



Instructions for Completing This Application for Housing

1. **Elderly Housing Development and Operations Corporation (EHDOC) and Jacksonville Towers** do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulation implementing Section 504 (24CFR, part 8 dated June 2, 1988):

Title: Mary Dinello/Compliance Coordinator
Address: 1580 Sawgrass Corporate Parkway, Suite 100
Ft. Lauderdale, FL 33323.
Telephone: (954) 835-9200
TTY: (800) 545-1833, EXT. 248

3. Please complete all sections of the application by **PRINTING IN INK**. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for a Driver's License Number and you do not have a Driver's License, you should write "NONE" or "N/A" in the blank. If you need to make a correction, put one line through the incorrect information, write the correct information above and initial the change. **DO NOT USE WHITE OUT ON THIS APPLICATION.**
4. **This application must be completed and signed by the Head of Household.** Each additional household member 18 years of age or older who will reside in the unit must also sign the application and the rental lease agreement.
5. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be declined.
6. As long as your application is on file with us, **it is your responsibility to contact us whenever your address, telephone number or income situation changes** and whenever you need to add a person to your application or remove a person from your application.
7. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your name will be placed on a waiting list, but this does not mean 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 declined. We will process your application according to our standard procedures which are summarized in the "*Tenant Selection Plan*" which is posted in the Management Office.
8. **Landlord Information and Residential History** (page 3) must list **all states** in which each household member has ever lived. It must also include all addresses where each household member has lived in the **past ten years**, including places where your or their names did not appear on the lease and places where you or they may have used a different name.



9. Application processing includes our obtaining **criminal background** (including sex offender) and **credit checks** on all household members.
10. You must provide **photo identification, birth certificates and social security cards*** for all household members as well as **documentation to verify all sources of income and assets** listed on the application including but not limited to the following, if applicable:
 - ✓ The most recent benefits letter from the Social Security Administration outlining gross monthly benefits for all household members;
 - ✓ Statement(s) from the source to document other income sources for each household member such as pensions, veterans' benefits, alimony, annuities, consistent monetary gifts, etc.;
 - ✓ 6 consecutive pay stubs to document wages if employed;
 - ✓ 6 consecutive bank statements to document checking accounts;
 - ✓ 1 current bank statement to document savings accounts;
 - ✓ Documentation from other financial institutions outlining assets and dividends received, such as IRA's, annuities, whole life insurance policies, mutual funds, money market accounts, stocks, bonds, etc.;
 - ✓ Most recent tax bill for any real estate owned, or other documentation from your realtor if the real estate is currently for sale;
 - ✓ Other documentation determined to be necessary upon review of the application.

If you bring your original documents to the Management Office when submitting your application, we will make the necessary copies for your file at no charge. **If you would like us to review your application with you and make the necessary copies, please call 501.982.9557 to make an appointment.** *The regulation at 24 CFR 5.216 requires that all applicants disclose and provide verification of the complete and accurate Social Security Number (SSN) assigned to each household member prior to admission or being housed. Your name will be placed on the waiting list but you will not be housed without disclosing and providing verification of SSN.

11. As part of this application packet, there are additional documents that must be signed and returned for your application to be considered complete, to include: *Notice of Penalty to Receive HUD Assistance in Multiple Units, Citizenship Declaration Form, Race and Ethnic Data Reporting Form, Family Summary Sheet, Supplement to Application for Federally Assisted Housing and Document Package for the Applicant's/Tenant's Consent to the Release of Information* (which requires your signature twice, on page 3 and on page 6). **YOU MUST SIGN AND RETURN ALL OF THESE DOCUMENTS WITH YOUR COMPLETED APPLICATION.**
12. Also enclosed is additional literature that HUD requires that we distribute with the application, to include: a handout entitled "*Applying for HUD Housing*" which outlines the penalties for committing fraud, a brochure entitled "*EIV & You*" which discusses the Enterprise Income Verification System and a fact sheet entitled "*How Your Rent is Determined*". These documents do not require signatures, nor do they need to be returned with the application.
13. If you have any questions concerning this application, please direct them to the EHDOC Office at 954.835.9200 or Fax 954.835.0888.



**Application for Housing
Jacksonville Towers**

**200 S. Hospital Drive
Jacksonville, AR 72076
501.982.9557 .p
501.985.9796 .f**



Please select unit type you are applying for:

- 1 Bedroom
- 2 Bedroom
- Handicap

For official use only

Date Received:

Received by:

Complete Yes No

Thank you for your application for housing with our project. Our project provides housing for persons 62 years and older with some mobility accessible units for persons with physical mobility limitations.

Introduction

Please read the application package completely and carefully. The Department of Housing and Urban Development regulations limit occupancy of this project to households where the head of household, spouse, co-head, or sole member is 62 years of age or older. If you are an individual who was 62 or older as of January 31, 2010 and were receiving HUD rental assistance at another location as of January 31, 2010, you may be exempt from disclosing and providing verification of SSN.

Does your household meet the age requirement listed above? [] YES [] NO

If your household does not meet the age requirement listed above, are you applying for housing at this property because of the need for the features of a mobility accessible unit? [] YES [] NO

Please check here if you are age eligible but also need the features of a mobility accessible unit. []

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 _____

Male [] Female [] Decline to Disclose []

Minority Status of Applicant: [] White [] Asian [] Black or African American
[] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander



Ethnicity: Hispanic or Latino Not Hispanic or Latino

Are there any members of the household not a citizen of the United States? YES NO

If YES, are they eligible to live in the United State? YES NO

If yes, you may be required to submit evidence of eligibility to live in the United States.

