

Application for Admission and Rental Assistance Section 8 Housing



Property Name _____ Date _____

PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write NO or NONE where appropriate

Applicant Name:			
Current Address			
Address Line 2			
City, State & Zip			
Do you own this residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rent/Mrtg Payment	Utilities per Month	Move In Date
What is your relationship to the Head of Household? <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-Head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-In Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizen Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
Home Phone			
Cell Phone			
Email Address			
Work Phone			
May we contact you at work?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Have you ever used another name?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate name(s):			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a victim of a recent presidentially declared disaster?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently receiving housing assistance from HUD or PHA?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you given this landlord notice that you will be moving?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been evicted or is the landlord attempting to evict you or another person living with you?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have any outstanding overdue balances owed to this landlord?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been asked to sign a repayment agreement to return money to HUD?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a crime?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Are you or any member of the household required to register with any state lifetime sex offender or other sex offender registry?			<input type="checkbox"/> YES <input type="checkbox"/> NO



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Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when _____	
Please indicate each state where you lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i> _____	
I currently live on this property and am requesting a new unit	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am a veteran of the United States armed forces and I am homeless	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am a victim of domestic violence	<input type="checkbox"/> YES <input type="checkbox"/> NO
I am requesting a VAWA (Violence Against Women’s Act) preference	<input type="checkbox"/> YES <input type="checkbox"/> NO

Unit Size/Features: Select all that apply

Unit Size: Studio Unit 1 Bedroom Unit 2 Bedroom Unit 3 Bedroom Unit

Special Features: Communication Accessible Unit (Hearing) Communications Accessible Unit (Visual)

Mobility Accessible Unit Special Features: _____

Pets & Assistance/Companion Animals: Please review the property pet/assistance animal rules. The presence of any animal must be approved before housing the animal in the unit. Certain medical expenses are allowed for assistance animals (see Medical Expenses for details). **PLEASE PRINT**

Do you plan to house an animal in the unit?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Animal Type <i>(i.e. dog, cat, turtle, etc.)</i>	Breed (if applicable)	Height (measured at the withers if applicable)	Weight



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Rental History: PLEASE PRINT

Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please show at least 2 years of residence history, including any owned by applicants

Previous Address 1				
Address Line 2				
City, State & Zip				
Did you own this residence?	Rent/Mortgage Payment	Utilities per Month	Move In Date	Move Out Date
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Landlord Name (if rented)				
Landlord Address				
City, State and Zip Code				
Landlord phone				
Reason for Leaving				
Have you been evicted or is the landlord attempting to evict you or another person living with you?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have any outstanding overdue balances owed to this landlord?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been asked to sign a repayment agreement to return money to HUD?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Previous Address 2				
Address Line 2				
City, State & Zip				
Did you own this residence?	Rent/Mortgage Payment	Utilities per Month	Move In Date	Move Out Date
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Landlord Name (if rented)				
Landlord Address				
City, State and Zip Code				
Landlord phone				
Reason for Leaving				
Have you been evicted or is the landlord attempting to evict you or another person living with you?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have any outstanding overdue balances owed to this landlord?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been asked to sign a repayment agreement to return money to HUD?				<input type="checkbox"/> YES <input type="checkbox"/> NO



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HOUSEHOLD COMPOSITION AND CHARACTERISTICS: PLEASE PRINT

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Below, list all persons who will be residing in this household, even those completing their own application. Make a copy of this page if more than four people will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If not, please skip to next section.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
How many people will live in the unit?	Adults -	Minors -

Member #2's Full Name			
Relationship to HOH: <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the above			
Lives in Household 100% of time	<input type="checkbox"/> YES <input type="checkbox"/> NO	% of Time	
Social Security Number		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Please indicate each state where you lived: _____			

Member #3's Full Name			
Relationship to HOH: <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the above			
Lives in Household 100% of time	<input type="checkbox"/> YES <input type="checkbox"/> NO	% of Time	
Social Security Number		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Please indicate each state where you lived: _____			

Member #4's Full Name			
Relationship to HOH: <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in) <input type="checkbox"/> None of the above			
Lives in Household 100% of time	<input type="checkbox"/> YES <input type="checkbox"/> NO	% of Time	
Social Security Number		Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Please indicate each state where you lived: _____			

Are there anticipated changes in the household size?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	



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EDUCATION INFORMATION: PLEASE PRINT

Is Member #1 Currently a student?	Last year of School Attendance	Last Grade Level Completed	Received a Diploma/Degree?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of School			
Type of School (Pre-K, elementary, trade school, etc.)			
Is Member #2 Currently a student?	Last year of School Attendance	Last Grade Level Completed	Received a Diploma/Degree?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of School			
Type of School (Pre-K, elementary, trade school, etc.)			
Is Member #3 Currently a student?	Last year of School Attendance	Last Grade Level Completed	Received a Diploma/Degree?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of School			
Type of School (Pre-K, elementary, trade school, etc.)			
Is Member #4 Currently a student?	Last year of School Attendance	Last Grade Level Completed	Received a Diploma/Degree?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of School			
Type of School (Pre-K, elementary, trade school, etc.)			

