Interest Income (source)	\$
	Dividend/Interest Income (source)	\$
	Dividend/Interest Income (source)	\$
	Employment Amount	\$
	Employer name:	
	Position held:	
	How long employed:	
	Employment Amount	\$
	Employer name:	
	Position held:	
	How long employed:	
	Alimony	
	Are you entitled to receive alimony?	_____ Yes _____ No
	If yes, list the amount you are entitled to receive	\$
	Do you receive alimony?	_____ Yes _____ No
	If yes, Please list the amount you receive	\$

	Child Support	
	Are you entitled to receive child support?	_____ Yes _____ No
	If yes, list the amount you are entitled to receive	\$ _____
	Do you receive child support?	_____ Yes _____ No
	If yes, list the amount you receive	\$ _____
	Welfare Benefits	
	Does anyone in the household receive welfare benefits?	_____ Yes _____ No
	If yes, list the amount you receive	\$ _____
	Cash Contributions	
	Does anyone in the household receive regular contributions or gifts from non-household members?	_____ Yes _____ No
	If yes, please list the average monthly amount received	\$ _____
	Property Income	
	Does anyone in the household receive any income from rental properties?	_____ Yes _____ No
	If yes, please list the amount you receive	\$ _____
	Other Sources of Income	\$ _____
	Other Income	\$ _____
	Other Income	\$ _____
	Other Income	\$ _____

Do you anticipate any changes in income in the next 12 months? _____ Yes _____ No

If yes, please explain: _____

C. Assets

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, write NA.

Checking Accounts			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
Savings Accounts			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
Cash on Hand			
			Amount \$

Trust Account			
Account #	Bank name:		Balance \$
Certificates			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
IRA/Keogh			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
Credit Union Accounts			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
Saving Bonds			
Account #	Maturity Date:		Value \$
Account #	Maturity Date:		Value \$
Life Insurance			
Policy #			Cash Value \$
Policy #			Cash Value \$
Mutual Funds			
Name:	# shares:	Interest or dividend \$	Value \$
Name:	# shares:	Interest or dividend \$	Value \$
Name:	# shares:	Interest or dividend \$	Value \$
Stocks			
Name:	# shares:	Dividend paid \$	Value \$
Name:	# shares:	Dividend paid \$	Value \$
Name:	# shares:	Dividend paid \$	Value \$
Bonds			
Name:	# shares:	Interest or dividend \$	Value \$
Name:	# shares:	Interest or dividend \$	Value \$

Real Estate Property

Do you own any property? _____ Yes _____ No

If yes, type of property: Rental/Investment _____ Owner Occupied _____

Location of property _____

Appraised market value \$ _____

Mortgage or outstanding loans due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill(s) \$ _____

Have you sold or disposed of any property in the last 2 years? _____ Yes _____ No

If yes, type of property _____

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction _____

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up irrevocable trust accounts?) _____ Yes _____ No

If yes, please describe the asset _____

Date of disposition _____

Amount disposed _____

Do you have any other assets held for investment that are not listed above (coins, jewelry, stamps, art collections, excluding personal property)? _____ Yes _____ No

If yes, please list: _____

D. Allowances (For program eligibility purposes only)

Note: Families with an elderly/disabled family member may be entitled to certain deductions that affect rent or eligibility calculations. Please list total medical expenses or handicap assistance **not** covered by insurance that the family member anticipates incurring over the next 12 months. Examples of medical expenses are dental expenses, prescription and non-prescription medicines, medical insurance premiums including Medicare, eyeglasses, hearing aids and batteries, medical related travel cost, the cost of attendant care including a live-in-resident assistant, monthly payments required on accumulated major medical bills. (Please list monthly bills below. If you need additional space, please attach another sheet).

Monthly Bills: _____

E. Criminal History All Applicants

All applicants and household members will be screened for criminal history.

Have you or anyone in your household ever been convicted of manufacturing or distributing a controlled substance?

_____ Yes _____ No

Have you or any member of your household ever been convicted of a crime or sexual offense? _____ Yes _____ No

If yes, please describe _____

Have you or any member of your household ever been evicted from any housing? _____ Yes _____ No

If yes, please describe(include dates)

F. Reference Information

All applicants will be screened in order to determine their capability of fulfilling the lease agreement. Including, criteria regarding ability to pay rent on time, with or without assistance.

(If you require additional space, please attach a page)

Current Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How long have you lived there?	
Prior Landlord (please list for the past 5 years)	Name	
	Address	
	Home Phone	
	Business phone	
	How long did you live there?	
Credit Reference #1	Address	
	Account number	
	Phone number	
Credit Reference #2	Address	
	Account number	
	Phone number	
Personal Reference # 1 (No Relatives)	Address	
	Relationship	
	Phone number	
Personal Reference #2 (No Relatives)	Address	
	Relationship	
	Phone number	

In Case of Emergency Notify	Address	
	Relationship	
	Phone number	
In Case of Emergency Notify	Address	
	Relationship	
	Phone number	

G. Marketing

How did you hear about this apartment complex?

- _____ Friend or Relative
- _____ Someone you know who resides at the building
- _____ Newspapers or Television
- _____ Drive By
- _____ Another Agency, if yes, which one _____
- _____ Other, please explain: _____

H. Applicant Certification

I/We certify that if selected to move into this project, the unit I/We occupies will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for assistance. 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 to appropriate Federal, State or Local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal law and could result in this application being rejected. I/We understand that my occupancy is contingent on meeting management’s resident selection criteria and the Federal Rental Assistance Program requirements.

I/We also give authorization to complete a background check on All household member listed, 18 years of age or older.

All Adult Household members (18 years of age or older) must sign below:

Signature of Head of Household _____ **Date** _____

Signature of Other Resident _____ **Date** _____

Signature of Management _____ **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 102-55, 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 102-55, 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.