

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Initial Cert: \_\_\_\_\_  
 Bldg./Unit:TOWER\_/\_\_\_\_\_

## APPLICATION FOR HOUSING Equal Housing Opportunity

Certification Effective Date: \_\_\_\_\_

Household certifying for the following Programs(s):

**Select Apartment Size**

- Section 8
- Housing Tax Credits
- Section 42
- HOME
- LTH (Long Term Homeless)
- Other

- First Available
- Efficiency
- Small 1 Bedroom
- Large 1 Bedroom

Applicant Name: \_\_\_\_\_  
First Middle Initial Last

Co-Applicant: \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel #: \_\_\_\_\_

Housing Advocate: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

All applicants, age 18 or older, other than spouse, are required to complete a separate application.

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

### HOUSEHOLD COMPOSITION

**Complete in your own handwriting.**

**List the Head of Household and all other persons who will be living in the unit.**

Give the relationship of each family member to the head.

*Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.*

*All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).*

Household Members Name	Relationship	Date of Birth	Has/Will This Person Be a Student* During the Upcoming Calendar Year? <b>YES/NO</b>	Social Security Number
	<b>HEAD</b>			

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for all applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household: White Black Asian/Pacific Islander American Indian/Native American

Ethnicity of Head of Household: Non-Hispanic Hispanic

Are you a United States Citizen?: Yes No

If no, are you a Non-Citizen with eligible alien status?: Yes No

Are you a Non-Citizen Student?: Yes No

**Citizenship and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.**

Does the household have any needs that might be better served by an apartment that is accessible to persons with mobility, hearing or visual impairments?

Yes No If yes, please explain: \_\_\_\_\_

Do you or anyone else in your household qualify for housing because of a handicap or disability?

Yes No If yes, please explain: \_\_\_\_\_

How many people live in your household now: \_\_\_\_\_

Will any of these people live anywhere except the unit you are applying for?

Yes No If yes, please explain: \_\_\_\_\_

Will anyone else live in the unit on either a full-time or part-time basis?

Yes No If yes, please explain: \_\_\_\_\_

Do you expect any of the above information to change in the future?

Yes No If yes, please explain: \_\_\_\_\_

Will you or a member of the household be a student during this and/or the upcoming calendar year?

Yes No If yes, please explain: \_\_\_\_\_

Please complete at least **THREE** years of housing history:

CURRENT HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

How did you hear of this housing development? \_\_\_\_\_

Are you now living or have you lived in a government subsidized development?

Yes  No If yes, please explain: \_\_\_\_\_

Name of development: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment or rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**  
**(all information will be verified by a third party)**

For each household member 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy. Include all full time, part time, or seasonal income. If a household member has more than one source of income, use a separate line for each source.

		<b>MONTHLY</b>		
<b>DO YOU RECEIVE OR EXPECT TO RECEIVE:</b>		<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>
1.	Wages, salaries (include overtime, tips, bonuses, commissions, etc.)			\$
2.	Does any member work for someone who pays them in cash or is self-employed			\$
3.	Regular pay for a member of the armed forces			\$
4.	Public Assistance (MFIP, GA)			\$
5.	Worker's compensation			\$
6.	Unemployment benefits or severance pay			\$
7.	Student financial assistance (public or private, not including student loans)			\$
8.	Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)			\$
9.	Alimony/Spousal Maintenance			\$
10.	Social Security income (including unearned income of minor children)			\$
11.	Disability benefits including social security disability			\$
12.	Regular payments from pensions (PERA, railroad, etc.)			\$
13.	Regular payments from retirement benefits			\$
14.	Death Benefit			\$
15.	Regular payments from annuities or life insurance dividends			\$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.			\$
17.	Net income from rental property			\$
18.	Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)			\$
19.	Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?			\$
20.	Other:			\$

**HOUSEHOLD ASSETS**  
(All information will be verified by a third party)

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:		YES	NO	AMOUNT
21.	Checking account(s)? (6 month average balance)			\$
22.	Savings account(s)? (include cash cards used as savings accounts)			\$
23.	Stocks?			\$
24.	Capital investments?			\$
25.	Bonds?			\$
26.	Trusts?			\$
27.	Securities?			\$
28.	IRA/KEOGH accounts?			\$
29.	Pension/retirement/annuity accounts?			\$
30.	Certificates of deposit?			\$
31.	Money market funds?			\$
32.	Treasury bills?			\$
33.	Safety deposit box?			\$
34.	Whole Universal Life Insurance Policy (not term life insurance)			\$
35.	Lump Sum Payment (i.e., inheritance, lottery winnings, capital gains Insurance settlements)			\$
36.	401K			\$
37.	Are any accounts held jointly with someone not in the unit? Which account and with whom?			\$
38.	Other (list):			\$

\*Include 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.

	YES	NO	Value
Do you now own a home or other real estate? If yes, list address(es)			\$
Do you receive payments for a home you sold by contract for deed?			\$
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?			\$
Are any assets held jointly with another person? List person and asset(s).			\$
<b>Enter combined cash value of all household assets</b>			\$

**DO NOT LEAVE THIS SECTION BLANK.**

From 1-38, income and assets above, provide contact information for all "YES" checked items. All information must be verified.

(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

I/We hereby certify that I/we have \_\_\_\_\_ have not \_\_\_\_\_ sold or disposed of any assets 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	Asset & Estimated Value	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 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.

		MONTHLY		
DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		YES	NO	ANNUAL AMOUNT
1.	Medicare premiums?			\$
2.	Other medical insurance premiums?			\$
3.	Outstanding medical bills on which you are currently paying?			\$
4.	Cost of assistive devices for handicapped or disabled household member?			\$

5.	Do you receive medical assistance through the Public Assistance Program?			\$
6.	Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school?			\$
7.	Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain:			\$

**MISCELLANEOUS**

**The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.**

	YES	NO
Will any household member, including children, live in the unit on a less than full time basis?		
Do you anticipate any change in your household (someone moving in or out) during the next 12 months?		
Does any adult member of the household have zero income? If yes, name(s): _____		
Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, ect.)		
Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?		
Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation?		
Do you or anyone else in your household use an illegal drug or other illegal controlled substance?		
Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substances?		
Have you or any member of your household ever used different names from the names given in this application?		
Have you or any member of your household ever used social security numbers different from those listed in this application?		
Are you or any member of your household subject to a lifetime registration under the State sex offender program?		
Have you or any member of your household lived in any other state?		
If yes, which ones?		

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for an apartment.

I/We certify that all information given in this application is true, complete and accurate. 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 our lease agreement.

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 other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, 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.

*All household members age 18 or older sign below*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.**





RENTAL HISTORY REPORTS

Lease with Confidence.

(FOR OFFICE USE ONLY)

SITE NAME: \_\_\_\_\_

RHR ACCT #: \_\_\_\_\_

## General Consent Form

### Personal Information:

I, \_\_\_\_\_ have made application  
Last Name First Middle Maiden

with \_\_\_\_\_ for \_\_\_\_\_  
Company Name State Purpose

Current Address City State Zip Code

Previous Address City State Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Sex Social Security Number Driver's License State Home Phone

### Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided within my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References (including MPHA), Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History, and Personal Interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter Federal and State records of employment and income history, including State Employment Security Agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## OUT-OF-STATE CRIMINAL RECORDS SEARCH

_____ City / County	_____ State	_____ City / County	_____ State
_____ City / County	_____ State	_____ City / County	_____ State

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.