

SUBJECT: APPLICATION FOR RESIDENCY

COMMUNITY: _____ PROGRAM: _____

ORIGINAL DATE: _____ TIME: _____ UPDATE: _____ TIME: _____

HOW DID YOU HEAR ABOUT US? _____

APPLICANT NAME: _____ APARTMENT SIZE: _____

CURRENT ADDRESS: _____

CITY STATE, ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

PREVIOUS ADDRESS: _____

CITY, STATE, ZIP: _____

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBER'S FULL NAME	STATUS*	DRIVER'S LICENSE #	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #

* Single (s) Married (m) Widowed (w) Separated (sp) Divorced (d)

MEMBERS 17 AND UNDER FULL NAME	RELATIONSHIP TO HOH	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #	SCHOOL NAME	ABSENT PARENT'S NAME & ADDRESS

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

S.S. #: (If known): _____ S.S. #: (If known): _____

2. Are you or any household member currently a student at an institution of higher education? Yes No

3. Does anyone live with you now who is not listed above? Yes No

4. Does anyone plan to live with you in the future who is not listed above? Yes No

If yes, explain: _____

5. Have you, or any member of your household ever used different names from the above name shown? Yes No

If yes, please list names used and dates when such names were used: _____



III. ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposits) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member:

3. List the value of any assets disposed of for less than their fair market value during the past two years.

IV. EXPENSES

YES NO

- Do you have expenses for child care of a child aged 12 or younger? If yes, provide the name, address and telephone number of the care provider.

Name: _____ Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

What is the weekly cost to you of the child care? _____

- Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address and telephone number.

Name: _____ Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

What is the cost to you for the care attendant and/or equipment? _____

ELDERLY FAMILIES ONLY

- Do you have Medicare? If yes, what is your month premium? _____

- Do you have any other kind of medical insurance? If yes, answer the following questions:

Name: _____ Name: _____

Address: _____ Address: _____

Policy No: _____ Policy No: _____

Premium Amount: _____ Premium Amount: _____

- Do you have outstanding medical bills? If yes, explain.

- What medical expenses do you expect to incur in the next twelve months?

- If you use the same pharmacy regularly, please provide name, address and phone number:

Name: _____ Address: _____ Phone No. _____

V. REFERENCES

Please provide the name, address and phone number of one personal reference that is not related to a household member.

Name: _____

Address: _____

Phone No.: _____

Please provide the name, address and phone number of closest relative.

Name: _____

Address: _____

Phone No.: _____

Please provide the name, address and phone number of your Primary Physician and Social Worker (if applicable).

Name: _____

Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

VI. RENTAL HISTORY

Present Landlord: _____

How long have you lived there? _____

Address _____

Reason for leaving? _____

City, State, Zip: _____

Phone No: _____

Fax No. : _____

Your Address: _____

Former Landlord: _____

How long did you live there? _____

Address _____

Reason for leaving? _____

City, State, Zip: _____

Phone No: _____

Fax No. : _____

Your Address: _____

Former Landlord: _____

How long did you live there? _____

Address _____

Reason for leaving? _____

City, State, Zip: _____

Phone No: _____

Fax No. : _____

Your Address: _____

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? Yes No

If yes, please list names, addresses and dates: _____

Has any place where you, or any member of your household were living, been destroyed or damaged by fire? Yes No

If yes, please provide details: _____

VII. EMPLOYMENT HISTORY

Name and address of Head of Household's present

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Date of Hire: _____

Name and address of Spouse's/Co-Head of Household's

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Date of Hire: _____

Name and address of Head of Household's previous

Employer: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Length of employment _____ to _____

Name and address of Spouse's/Co-Head of Household's

Previous Employer: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Length of employment _____ to _____

VIII. EMERGENCY CONTACTS

Name: _____

Address: _____

City, State, Zip: _____

Relationship: _____

Phone No: _____

Name: _____

Address: _____

City, State, Zip: _____

Relationship: _____

Phone No: _____

IX. VEHICLE REGISTRATION

Do you or any household members have a vehicle? Yes No

If yes, how many? _____

X. OTHER

Do you or any other member of your household currently use any illegal drug or other illegal controlled substance?

Yes No If yes, which household member(s)? _____

Is household member seeking treatment? Yes No

If yes, Name of Facility: _____ Contact: _____

Address: _____

Have you or any other person named on the application as intended to reside in the apartment ever been evicted from a federally subsidized housing apartment for drug-related criminal activity? Yes No

Have you or any member of your household ever been arrested for, charged with, or convicted of a felony? Yes No

If yes, which household member(s)? _____

Where did the incident take place? _____

Explain the circumstances, outcome and present status: _____

Have you or any member of your household ever been arrested for, charged with, or convicted of any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others? Yes No

If yes, which household member(s)? _____

Where did incident take place? _____

Explain the circumstances, outcome and present status: _____

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, family composition or federal preference changes.

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the application for housing.

Prior to acceptance, a credit report, current and previous landlord verification, a home visit and background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, family composition or federal preference changes.

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Family Members 18 years or over

Date

Signature of Management

Date

APPLICATION ATTACHMENTS:

- 1. Fraud, Is It Worth It?
- 2. HUD Fact Sheet – How Your Rent Is Determined
- 3. HUD Fact Sheet (Government Assisted Only)
- 4. HUD 9887 (Government Assisted Only)
- 5. HUD 9887A (FG893) (Government Assisted Only)
- 6. Copy of Birth Certificate & Social Security Card
- 7. Landlord Verification (FG838)
- 8. HUD 9886 (Public Housing Only)
- 9. Credit Report
- 10. Home Visit
- 11. Police/Court Record Info. Release
- 12. Personal Certification (FG816) (if applicable)
- 13. Preference Verification (if applicable)
- 14. Family Summary Sheet (FG8142)
- 15. Applicant Declaration Format (FG8139)
- 16. Race & Ethnic Data Reporting Form

STATUS OF APPLICATION:

Date Application Received: _____

Date Verifications Mailed: _____

Date Application Denied: _____ Reason: _____

Date Notice of Eligibility Letter Mailed: _____

Dates Waiting List Confirmation Mailed:

Dates Application Updated:

Dates Apartment Offered:

Placed Inactive Date: _____

Move-In Date: _____

Other Action: _____