Anticipated change in number of students? YES NO

If yes, please explain _____

VEHICLES: (including company cars, motorcycles, etc.) PLEASE PRINT

Do you own a vehicle?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Member #1 Driver's License/State ID Number					State	
Model	Year	Color	License Plate No	State	Monthly Pmt.	
Member #2 Driver's License/State ID Number					State	
Model	Year	Color	License Plate No	State	Monthly Pmt.	
Member #3 Driver's License/State ID Number					State	
Model	Year	Color	License Plate No	State	Monthly Pmt.	
Member #4 Driver's License/State ID Number					State	
Model	Year	Color	License Plate No	State	Monthly Pmt.	



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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information. **PLEASE PRINT**

Are you employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide the name and address of your present employer below.				
Employer # 1				
Occupation, if employed				
Address				
Address 2				
City, State, Zip				
Contact Name				
Contact Phone Number		Contact Fax Number		
Income Start Date	Income from this source per month	# of hours worked per week		

Employer # 2				
Occupation, if employed				
Address				
Address 2				
City, State, Zip				
Contact Name				
Contact Phone Number		Contact Fax Number		
Income Start Date	Income from this source per month	# of hours worked per week		

Do you currently have more than 2 employers?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If yes, please provide additional employment information on a separate sheet</i>				



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How much do you expect to receive in other income in the next 12 months? Please Print Please write in NA or NONE if you will receive no income from these sources THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE	
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Are you entitled to Child Support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Child Support Amount	\$
Are you entitled to Alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Alimony Amount	\$
Income from a pension or annuity or other asset?	\$
Regular contributions from organization or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
Contributions from family or other sources for rent, child care or other bills?	\$
Any lump sum amounts from delay of payments for SSI or VA Disability?	\$
Do you receive financial aid for educational assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Amount of education assistance?	\$
Other?	\$
Other?	\$
Other?	\$

ASSETS: Please Print

Have you sold or given away real property or other assets valued at \$1,000.00 or more (including cash donations in the past two years)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you given any money to charities in the past two years	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any benefits deposited into an EBT/EFT Debit Card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a checking account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirement. Please save your bank statements.</i>	
Do you have a savings account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – Please write in 0.00 if the asset's value is zero or negative	\$
Do you have cash that is not deposited in an account	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – Please write in 0.00 if the asset's value is zero or negative	\$
Do you have a 401K or other employment savings account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – Please write in 0.00 if the asset's value is zero or negative	\$
Do you own an IRA or other retirement account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – Please write in 0.00 if the asset's value is zero or negative	\$



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Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Amount of required minimum distribution	\$ _____
Do you own a home or other property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Do you have a business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Do you own stocks/bonds/certificate of deposit (CD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Do you own a life insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Do you own an annuity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Balance – <i>Please write in 0.00 if the asset's value is zero or negative</i>	\$ _____
Do you have a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide a description of the asset(s) and the current asset value below	

CHILD CARE: HUD, allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work, or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled, and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense Below.

Please Print

Do you pay for Child Care for a minor 12 years of age or younger?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Amount for Child # 1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School		\$ _____
Monthly Amount for Child # 2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School		\$ _____
Monthly Amount for Child # 3 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Go to School		\$ _____



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DISABILITY ASSISTANCE EXPENSE: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. **Please Print**

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Amount		\$
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? E.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work		<input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Amount		\$
Name of Family Member who can work as a result of such an expense		

MEDICAL EXPENSES: Households in which the head-of-household, co-head of household or spouse are disabled or at 62 years old qualify for deductions based on out-of-pocket medical expenses. **Please Print**

Health Insurance – 1 – annual premium	\$
Health Insurance – 1 – annual deductible	\$
Health Insurance – 2 – annual premium	\$
Health Insurance – 2 – annual deductible	\$
Dr. visit/medical treatments – annual out-of-pocket expense	\$
Prescription Drugs – annual out-of-pocket expense	\$
Do you have an HMO, a medical plan, or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give the name of the HMO, plan, or insurance company	

What amount (or percentage) of the cost must YOU pay?	\$ _____ %
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, who reimburses you?	



