

APPLICATION FOR HOUSING

PROPERTY NAME: LORRAINE VILLAGE APARTMENTS

DATE: _____

TIME: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all adult household members. **Please answer every question! Partially filled out applications will be returned for completion.**

How did you learn about this property? _____

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION

Applicant Name(s): _____

Address:

Street

Apt.#

City

State

ZIP

Daytime Phone: _____

Evening Phone: _____

No. of BR's in current unit: _____

Amount of current monthly
rental or mortgage payment

\$ _____

Do you RENT or OWN or Live w/family

If owned, do you receive monthly rental income from property?

Yes No

Do you currently reside at a HUD property and do you receive a subsidy?

Yes No

Are any household members a U.S. Military Veteran?

Yes No

Are you a Homeless Veteran referred by a qualified partnering organization(s)

Yes No

Did you turn 62 prior to January 31, 2010?

Yes No

Where you receiving HUD rental assistance at another location on January 31, 2010

Yes No

Check utilities paid by you:

Heat

Electricity

Gas

Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV):

\$ _____

Bedroom size requested: Studio One BR Two BR Three BR Four BR Five BR

If a member of a household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation.

Will you be making any reasonable accommodation requests for any members of your household in regards to the application process? Yes No *If so, please describe:* _____

The owner and management do not discriminate against applicants on the basis of limited access or any other reason.



B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full or Part Time Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do household members with **NO** Social Security Number qualify for one of the three allowable exceptions below?

- Ineligible, non-citizen member – not contending eligible immigration status.
- Members 62 years old or older as of January 31, 2010.
- Members under the age of 6 who are added to applicant household *within 6 months prior to move-in* (eligible for a 90-day extension to provide their SSN).

Are you enrolled as a student in an institute of higher education? Yes No

(Institutions of higher education include post-secondary and vocational institutions)

Have you or will you be a full/part time student for at least 5 months this calendar year? Yes No

(Five calendar months do not need to be consecutive)

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain:

Will all of the persons in the household be either full-time or part-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS: (Please check the correct answer)

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any full-time students previously been in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Dual Entitlement SS Benefits	\$
	Dual Entitlement SS Benefits Claim #	
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	401-K	\$
	Do you receive retirement benefits as periodic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Veteran's Benefits (list claim #)	\$
	Reverse Mortgage Income	\$
		\$
	Unemployment Compensation	\$
	Long Term Insurance	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Are you receiving Utility Assistance from other sources other than HUD? <i>i.e. Life Line, LIHEAP, etc.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household? (Recurring Gifts)	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	Child Support	
	Is your child support court - ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	If entitled but do not receive, what attempts have been made to collect?	
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
MISCELLANEOUS EXPENSES:		
Do you pay for any day care costs out of your pocket?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the expense paid to:		
Do you pay for any medical expenses out of your pocket?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the expense paid to:		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Cash	#	Bank	Balance \$	
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Accounts	#	Bank	Balance \$	
IRA Accounts	#	Where?	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
401(k)/Retirement Accounts	#	Where?	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate (home, land, camp, mobile home, etc.): Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Has anyone in the household disposed of any asset in the last 2 years (Example: Given away money, property to a relative, set up Irrevocable Trust Accounts, etc.) for less than fair market value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc., as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

E. ADDITIONAL INFORMATION

Have you or any member of your family ever been convicted of any crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3-5 Years Misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5-7 Years Felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, describe

Have you or any member of your family ever been evicted from any housing or denied subsidy within the last 4 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Briefly describe your reasons for applying:

List all states that **each household member** has lived in during their lifetime:

Household Member	Name of States

Have you or any other household member ever been subject to a lifetime sex offender registration in any state? Yes No

Are you or any other household member a U.S. Citizen? Yes No

Or, are you or any other household member a non-citizen with eligible status? Yes No

Have you or any other household member been displaced due to a governmental or presidential declared disaster? Yes No

F. REFERENCE INFORMATION

Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants Address:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	

Personal Reference:

Address:

Relationship:

Phone #:

In case of emergency notify:

Address:

Relationship:

Phone #:

G. REASONABLE ACCOMODATIONS (if applicable)

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how we may accommodate your needs. If applicable, please include any special unit feature which may be required. A Reasonable Accommodation my include a wheel chair accessible unit, grab bars, a service animal or etc.

Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act? Yes No

If so, do you or any member of your household require a reasonable accommodation, i.e. a wheel chair, accessible unit, grab bars, visual aids (Braille) or apparatus for hearing assistance, a service animal or etc.? If so, please indicate:

H. STATISTICAL INFORMATION (Optional)

For Statistical Purposes Only (Optional) Check one:

White Black American Indian Alaskan Native Asian/Pacific Islander

Designate Ethnicity (Optional) Check one: Hispanic Non-Hispanic

I. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.

All adult applicants, 18 or older, are required to sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

PENALTIES FOR MISUSING THIS APPLICATION:

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 is 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).