

PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS

Property Contact Information

Office Hours	Telephone Number
Property Address	TDD Number 711
	Fax Number

After we receive your application, we will:

- Determine your preliminary eligibility
- Then your application will either be processed for admission or placed on our waiting list.

This does not guarantee that your household will be eligible for a unit.

Need for Special Accommodations

If you need help in completing this application, please contact us and advise us of your needs when you receive this application.

_____ does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988.)

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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



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FOR OFFICE USE ONLY

1. Date and Time Received:	2. Received by (initials):
3. Program(s) (check all that apply): Section 8 Section 236 PRAC or PAC Section 202/8 Project Based Vouchers Tax Credit HOME Other	
4. Certification Type (check only one): Move-In Certification Add a Household Member	
5. Effective Date:	
6. Property Name:	
7. Building/Unit Number:	
8. Preferred Number of Bedrooms:	



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FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: 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, may be rejected for housing.

HOUSEHOLD COMPOSITION

1. **List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.**

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex <small>If decline, put "D"</small>	Marital Status	Student Status this and/or next calendar year	Is this person...
1		HEAD					Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
2							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
3							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
4							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
5							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
6							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
7							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
8							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
9							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?

IDENTIFYING AND CONTACT INFORMATION

2. **Head state issued id #:** _____ **State:** _____

3. **Home phone:** _____

4. **Cell phone:** _____

5. **Email:** _____



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Modified 12/21/2020
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CITIZENSHIP STATUS & SOCIAL SECURITY NUMBER DISCLOSURE

Member #	Citizenship Status	Social Security Number	If a member does not have a Social Security Number, visa, or alien registration number, please check the statement that applies:
1			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
2			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
3			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
4			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
5			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
6			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
7			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
8			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
9			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old

HOUSEHOLD QUESTIONS

The following questions pertain to yourself and everyone who will occupy the unit. Check either **Yes** or **No** in response to each question. An explanation must be provided below if the answer is **Yes**. Use additional sheets, if necessary.

1. Will any member of the household require a live-in aide?	Yes If Yes, who?	No
2. Does any adult member of the household have zero income?	Yes If Yes, who?	No
3. Have you or any member of your household ever used different names from the names given on this application?	Yes If Yes, list names:	No
4. Have you or any member of your household ever used social security numbers different from those listed on this application?	Yes If Yes, explain:	No
5. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?	Yes If Yes, explain:	No
6. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	Yes If Yes, list name(s) below:	No
7. List all states and counties in which all household members have ever lived:		



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INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

9. Employment wages, salaries (include tips, bonuses, commissions, and seasonal employment)	Yes	No
10. Regular pay for a member of the military	Yes	No
11. Self-employment income	Yes	No
12. Unemployment benefits or severance pay	Yes	No
13. Workers' compensation or other insurance settlements	Yes	No
14. Social Security Income including: Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI)	Yes	No
15. Supplemental Security Income (SSI)	Yes	No
16. Disability benefits	Yes	No
17. Public assistance (TANF, GA, W2, AFDC, cash assistance, etc., excluding food stamps and medical assistance)	Yes	No
18. Child support (answer yes if you have a court order or informal agreement, even if you are receiving less than the full amount awarded)	Yes	No
19. Alimony/Spousal maintenance	Yes	No
20. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	Yes	No
21. Student financial aid (public or private, not including student loans)	Yes	No
22. Veterans benefits	Yes	No
23. Regular payments from pensions (PERA, railroad, etc.)	Yes	No
24. Regular payments from retirement benefits	Yes	No
25. Death benefits (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	Yes	No
26. Regular payments from annuities or life insurance dividends	Yes	No
27. Other (list)	Yes	No



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INCOME DETAILS

Member	Income Source	Gross Annual Income	Name and mailing address	Contact phone or fax number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

