

Date & Time Application Received: \_\_\_\_\_  
For Office Use Only

By (Agent Signature): \_\_\_\_\_  
For Office Use Only

**APPLICATION FOR HOUSING—HUD  
Equal Opportunity Housing**

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT MEMBER OF THE HOUSEHOLD WITH THE EXCEPTION OF THE HEAD OF HOUSEHOLD AND THEIR SPOUSE.

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL TO SCHEDULE ASSISTANCE. APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED.

**PRIOR TO FINAL ACCEPTANCE, ALL APPLICANTS MUST SUBMIT COPIES OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR EACH HOUSEHOLD MEMBER.**

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

PROPERTY NAME \_\_\_\_\_ Unit #: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

**1. HOUSEHOLD COMPOSITION**

Complete in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head:

	Member Full Name	Relationship	Date of Birth	Age	Sex Elective	Student: (Y or N)	Social Security # *Unless the senior exemption applies
1.		<b>HEAD</b>					
2.							
3.							
4.							
5.							
6.							

Do you anticipate any change in your household (someone moving in or out) during the next twelve months?  Yes  No  
If Yes, explain: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Email \_\_\_\_\_

**Marital Status of adult household members:**  Married  Single  Divorced  Widowed  Separated

Are all members of the household U.S. Citizens? Yes \_\_\_\_\_ No \_\_\_\_\_

***This information is being requested for statistical purposes and to comply with equal opportunity and fair housing legislation.***

Race of Head of Household: Hispanic or Latino: Yes \_\_\_\_\_ No \_\_\_\_\_

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black African American
- Other Multi-Racial

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



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. TDD 800.366.6888.



**STUDENT STATUS:  
CHECK THE APPROPRIATE BOX(ES):**

I certify, under penalty of perjury, that I am **NOT** a full-time or part-time student and have not been a full-time or part-time student in the last calendar year. I will notify management if I become a full-time or part time student in the future and understand that my student status could affect my eligibility to live in this complex.

I **AM** a full-time or part-time student. (Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 assistance)

a.	Do your parents or guardians claim you as a dependent on their latest tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are you of legal contract age under state law (18)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Have you established a separate household from parents or legal guardians for at least one year prior to application for occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Will you be at least 24 years old by December 31 of the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Were you an orphan or a ward of the court through the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Do you have legal dependents other than a spouse (dependent children or an elderly parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Are you a graduate or professional student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

All family members 18 or over listed as Students provide the following information:

School Name & Address: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED:**

1.	Does your household have any needs that might be better served by an apartment, which is accessible to persons with mobility impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Will this unit be your sole residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development/HUD?  If yes, do you realize you will be eligible for a \$400 and medical deduction? Please note that your eligibility must be verified.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever had eviction action filed against you or violated your lease? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have your monthly rent obligations been paid on time? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have your security deposits always been refunded? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you paid in full all utilities for which you have been responsible? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there anyone currently living with you that is not on this application? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have sole legal and physical custody of your children? If no, please explain custody arrangement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your household have a pet? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you receive Housing Assistance? If yes, type HRA Section 8 Voucher <input type="checkbox"/> or RAFS <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever previously applied with	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you now living in a government-subsidized development? If yes Name & Address of Development:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you or any member of your household ever used different names from the names given in this application? If yes, list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you or any member of your household ever used social security numbers different from those listed in this application? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you or any member of your household lived in any other state? If yes, which ones:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### HOUSING INFORMATION:

**Current Address:**

\_\_\_\_\_  
 \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: Present Rent \$ \_\_\_\_\_

May we contact your current landlord?  Yes  No

If no, why?: \_\_\_\_\_

**Previous Address:**

\_\_\_\_\_  
 \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent \$ \_\_\_\_\_

**Previous Address:**

\_\_\_\_\_  
 \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Tel # \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Mortgage Payment: \$ \_\_\_\_\_

If Owned, do you receive rental income from the Property?  Yes  No

Landlord's Name: \_\_\_\_\_ Landlord's Tel # \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Mortgage Payment: \$ \_\_\_\_\_

If Owned, do you receive rental income from the Property?  Yes  No

Landlord's Name: \_\_\_\_\_ Landlord's Tel # \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Mortgage Payment: \$ \_\_\_\_\_

If Owned, do you receive rental income from the Property?  Yes  No

### PERSONAL REFERENCES:

**Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference's Telephone # \_\_\_\_\_

Reference's Work Telephone # \_\_\_\_\_

How Long and How Have You Known This Individual?  
 \_\_\_\_\_

**Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference's Telephone # \_\_\_\_\_

Reference's Work Telephone # \_\_\_\_\_

How Long and How Have You Known This Individual?  
 \_\_\_\_\_

**Note: Personal references will only be contacted if you have little or no rental history and/or little or no credit history.**

### HOUSEHOLD INCOME INFORMATION:

All Information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full-time, part-time, or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE:		YES	NO	Gross Monthly Amount
1.	Wages, salaries (includes overtime, tips, bonuses, commissions, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Does any member work for someone who pays them in cash or is self-employed	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Regular pay for a member of the armed forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Public Assistance (MFIP, GA, TANF, or Tribal General Assistance) Benefits are received by (circle one) direct deposit check cash card	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Unemployment benefits or severance pay	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Student financial assistance (public or private, not including student loans)	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Child Support (Check yes if you have a court order, even if you are not receiving the full amount awarded)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Alimony/Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Social Security income (including unearned income of minor children) /Dual Entitlement	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Disability benefits including social security disability	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular payments from pensions (PERA, railroad, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Regular payments from annuities or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Net income from rental property, land, etc.	<input type="checkbox"/>	<input type="checkbox"/>	\$
18.	Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies, or individuals not living in the unit (not including groceries)	<input type="checkbox"/>	<input type="checkbox"/>	\$

19.	Mineral Lease or Royalty Payments	<input type="checkbox"/>	<input type="checkbox"/>	\$
20.	Are any changes to income expected within the next 12 months due to a raise, bonus, other reason	<input type="checkbox"/>	<input type="checkbox"/>	\$
21.	Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$

**IF YOU CHECKED YES TO ANY OF THE PREVIOUS QUESTIONS REGARDING HOUSEHOLD INCOME INFORMATION:**  
For each type of income your household receives, list the source and the amount expected from that source during the next 12 months.

