

For Office Use Only (Time/Date Stamp)

APPLICATION FOR ADMISSION

Every question on this application **must** be answered. If any question does not apply, please write "N/A".

Applicant Name: _____
 Current Address: _____
 City, State, Zip Code: _____
 Home Phone _____ Work Phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STUDENT STATUS* Y/N and FT/PT
Head							

***Student Status:** List here all household members who are enrolled as a student (full-time or part-time) in an institute of higher education, which includes vocational institutions, proprietary institutions of higher education, which prepare students for gainful employment in a recognized occupation and accredited post-secondary colleges & universities. Each member enrolled in an institute of higher education must complete a Student Certification form

2. Does anyone live with you now who is not listed above? _____ Yes _____ No
3. Do you expect a change in your household composition within the next twelve months? _____ Yes _____ No
- Explain if you answered yes to either question 3 or 4:

4. Do not answer the following question if disability status does not affect eligibility for the program to which you are applying. For the purposes of program eligibility (where applicable) does the head or co-head wish to claim disability status? _____ Yes _____ No
5. Would you like to advise the landlord of any request for special accommodations that may be needed in order to better serve you or other members of your household? For example, an apartment designed for use by persons with mobility impairment, installation of grab bars, installation of special smoke detectors for persons with hearing impairment, etc.

INCOME

Please answer each of the following questions for all members of the household. For each “yes,” provide details in the table on the next page. Does any member of your household:

- 1. Work full-time/part-time or seasonally? ___ Yes ___ No
- 2. Expect to work any period during the next year? ___ Yes ___ No
If yes, explain: _____
- 3. Work for someone who pays them cash? ___ Yes ___ No
If yes, explain: _____
- 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? ___ Yes ___ No
- 5. Now receive or expect to receive unemployment benefits? ___ Yes ___ No
- 6. Now receive or expect to receive workers’ compensation? ___ Yes ___ No
- 7. Now receive or expect to receive long term/short term disability payments? ___ Yes ___ No
- 8. Now receive or expect to receive child support? ___ Yes ___ No
- 9. Entitled to child support that he/she is not now receiving? ___ Yes ___ No
- 10. Now receive or expect to receive alimony? ___ Yes ___ No
- 11. Have an entitlement to receive alimony that is not currently being received? ___ Yes ___ No
- 12. Now receive or expect to receive public assistance TANF/General Assistance ___ Yes ___ No
(not including food stamps and/or medical assistance)
- 13. Now receive or expect to receive Social Security/Retirement or disability benefits? ___ Yes ___ No
- 14. Now receive or expect to receive income from a pension or annuity? ___ Yes ___ No
- 15. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? ___ Yes ___ No
- 16. Receive income from assets including but not limited to interest on checking or savings accounts, interest or dividends from Certificates of Deposit, stock, bonds, income from rental property, etc.? ___ Yes ___ No
- 17. For Full/Part time students only: Do you receive any financial assistance in excess of amount received for tuition under the Higher Education Act of 1965 from private sources or an institution of higher education? ___ Yes ___ No

List all sources of income for all household members. Use additional sheet if necessary.

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

Please list below any other incomes you receive on a regular basis that may not be covered by the list above:

ASSETS

For each household member list all assets, the value of those assets, and income, if any, from those assets. Assets include but are not limited to checking accounts, savings accounts (including IRAs, Keoghs, certificates of deposit, mutual funds, stocks, bonds, treasury bills, real estate, trusts, whole life insurance, etc.). Use additional sheet if necessary.

MEMBER NO.	FINANCIAL INSTITUTION/ BROKER	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	INCOME, INTEREST, DIVIDENDS, ETC.

1. Have you sold or given away any assets for less than fair market value in the past two years? ___ Yes ___ No
2. If yes, please explain: _____

RENTAL HISTORY

Provide name, address, and phone number of all landlords for the past three years. Use an additional sheet of paper if necessary.

Name and Address of <u>Present</u> Landlord: _____ _____ _____	Telephone No. _____ Length of Residence: _____ Reason for Leaving: _____
Name and Address of <u>Former</u> Landlord: _____ _____ _____	Telephone No. _____ Length of Residence: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer: _____ _____ _____	Telephone No. _____ Supervisor's Name: _____ Length of Employment _____
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Name and Address of Co-Head's Present Employer: _____ _____ _____ _____	Telephone No. _____ Supervisor's Name: _____ Length of Employment _____
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Applicant Certification

I/we certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility for Rental Assistance. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords and other sources for credit verification.

By signing this application, I/we also grant the owner the right to obtain all information needed to determine my/our eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection may include but is not limited to criminal history checks, home visits, drug screening, ability to pay rent, etc. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

All applicants age 18 and older must sign below:

Signature of Head: _____ Date: _____

Signature of Co-Head: _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

Comments/Additional Information _____

We do business in accordance with Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.



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.
Form HUD- 92006 (05/09)