28. Checking accounts	Yes	No
29. Savings accounts	Yes	No
30. Cash Card (including government benefits cards)	Yes	No
31. Stocks	Yes	No
32. Bonds	Yes	No
33. Money Market Funds	Yes	No
34. Certificate of Deposit	Yes	No
35. Trust	Yes	No
36. Lump Sum Receipts (ie. inheritance, insurance settlement, lottery winnings, or capital gains)	Yes	No
37. 401(k) or 403(b) Account	Yes	No
38. IRA Account	Yes	No
39. Keogh Account	Yes	No
40. Capital Investments	Yes	No
41. Real Estate	Yes	No
42. Land Contracts	Yes	No
43. GoFundMe/Crowdsourcing Funds	Yes	No
44. Bitcoin/Cryptocurrency	Yes	No
45. Life Insurance Policies (excluding Term Life Insurance)	Yes	No
46. Pension/Other Retirement Accounts	Yes	No
47. Personal items held as an investment	Yes	No
48. Cash on Hand	Yes	No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

49. **I/We hereby certify that I/We have have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value**

If applicable: Identify assets sold or disposed of for fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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ASSET DETAILS

Member	Asset and Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate (if applicable)	Annual Income (if applicable)
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$
		\$	Is jointly owned* Earns income	%	\$



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EXPENSE INFORMATION

You may be able to deduct all or part of your household's expenses from your annual income. Eligible expenses include: Child care costs, costs of assistive devices, cost of attendant care, medical insurance premiums, payments on outstanding medical bills, and any other medical and dental costs not covered by an outside source such as insurance, Medicare, state agency, or charitable organizations. All information will be verified.

If applicable: Does your household expect to have any of the following child care expenses?

50. Child care so that an adult household member can work, seek employment, or go to school?	Yes	No
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If applicable: Does your household expect to have any of the following disability assistance expenses?

51. Expenses paid for attendant care for a disabled household member that enable an adult household member to work?	Yes	No
52. Expenses paid for the cost of auxiliary apparatus or service animal for a disabled household member, including costs for maintenance and upkeep?	Yes	No

If applicable: Does your household expect to have any of the following medical expenses?

53. Expenses from Medicare premiums?	Yes	No
54. Expenses from other medical insurance premiums?	Yes	No
55. Expenses from medical assistance through a public assistance agency?	Yes	No
56. Expenses incurred from ongoing visits to a dentist or doctor's office?	Yes	No
57. Expenses from prescription medications?	Yes	No
58. Expenses from over-the-counter medication prescribed by a healthcare professional?	Yes	No
59. Outstanding medical bills for which you or a member of your household are currently paying?	Yes	No
60. Additional out-of-pocket medical expenses?	Yes	No



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EXPENSE DETAILS

Member	Description	Frequency	Cost	Name and Phone Number
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	



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HOUSING REFERENCE

Please list housing for the last months.

61. Current Address		
City	State	Zip
Reason for leaving		
Start (Month/Year)		End (Month/Year)
<i>(Check One)</i> Rent Own Other _____		Rent per month
Landlord	Landlord phone	
Are you now living or have you lived in a government-subsidized development?		Yes No

62. Previous Address		
City	State	Zip
Reason for leaving		
Start (Month/Year)		End (Month/Year)
<i>(Check One)</i> Rent Own Other _____		Rent per month
Landlord	Landlord phone	

63. Previous Address		
City	State	Zip
Reason for leaving		
Start (Month/Year)		End (Month/Year)
<i>(Check One)</i> Rent Own Other _____		Rent per month
Landlord	Landlord phone	



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

64. **Applicant name**

65. **Applicant signature**

Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

66. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
Yes No

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person’s ability to live independently
- is such that the person’s ability to live independently could be improved by more suitable housing conditions

67. **Do you or a household member have a mobility impairment which meets the definitions stated above?** Yes No

68. **If yes, list name(s) of family members:**

69. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

70. **Please explain exactly what you need to accommodate your situation:**

71. **Who should we contact to verify your need for the above housing features?**

Name

Address

City	State	Zip	Phone
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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. 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 my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. 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 the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

A credit check may be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made. All household members age 18 or older (and under age 18 if head, spouse, or co-head of household) must sign and date below:

1.	Applicant/resident signature	Date
2.	Applicant/resident signature	Date
3.	Applicant/resident signature	Date
4.	Applicant/resident signature	Date
5.	Applicant/resident signature	Date
6.	Applicant/resident signature	Date
7.	Applicant/resident signature	Date
8.	Applicant/resident signature	Date
9.	Applicant/resident signature	Date



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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.

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