Question No.	Family Member	Name <u>AND</u> Address of Source(s) of Income	Phone No. Of Source(s) of Income	Fax No.	Annual Income
					\$
					\$
					\$

**HOUSEHOLD ASSETS**  
All Information will be verified by a third party

	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	YES	NO	Current Balance
1.	Checking Accounts (6 month average balance)	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Cash cards used to receive government benefits or other income	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	US Savings Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Whole or Universal Life Insurance Policy (do not include term life insurance)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Pension/Retirement/Annuity or Health Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Money Market Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Are any accounts held jointly with someone not in the unit? Which account and with whom?	<input type="checkbox"/>	<input type="checkbox"/>	\$
18.	Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<b>YES</b>	<b>NO</b>	<b>Value</b>
19.	Do you currently own a home or real estate? If yes, please list address:	<input type="checkbox"/>	<input type="checkbox"/>	\$
20.	Do you receive payments for a home you sold by contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$
21.	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>	\$
22.	Are any assets held jointly with another person? List person and asset.	<input type="checkbox"/>	<input type="checkbox"/>	

\*Note: Includes Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

**IF YOU CHECKED YES TO ANY OF THE ABOVE: List financial accounts of all household members. (Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts, Stocks or Bonds)**

Question No.	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide a copy or entire property tax statement for any real estate owned.	Type of Account	Current Balance	Phone No. Of Source(s) of Income	Fax No.


I/We certify that I/we  have  have not sold or disposed of any asset for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Type of Asset	Assets Estimated Market Value at Time of Disposition	Date Sold/Disposed of	Amount Received
				\$
				\$

**HOUSEHOLD ALLOWANCE INFORMATION**  
All information will be verified by a third party

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency, or charitable organization.

An elderly household is one in which the head, co-head, or sole member is 62 or older, handicapped, or disabled. Such households qualify for a \$400 deduction in computing rent. Would you like to apply for this deduction?  
Yes  No

Do You Expect to Incur Any of the Following Expenses:		Yes	No	Monthly Amount
1.	Childcare Expenses: (Age 12 or Under) for care necessary to enable a family member to work, seek employment or further their education?	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>"ELDERLY" AND DISABLED FAMILIES ONLY. You must be an elderly household in which the head, spouse, or co-head is 62 or older, disabled, or handicapped.</b>				
2.	Disability Assistance: Attendant Care/Auxiliary Apparatus for Care necessary to enable a family member to go to work?	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Attendant Care for a household member who has a handicap or disability?	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Medicare Premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Do you receive medical assistance through the Public Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Cost of assistive devices for a household member who has a handicap or disability?	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Outstanding medical bills on which you are currently paying?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Drug cost not covered by insurance or other out of pocket medication expenses such as any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g. insulin, aspirin, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Health Insurance/Long Term Care Insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Do you expect to have extraordinary medical/dental/optical/hearing or other out of pocket expenses during the next twelve (12) months? If yes, please list amount and type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$

**IF YOU CHECKED YES TO ANY OF THE ABOVE:**

Question No.	Family Member	List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, etc. (Use back of Page for Extra Space)	Phone No. Of Source(s) of Income	Fax No.

**DRUG AND CRIMINAL BACKGROUND CHECK**  
**All Questions Must be Answered**

Federal law requires us to verify drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or over must answer the following questions and sign below to consent to a background check. **Each household member age 18 or over must complete a separate form.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. The property will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1.	Have you been evicted from a federally assisted site for drug-related criminal activity? If yes, when, and please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Does anyone in your household abuse alcohol or use illegal drugs? If yes, explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Are you or any member of the "household" currently subject to a registration requirement under a state sex offender registration program? If yes, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Have you been convicted of any drug-related crime?	<input type="checkbox"/> yes <input type="checkbox"/> no
5.	Have you been convicted of any felony?	<input type="checkbox"/> yes <input type="checkbox"/> no
6.	Have you been convicted of any crime involving fraud or dishonesty?	<input type="checkbox"/> yes <input type="checkbox"/> no
7.	Have you been convicted of any crime involving violence?	<input type="checkbox"/> yes <input type="checkbox"/> no
8.	Are you currently charged/pending charges with any of the above criminal activities?	<input type="checkbox"/> yes <input type="checkbox"/> no
9.	Have you ever used any other name? If yes, please list:	<input type="checkbox"/> yes <input type="checkbox"/> no

**ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER SIGN BELOW**

APPLICANT'S STATEMENT: I/We understand the information in this application will be used to determine eligibility for housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/we certify that I/we have revealed all income and assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or the sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the property, to a public housing authority, or to an agency contracted by the property to conduct criminal background checks.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

**The applicant does not have to sign the consent if it is not clear who will provide or who will receive the information.**

Signature of Head \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Management Representative: \_\_\_\_\_ Date: \_\_\_\_\_