APPLICATION FOR HOUSING

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT MEMBER OF THE HOUSEHOLD WITH THE EXCEPTION OF THE HEAD OF HOUSEHOLD AND THEIR SPOUSE.

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL TO SCHEDULE ASSISTANCE. APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED FOR PROCESSING.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

PROJECT NAME: **HENRY TOWERS** # OF BEDROOMS: ________

DATE & TIME APPLICATION RECEIVED: ______________________ BY (AGENT INITIALS) ________

1. LIST ALL OCCUPANTS OF THE APARTMENT APPLICANT CONTACT NUMBER: ______________________

	OCCUPANT	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE
1		HEAD OF HOUSEHOLD		
2				
3				
4				
5				
6				

2. PLEASE ANSWER THE FOLLOWING QUESTIONS, FOR EACH "YES" ANSWER PROVIDE THE DETAILS IN THE CHART BELOW.

	YES	NO
IS ANY MEMBER OF YOUR HOUSEHOLD A STUDENT ENROLLED AT AN INSTITUTION OF HIGHER EDUCATION?	☐	☐
IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED? (FULL-TIME, PART-TIME, SEASONAL, SELF EMPLOYED)	☐	☐
DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO WORK DURING THE NEXT TWELVE MONTHS?	☐	☐
DOES ANY MEMBER OF YOUR HOUSEHOLD WORK FOR SOMEONE WHO PAYS THEM IN CASH?	☐	☐
IS ANY MEMBER OF YOUR HOUSEHOLD ON LEAVE OF ABSENCE FROM WORK?	☐	☐

DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE THE FOLLOWING DURING THE NEXT 12 MONTHS?

	YES	NO
UNEMPLOYMENT BENEFITS	☐	☐
DISABILITY BENEFITS OR WORKERS COMPENSATION	☐	☐
CHILD SUPPORT OR ALIMONY	☐	☐
IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT/ALIMONY THAT THEY ARE NOT RECEIVING?	☐	☐
PUBLIC ASSISTANCE (TANF) OR TRIBAL GENERAL ASSISTANCE	☐	☐
SOCIAL SECURITY OR SSI BENEFITS	☐	☐
INCOME FROM A PENSION OR ANNUITY	☐	☐
REGULAR CONTRIBUTIONS FROM AN OUTSIDE PERSON/SOURCE	☐	☐
RENTAL INCOME (PROPERTY, LAND, ETC.)	☐	☐
MINERAL LEASE OR ROYALTY PAYMENTS	☐	☐
ANY INCOME NOT LISTED ABOVE	☐	☐

FOR EACH TYPE OF INCOME YOUR HOUSEHOLD RECEIVES, LIST THE SOURCE AND THE AMOUNT EXPECTED FROM THAT SOURCE DURING THE NEXT 12 MONTHS.

FAMILY MEMBER	SOURCE OF INCOME OR SCHOOL ATTENDED (NAME/ADDRESS)	ANNUAL INCOME

3. List financial accounts of ALL household members. (Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts, Stocks/Bonds)

Family Member	Financial Institution	Type of Account	Current Balance
		Checking	
		Savings	

4. Do you own a home or other real estate? ☐ Yes ☐ No If yes, please provide information below:

____

5. Did you have any assets in the last two years not listed above? ☐ Yes ☐ No

If yes, did you dispose of any assets for less than fair market value? ☐ Yes ☐ No

Please list the type of assets - the market value - the amount received - the date you disposed of the assets:

____

6. An elderly household is one in which the head, co-head, or sole member is 62 or older, handicapped or disabled. Such households qualify for a $400 deduction in computing rent.
Would you like to apply for this deduction? ☐ Yes ☐ No

Expenses	Verification Information	Amount
Childcare Expenses (Age 12 or Under) for care Necessary to Enable a Family Member to Work, Seek Employment or Further Their Education.		
Disability Assistance Attendant Care/Auxiliary Apparatus for Care Necessary to Enable a Family Member to Work		
"ELDERLY" FAMILIES ONLY (Head, spouse or co-head, age 62 or over or handicapped or disabled.)	**VERIFICATION INFORMATION**	**AMOUNT**
Health Insurance/Long Term Care Insurance Premiums		
Out of Pocket Medication Expenses		
Other Out of Pocket Medical Expenses		
Dental/Optical/Hearing Expenses		

Name and Address of Your Present Landlord:

_______________________ Landlord's Telephone # _______________

_______________________ How Long Have You Lived There? _______________

_______________________ Reason for Leaving? _______________

NAME AND ADDRESS OF YOUR FORMER LANDLORD:

