



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:	
	<b>Alimony</b>	
	Are you <b>entitled</b> to receive alimony?	_____ Yes _____ No
	If yes, list the amount you are <b>entitled</b> to receive	\$
	Do you receive alimony?	_____ Yes _____ No
	If yes, Please list the amount you receive	\$

	<b>Child Support</b>	
	Are you <b>entitled</b> to receive child support?	_____ Yes _____ No
	If yes, list the amount you are <b>entitled</b> to receive	\$ _____
	Do you receive child support?	_____ Yes _____ No
	If yes, list the amount you receive	\$ _____
	<b>Welfare Benefits</b>	
	Does anyone in the household receive welfare benefits?	_____ Yes _____ No
	If yes, list the amount you receive	\$ _____
	<b>Cash Contributions</b>	
	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	\$ _____
	<b>Property Income</b>	
	Does anyone in the household receive any income from rental properties?	_____ Yes _____ No
	If yes, please list the amount you receive	\$ _____
	<b>Other Sources of Income</b>	\$ _____
	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.

<b>Checking Accounts</b>			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
<b>Savings Accounts</b>			
Account #	Bank name:		Balance \$
Account #	Bank name:		Balance \$
<b>Cash on Hand</b>			
			Amount \$

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

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

<b>In Case of Emergency Notify</b>	Address	
	Relationship	
	Phone number	
<b>In Case of Emergency Notify</b>	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** \_\_\_\_\_