Is any household member enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

YES NO

If yes, who? _____

Are there any Live-In Care attendants who are part of the household? YES NO

Do you have custody of a minor who is part of the household? YES NO

Are you a Veteran? YES NO

Do you receive Veteran Benefits? YES NO

What is your current housing circumstances:

_____ Standard _____ Lacking a Fixed Nighttime Resident

_____ Substandard _____ Fleeing/Attempting to Flee Violence

_____ Conventional Public Housing

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	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: _____

Does any household member have Veteran Status? _____ YES _____ NO

If yes, who? _____



Miscellaneous Information

- 1. Are you seeking housing due to a Presidentially Declared Disaster? YES NO
2. Are you eligible under the HUD student rule? YES NO

- 3. Are you or any member of your household currently expecting a child? YES NO

If yes, what is the scheduled due date:

- 4. 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

- 5. 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

- 6. Are you a current user of illegal drugs? YES NO

- 7. Do you abuse alcohol to the extent you are a danger to others health, safety, or right to peaceful enjoyment? YES NO

- 8. Have you or any member of your household even been convicted of any drug offense? YES NO

If yes, who

Explain

- 9. Have you or any member of your household even been convicted of a felony? YES NO

If yes, who

Explain

- 10. 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



11. 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 _____

12. For you and each household member 18 year of age or older, please list all STATES in which you lived in the last ten (10) years.

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

13. 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 _____

Are you receiving subsidy (Sec. 8) on this housing? _____ YES _____ NO

Current Landlord Name _____

Current Landlord Address _____

Current Landlord Telephone (Include Area Code) _____

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



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

Rent.....Monthly Rent \$ _____
 Own.....Monthly Mortgage Payment \$ _____
 Live With Family.....Monthly Costs \$ _____
 Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
 (month/year) (month/year)

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

Rent.....Monthly Rent \$ _____
 Own.....Monthly Mortgage Payment \$ _____
 Live With Family.....Monthly Costs \$ _____
 Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
 (month/year) (month/year)



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

_____ Rent.....Monthly Rent \$ _____
 _____ Own.....Monthly Mortgage Payment \$ _____
 _____ Live With Family.....Monthly Costs \$ _____
 _____ Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
(month/year) (month/year)

YOU MUST PROVIDE A MINIMUM OF TEN (10) YEARS OF HISTORY. IF MORE SPACE IS NEEDED, PLASE ATTACH A SEPARATE PAGE.

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 address) (city/state) (zip code)

Employer Phone _____



Occupation: _____

Starting Date of Employment _____

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

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

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

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

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

Spouse or Other Family Member

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

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

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

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

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

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



Employer Phone _____

Occupation: _____

Starting Date of Employment _____

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

Please list the total annual employment income of all members of your household:

Name of Recipient	Wages Full Time	Wages Part Time	Overtime Pay	Commissions or Fees	Tips or Bonuses

Income & Benefits

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

Benefit Type	Received Yes/No	Amount Received	Frequency	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	Frequency	Organization Name	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	Bank/Institution Name	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	Bank/Institution Name	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 Keogh Acct	\$		
Mutual Funds	\$		
Personal Property held for investment purposes	\$		
Other	\$		



Medical and Unusual Expenses

This section of the application requires information concerning your medical expenses. The questions asked are used in determining whether or not the applicant qualifies for medical deductions. Providing the information below is strictly voluntary. Any information provided will be kept confidential and used solely for determining eligibility for medical deductions. *Failure to provide this information may result in the applicant not qualifying for any medical deductions.*

Please provide following information for all members of the household:

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

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 \$ _____



Pet Information

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit is paid. If you fail to register your pet, you are not allowed to house the pet.

1. Do you own a common household pet? YES _____ NO _____

If yes, describe your household pet:

_____ Dog _____ Breed _____ Weight _____ Height

_____ Cat _____ Breed _____ Weight _____ Height

_____ Fish _____ Gallon Aquarium

_____ Bird _____ Type of Bird _____ Number

2. Do you have a certified Assistance Animal? YES _____ NO _____

If yes, please describe your Assistance Animal:

_____ Type _____ Weight

Note: Certified Assistance Animals do not require pet deposits.

3. Has your pet been spayed or neutered? YES _____ NO _____

4. Can you provide proof of required state/local licensing and shots? Records on pet?

YES _____ NO _____

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



Victims of Domestic Violence, Dating Violence or Stalking

If you or a member of your household is a victim of domestic violence, dating violence, or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances.

Housing protections you may request include but are not limited to:

- Request management not to contact certain entities listed in your application during your background screening check.
- Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence, or stalking.
- If applicant ineligibility is determined based on negative applicant history arising from domestic violence, dating violence, or stalking, applicant household may request an application review based on mitigating circumstances.
- You may provide alternative contact information to management if needed for your protection.

Marketing

How did you hear about us?

____ Word of Mouth

Poster/Flyer: _____

____ Drive By

Newspaper: _____

____ Agency Referral: _____

Website: _____

____ Other: _____



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 of **Jacksonville Towers** to verify all information provided on this application and my/our signature is consent 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 eligibility.

I/We authorize any person, law enforcement or credit checking agency having any information regarding 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.

I/We do hereby swear and attest that all of the information contained herein is true and correct.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

Signatures (all adult household members over 18 must sign)

Head of Household

Date

Spouse/Co Applicant

Date

Other Household Member

Date

Revised 05/22/2007

It is the policy of EHDOC and Jacksonville Towers to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, creed, sex, familial status, national origin, handicap, or sexual preference. If you feel that you have been discriminated against during this application process, please call the EHDOC main office at (954) 835-9200 and speak with the Compliance Coordinator.