



**PRELIMINARY APPLICATION**

*date/time stamp  
office use only* \_\_\_\_\_

**Notre Dame Living Center I & II (Seven Oaks of Florence I & II)**

- Section 202/PRAC – 45 one-bedroom units opened in 1997 and 1998.
- **Must be 62 years of age and meet current HUD Income limits to apply.**
- Rent based on your household income + eligible medical expenses (recalculated annually).
- Managed by Kimball Management, Inc.

**Notre Dame Apartments, LLC**

- LIHTC and HOME Fund programs – 62 studio, one-bedroom, or two-bedroom units opened in two phases (1999 and 2011).
- **Must be 55 years of age and meet current HUD Income limits to apply.**
- Monthly gross income must be 2 times the current rent charged.
- Additional fees for some utilities.
- Managed by DP Management, LLC.

**Number of bedrooms preferred**

- Studio     1 bedroom     2 bedroom

**Accommodations:** Do you believe that you or a member of your family is in need of an apartment that is available to persons with disabilities requiring certain modifications?     Y     N

**Do you require a live-in Aide:**

- Y     N

**What type of housing do you live in now? (check one)**

- Living in your own house     Renting a house     Renting an apartment  
 Living with friends/relatives     HUD Subsidized Housing     Other: \_\_\_\_\_

**Which affordable program do you prefer?**

- Notre Dame Apartments     Notre Dame Living Center(s)     Either

**PETS**

Do you have a pet?     Y     N    If yes, please list type and size: \_\_\_\_\_  
Would you like a copy of our Pet Policy?     Y     N  
Would you like them mailed or e-mailed? \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

*Please contact Notre Dame Housing if you need further information regarding the programs offered!*





## **APPLICATION FOR HOUSING**

### **Head of Household**

Full Legal Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Number Street City State Zip Code*

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*(Optional)*

If you are 62 years of age or older as of 1/31/2010 and do not have a Social Security Number were you receiving HUD assistance at another location 1/31/2010?  Y  N

Are you a U.S. Citizen  Y  N

### **Co-Head of Household**

Full Legal Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Number Street City State Zip Code*

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*(Optional)*

Are you a U.S. Citizen  Y  N

### **3rd Family Member**

Full Legal Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Number Street City State Zip Code*

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*(Optional)*

Are you a U.S. Citizen  Y  N







**Monthly Income (continued)**

Pension or Other Income *(Other Family Member)*

\$ \_\_\_\_\_

\_\_\_\_\_  
*Name of Source*

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Account number*

**ASSETS** *(add additional pages, if necessary)*

**Bank Account(s)** *(Checking, Savings, MM, CD)*

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

**Stocks/Bonds/IRA**

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ # of Shares: \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ # of Shares: \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Account Holder Name: \_\_\_\_\_





Do you or any other HH member own any real estate? (*house, land, mobile home*)

Y  N

Type of Real Estate: \_\_\_\_\_ Current Value \$ \_\_\_\_\_ Your Equity \$ \_\_\_\_\_

Legal Address of Real Estate Owned: \_\_\_\_\_

### **Personal History**

***Have you or any member of your household ever:***

Been asked to move out or evicted?  Y  N

Broken a rental agreement or lease?  Y  N

Declared Bankruptcy?  Y  N

Been sued for nonpayment for rent?  Y  N

Been sued for damage to a rental unit?  Y  N

Been convicted of a felony?  Y  N

Have you or a member of your household been subject to a sex offender registry in any state?  Y  N

Are you or a member of your family a student enrolled in higher education?  Y  N

Please list all the states in which you or a member of your household have resided:

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### **Please Read Carefully**

I/we understand that by signing this form, I have read and completed the application in full. I understand that if the application is not returned completed and signed, my application will not be accepted for the wait list. Further, I/we understand that by signing this form, I/we understand that a criminal background check will be completed on all HH members.

I/we hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by the Landlord.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As equal opportunity housing providers, Notre Dame Apartments, LLC and the Notre Dame Living Center(s) provide housing opportunities regardless of race, color, national origin, religion, sex, physical or mental disability, familial status or any other classification protected by applicable federal, state or local law. Our commitment to fair housing provides an opportunity for all people to call Notre Dame "Home."*

