



Date/Time Received _____ Staff Receiving Application _____

Application for Housing

Applicant/Head of Household Information

Name _____
Last First Middle Initial

Current Address _____
Street Address Apt. #

_____ City State Zip Code

Telephone Number (Include Area Code) _____

Social Security Number _____

Date of Birth _____

Household Information

Please list below all information for each additional household member who would occupy the unit. If applicant is to be the only occupant, please enter NONE.

Name (first, middle, last)	Relationship to Head	M	F	Social Security Number	Date of Birth

Do you anticipate a change in household composition during the next 12 months? ___Yes ___ No

Will any of the above household members live anywhere except in the apartment? ___Yes ___No

Will any other persons live in the apartment on a less than full-time basis? ___Yes ___ No

If you answered "Yes" to any of the above questions, please explain: _____



Miscellaneous Information

1. Are you or any member of your household currently expecting a child?
 Yes No

If yes, what is the scheduled due date: _____

2. Have you or any other adult member's ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No

If yes please explain _____

3. Have you or any member of your household even committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?
 Yes No

If yes, please explain _____

4. Are you a current user of illegal drugs? Yes No

5. Do you abuse alcohol to the extent you are a danger to others health, safety, or right to peaceful enjoyment? Yes No

6. Have you or any member of your household even been convicted of any drug offense? Yes No

If yes, Who _____

Explain _____

7. Have you or any member of your household even been convicted of a felony?
 Yes No

If yes, Who _____

Explain _____



8. Have you or any member of your household been convicted of a sex crime or are a registered sex offender? Yes No

If yes, who _____

Explain _____

Where Registered _____

9. Have you or any member of your household even been evicted from HUD or subsidized housing for drug related or criminal activity? Yes No

If yes, who _____

Explain _____

10. For you and each household member 18 year of age or older, please list all STATES in which you lived since 1996.

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

11. Does anyone in your household currently have any felony charges pending against them? Yes No

If yes, who _____

Explain: _____



Landlord Information

1. With regards to your **present** housing, do you

_____ Rent Monthly Rent \$ _____

_____ Own Monthly Mortgage Payment \$ _____

_____ Live With Family Monthly Costs \$ _____

_____ Other Explain _____

2. Are you receiving Subsidy on this housing? ___ Yes ___ No

3. Current Landlord Name _____

Current Landlord Address _____

Street Address

City

State

Zip Code

Current Landlord Telephone (Include Area Code) _____

How long have you lived here: From _____ to _____
(month/year) (month/year)

4. With regards to your **previous** housing, did you

_____ Rent Monthly Rent \$ _____

_____ Own Sale Date/Sale Price _____

_____ Other Explain _____



5. Previous Landlord Name _____

Previous Landlord Address _____

Street Address

City

State

Zip Code

Previous Landlord Telephone (Include Area Code) _____

How long did you live there: From _____ to _____
(month/year) (month/year)

Previous Landlord Name _____

Previous Landlord Address _____

Street Address

City

State

Zip Code

Previous Landlord Telephone (Include Area Code) _____

How long did you live there: From _____ to _____
(month/year) (month/year)

Previous Landlord Name _____

Previous Landlord Address _____

Street Address

City

State

Zip Code

Previous Landlord Telephone (Include Area Code) _____

How long did you live there: From _____ to _____
(month/year) (month/year)



Employment Information

1. Are you currently employed? ___ Yes ___ No
2. Is any member of your household who will be residing in the unit currently employed? ___ Yes ___ No

If you answered no to both questions, you may skip to the next section – Benefits. If you answered yes to either question, you must complete the following :

Head of Household

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street) (city/state) (zip code)

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street) (city/state) (zip code)

Occupation: _____

Dates of Employment _____
(starting date) (ending date)

Salary \$ _____ per () Hour () Week () Month () Year



Benefits

Please list the total benefit income of all members of the household.

Benefit Type	Received Yes/No	Amount Received	Per Month, Year	Name of Household Member
Social Security (Adult)				
Social Security (Adult)				
Social Security (Child)				
SSI (Adult)				
SSI (Adult)				
SSI (Child)				
Disability				
Disability				
Death Benefits				
Public Assistance				
Alimony				
Child Support				



Other Income

Do you or any other member of the household have any of the household have income from any of the following:

Income Type	Received Yes/No	Amount Received	Per Month/Year	Name of Household Member
Self Owned Business				
Gifts, Recurring Cash Contributions (including rent and utility payment)				
Worker's Comp				
Unemployment Benefits				
Severance Pay				
Payments from Insurance Policies				
Retirement Benefits				
Pension Benefits				
Pension Benefits				
Veterans Benefits				
Military Reserve/National Guard				
GI Bill Benefits				
Periodic Payments from Lottery				
Other				



Do you have any rental property or business property income? ___ Yes ___ No

If yes, give name and address of rental or business:

Name _____

Address _____

Amount of Income/Rent Per Month \$ _____

Asset Information

Has any member of the household disposed of any assets at less than fair market value during the past two (2) years? ___ Yes ___ No

If yes, please describe the asset, its value, and the disposition: _____

Please provide information on any of the following assets held:

Type of Asset	Current Balance/Value	Name of Household Member
Checking Account	\$	
Checking Account	\$	
Credit Union Shares	\$	
Savings Account	\$	
Savings Account	\$	
Money Market	\$	
Money Market	\$	
Certificate of Deposit	\$	
Certificate of Deposit	\$	



Please provide information on any of these additional assets:

Type of Asset	Current Balance/Value	Name of Household Member
Stocks/Bonds	\$	
Treasury Bills	\$	
Rental Property	\$	
Real Estate/Mortgages	\$	
Safe Deposit Box	\$	
Deeds or Trusts	\$	
Annuities	\$	
Own a Mobile Home	\$	
IRA or Keough Account	\$	
Mutual Funds	\$	
Personal Property held for investment purposes	\$	
Other	\$	

Medical and Unusual Expenses

Please provide following information for all members of the household:

Description of Expense	Annual Amount	Name of Household Member
Babysitting or dependent care while family member is employed		
Medicare Benefits		
Medical Assistance through Welfare Department		
Outstanding medical bills which you are currently paying		
Prescription Drug Bills		
Medical Insurance		



Do you anticipate any health care related expense for the next twelve (12) months which are not covered by health insurance? Yes No

If yes, please give estimated amount \$ _____

Vehicle Information

Name on Driver's License _____

Drivers License Number _____

State Issued _____

Date Issued _____ **Expires** _____

License Plate Number _____

State Issued _____

Expires _____

Year of Vehicle _____ **Make** _____

Model _____ **Color** _____

Do you currently have insurance on the vehicle? Yes No

Authorization/Acknowledgement

I/We understand that the information contained in this application is being collected to determine my/our eligibility for residency. I/We authorize the owner/management agent for _____ to verify all information provided on this application and my/our signature is our consent to to obtain such verification. I/We certify that all information and answers to the



above questions are true and complete to the best of my/our knowledge. I/we consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management agents or their agents or credit checking agencies. I/we understand that the credit report (rental history, arrest and/or conviction records, including pedophile and sex Offender records and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in all states which I/we have resided.

WARNING: "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, the Contract Administrator, and any owner (or an employee of HUD, the Contract Administrator, or the owner) may be subject to penalties for unauthorized disclosure of improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person, who knowingly or willfully 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 \$5,000.00. 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, the Contract Administrator, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations for 42 U.S.C. 408 f,g,and h.

Signatures (all adult household members over 18 must sign)

_____	_____
Head of Household	Date
_____	_____
Spouse/Co Applicant	Date
_____	_____
Other Household Member	Date