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Over-the-counter medical expenses to treat a specific medical condition – annual out-of-pocket expense (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)	\$
Personal use items annual out-of-pocket expense (i.e. glasses, incontinent supplies, hearing aids)	\$
Cost/Care for Assistance/Companion Animals – allowable expenses include vet bills, food, licensing, etc. – anything necessary for the care/upkeep of an assistance animal. It does not include treats, toys, or animal clothing.	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other	\$
Other	\$

PENALTIES FOR MISUSING THIS FORM

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 PHA and any owner (or any employee of HUD, the PHA 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 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. 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 PHA 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).

It is the policy of the McCormack Baron Management (MBM) to provide reasonable accommodations and modifications in housing for applicants and residents with disabilities where such accommodations are needed to provide an equal opportunity to use and enjoy MBM's housing.

If you are a person with a disability, you may be entitled to reasonable accommodation. If you want to make a request for a reasonable accommodation, please contact an appropriate MBM staff person for additional information.



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APPLICANT CERTIFICATION

I/We authorize McCormack Baron Management, Inc., agent for the Property, and a third party designated verification agency to verify information on this application and to do a complete investigation of all information provided. A complete investigation may include any or all of the following: credit report, criminal record, employment or rental history references and personal interviews with above references. I/We acknowledge the MBM 3rd party designated verification agency does not participate in the approval or denial process. I/We have personally filled in and/or reviewed all information listed above and that my/our signatures below authorizes the release of rental, job history (including salary) and criminal information.

I/We certify that by signing this document, that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We certify that the statements made in the application are true and complete and that this application may be rejected as the result of my/our misrepresentation or insufficient information. I/We understand that providing false statements or information is punishable under Federal Law.

Acceptance of this application and any deposits is not binding upon McCormack Baron Management, Inc. until application is approved in writing. I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property.

I would like to request a complete copy of the owner/agent's resident selection criteria. NO YES
If yes, which option would you prefer? Paper copy Electronic copy

Applicant Name (please print) _____

Applicant Signature _____ Date _____

McCormack Baron Management, Inc., as the managing agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, it's federally assisted programs and activities.

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

Theresa Wood
720 Olive Street, Suite 2500
St. Louis, MO 63101
(314) 335-2822 – Voice
(314) 425-0744 – TTY or (855) 752-5777 – TTY (Toll free)

For Office Use Only

Applicant Fee Rec'd \$ _____ Reservation Deposit Rec'd: \$ _____ Date: _____

By: _____ Date Apartment Desired: _____



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VOLUNTARY INFORMATION

The following information is requested, not required. Not responding WILL NOT impact your application for housing.

Accessible Apartment:

Does anyone in your household need an apartment with special features for people with disabilities, such as a unit designed for a person using a wheelchair, or a unit with features for people with hearing or vision disabilities?

(Y/N)_____ If yes, please explain (attach additional pages as needed):

NOTE: Qualified individuals with disabilities may request changes in rules, or physical modifications to an apartment or common area as a reasonable accommodation.

Do you wish to request a reasonable accommodation for a household member? (Y/N) _____

Do you wish to provide the name/other information of a person for us to contact if you need help with your application or if you become a resident?

(Y/N)_____ If you answered yes, please complete the attached Optional Contact Information Form (HUD-92006)

What is your reason for leaving current address? (Select all that apply) Location (1) Price (2)

Excessive Cost of Utilities (3) Appearance/Design/Quality (4) Management (5) Increase in Income (6)

Decrease in Income (7) Change in Housing Composition (8) Undesirable Neighborhood (9)

How did you hear about us? Select One _____ Agency _____ Apartment Guide _____ Bus/Billboard _____ Direct Mail
_____ Drive By _____ Employee _____ Friend/Relative/Resident _____ Housing Authority _____ Newspaper
_____ Website _____ Word of Mouth _____ Other

What attracted you to this property? (Select One) _____ Appearance/Design _____ Availability _____ Close to Good School
_____ Close to Public Transit _____ Close to Work _____ Employee Referral _____ Neighborhood _____ Price
_____ Project Amenities _____ Resident Referral _____ Other

Health Insurance:

Member #	Describe Type
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)
	<input type="checkbox"/> Employer <input type="checkbox"/> MC+ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)

Community Programs: If any of the following programs or opportunities were offered by partner organizations in this neighborhood, would you or members of your household be interested in using them? (Y/N)_____ If Yes, select all that apply

_____ Early Childhood/Children program _____ After school or summer program _____ Adult education program
_____ Fitness & Healthy living program _____ Opportunities to volunteer with children and youth program (tutoring, sports, etc.)
_____ Technology training program

