



**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Time \_\_\_\_\_ Initials \_\_\_\_\_

03-18

# Application for Admission

Community \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
 (First) (Middle Initial) (Last)

List all other names you have gone by \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Spouse/Partner/Co-head's # \_\_\_\_\_

Spouse/Partner/Co-head Name \_\_\_\_\_

List all other names have gone by \_\_\_\_\_

Spouse/Partner/Co-head's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

How did you learn about the community? \_\_\_\_\_

Do you need an accessible unit?  Yes  No

List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you and can be notified in case of emergency:

**1** Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

**2** Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

## Household Composition and Characteristics

List all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Full Name	Relationship/Head	Birth Date	Birth Place	Age	Social Security #

## Income Information

List **all** income for **all** family members from **all** sources, such as: Social Security, V.A. benefits, pensions, employment, welfare, etc.

Family Member	Monthly Amount	Source
Head	\$	
	\$	
Spouse /Partner/Co-head	\$	
	\$	
Other Family Member	\$	
	\$	

## Employment Earnings (Present)

Employer Name \_\_\_\_\_ \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Annual  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

## Asset Information

List **all** assets for **all** family members (checking, savings, certificates of deposit, stocks, bonds, annuities, trusts, real estate, etc.).

Type of Asset	Value of Asset or Balance	Name of Bank or Institution	Account #
1.	\$		
2.	\$		
3.	\$		
4.	\$		

(Please include any additional information on a separate sheet.)

Do you own a home or other real estate?  Yes  No

Have you sold or given away real property or other assets in the past two years?  Yes  No

If yes, please explain: \_\_\_\_\_

If yes, what is the current market value of the assets? \$ \_\_\_\_\_

**Miscellaneous**

Have you ever lived in a United Church Homes housing community?  Yes  No

Name of community \_\_\_\_\_ Date of occupancy \_\_\_\_\_

Have you, your spouse, or any household member listed on this application, ever been convicted of a felony?  Yes  No

If yes, which county \_\_\_\_\_ in which state? \_\_\_\_\_ household member's name \_\_\_\_\_

Are any household members listed on a lifetime sex offender registry in any state?  Yes  No

If yes, which county \_\_\_\_\_ in which state? \_\_\_\_\_ household member's name \_\_\_\_\_

Is any household member currently engaging in the use of illegal drugs?  Yes  No

Are you or any household member a fugitive felon or parole violator?  Yes  No

If yes, which county \_\_\_\_\_ in which state? \_\_\_\_\_ household member's name \_\_\_\_\_

Are you currently living in a government subsidized unit?  Yes  No

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud?

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

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for non-

payment of rent, or failure to comply with recertification procedures?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you seeking housing as a result of a Presidentially declared disaster?  Yes  No

Is any household member a US military veteran?  Yes  No

Will this unit be your only place of residence?  Yes  No

Are you presently enrolled in an institute of higher education?  Yes\*  No

Have you been a student in the last 12 months?  Yes\*  No

Do you intend to enroll in the next 12 months?  Yes\*  No

\*If yes, additional information may be required as it relates to student status

Do you own a motorized vehicle (car, truck, motorcycle, etc.)?  Yes  No If yes, how many? \_\_\_\_\_

Do you have a pet?  Yes  No If yes, what kind of pet? \_\_\_\_\_

**Present Address:** Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Landlord Contact Information:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Address:** Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Landlord Contact Information:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Address:** Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Landlord Contact Information:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been evicted or asked to move?  Yes  No

If yes, please explain: \_\_\_\_\_

List all states where you and each household member have lived:

County \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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Applicants are required to disclose his/her Social Security number (SSN) and for all members of the applicant's household, except those household members who do not contend eligible immigration status. Also, applicants (including each member of the household) are required to disclose his/her assigned SSN, with the exception of the following: Applicants who do not have a SSN AND were 62 years of age or older as of January 31, 2010, AND were receiving HUD rental assistance at another location on January 31, 2010.

This property is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The United States Supreme Court has determined that to meet this definition, a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing community.

Do you need a reasonable accommodation?  Yes  No

I have received a copy and read the Resident Selection Plan for this property.  Yes  No

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### **Applicant Release/Certification**

I/we understand that the information listed in this application is being collected to determine my/our eligibility for residence and/or for Section 8 assistance. I/we certify the eligibility requirements for admission have been explained to me/us and I/we understand those requirements as explained.

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 and that my/our application could be rejected for providing false information.

I/we certify that if selected to move into this housing community, the unit I/we occupy will be my/our only residence.

I/we have received a copy of the community's Resident Selection Plan.

**I/we authorize the owner to verify all information provided on this application that may include but is not limited to, criminal background checks/police reports, previous and current landlord checks, Enterprise Income Verification (EIV) information and/or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.**

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

Signature of Spouse/Partner/Co-head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Household Member \_\_\_\_\_ Date \_\_\_\_\_

Management \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the attached document and return with your application.**

The attached form, **SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**, is regarding Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants. 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 the contact information, but if you choose to do so, please complete, sign and date the attached form and return the form with your application.

If you choose not to complete the contact information, please mark the box at the bottom of the form, sign, date and return the form with your application.

If you have questions, please feel free to contact the management staff of the community where you are applying for housing.

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.