______________________ LANDLORD'S TELEPHONE #______________

______________________ HOW LONG DID YOU LIVE THERE? ______________

______________________ REASON FOR LEAVING? ______________

ARE YOU NOW; OR HAVE YOU EVER LIVED IN A FEDERALLY SUBSIDIZED HOUSING UNIT? ☐ YES ☐ NO

NAME OF COMPLEX: ______________ ADDRESS: ______________

NAME OF MANAGER: ______________ PHONE #: ______________

HAS ASSISTANCE OR TENANCY IN A SUBSIDIZED HOUSING PROGRAM EVER BEEN TERMINATED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: ______________

APPLICANT CONTACT INFORMATION

ADDRESS | CITY | STATE | ZIP

HOME PHONE | CELL PHONE | WORK OR SECONDAY PHONE

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT US? ______________

APPLICANT'S STATEMENT: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND MY/OUR SIGNATURE IS OUR CONSENT TO OBTAIN SUCH VERIFICATION. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL INCOME AND ASSETS CURRENTLY HELD OR PREVIOUSLY DISPOSED OF AND THAT I/WE HAVE NO OTHER ASSETS THAN THOSE LISTED (OTHER THAN PERSONAL PROPERTY). I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. THE APPLICANT DOES NOT HAVE TO SIGN THE CONSENT IF IT IS NOT CLEAR WHO WILL PROVIDE OR WHO WILL RECEIVE THE INFORMATION.

SIGNATURE OF HEAD ______________________ DATE: ______________

SIGNATURE OF SPOUSE OR CO-TENANT: ______________________ DATE: ______________

PENALTIES FOR MISUSING THIS CONSENT: 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). THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.

FEDERAL LAW REQUIRES US TO VERIFY DRUG AND CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS APPLYING FOR ASSISTED HOUSING. TO ENABLE US TO DO THIS, EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW TO CONSENT TO A BACKGROUND CHECK. **EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST COMPLETE A SEPARATE FORM.** THE QUESTIONS ASK ABOUT DRUG-RELATED AND OTHER CRIMINAL ACTIVITY THAT COULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS. ______________________ **WILL DENY THE APPLICATION OF ANY APPLICANT WHO DOES NOT PROVIDE COMPLETE AND ACCURATE INFORMATION ON THIS FORM OR DOES NOT CONSENT TO A BACKGROUND CHECK.**

1. HAVE YOU BEEN EVICTED FROM A FEDERALLY ASSISTED SITE FOR DRUG-RELATED CRIMINAL ACTIVITY? ☐ YES ☐ NO

   (IF YES, PROVIDE DATE AND EXPLANATION) ______________________________

   ____

2. DO YOU CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? ☐ YES ☐ NO
3. ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO A REGISTRATION REQUIREMENT UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM? ☐ YES ☐ NO
4. HAVE YOU BEEN CONVICTED OF ANY DRUG-RELATED CRIME? ☐ YES ☐ NO
5. HAVE YOU BEEN CONVICTED OF ANY FELONY? ☐ YES ☐ NO
6. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING FRAUD OR DISHONESTY? ☐ YES ☐ NO
7. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING VIOLENCE? ☐ YES ☐ NO
8. ARE YOU CURRENTLY CHARGED WITH ANY OF THE ABOVE CRIMINAL ACTIVITIES? ☐ YES ☐ NO

   PROVIDE DETAILS FOR EACH "YES" ANSWER LISTED ABOVE: ______________________________

   ____

   ____

9. PLEASE LIST **ALL** STATES IN WHICH YOU HAVE LIVED: ______________________________

   ____

10. HAVE YOU EVER USED ANY OTHER NAME? ☐ YES ☐ NO PLEASE LIST: ______________________________

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I CERTIFY THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS FORM IS GROUNDS FOR REJECTION OR TERMINATION OF MY LEASE. I AUTHORIZE ______________________ TO VERIFY THE ABOVE INFORMATION AND I CONSENT TO THE RELEASE OF THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY. I HEREBY AUTHORIZE LAW ENFORCEMENT AGENCIES TO RELEASE CRIMINAL RECORDS AND/OR SEX OFFENDER REGISTRATION INFORMATION TO ______________________, TO A PUBLIC HOUSING AUTHORITY, OR TO AN AGENCY CONTRACTED BY ______________________ TO CONDUCT CRIMINAL BACKGROUND CHECKS. *THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.

Applicant's Signature ______________________________ Date ______________

Applicant's Name (Please Print) ______________________________

Date of Birth ______________________ SS# ______________________

PENALTIES FOR MISUSING THIS CONSENT: 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 USC408 (A), (6), (7) AND (8).

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

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)

☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: ______________________
☐ 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.

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.