

APPLICATION FOR HOUSING

Equal Housing Opportunity

PROPERTY NAME: Harmony Place Apartments

Date / Time Received: _____

For Office Use Only

APPLICATION FOR HOUSING

Equal Housing Opportunity

Bedroom Size Requested: 0 Bdrm _____ 1 Bdrm _____ 2 Bdrm _____ 3bdrm _____

Applicant Name: _____		
Last	MI	First
Co-Applicant Name: _____		
Last	MI	First
Current Address: _____		
City: _____ State: _____ Zip Code: _____ Tel #: _____		

All co-applicants, age 18 or older, other than spouse, are required to complete a separate application.

Any applicant who purposefully falsified misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list. Please be aware that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and regulations and to further request reasonable modification to their units at no cost to themselves.

HOUSEHOLD COMPOSITION

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Race / Ethnicity*	Student Y or N	Social Security #
	HEAD						

*1-White/Non-Hispanic, 2-Black/Non-Hispanic, 3-Hispanic, 4-Asian/Pacific Island, 5-American Indian/Alaskan Native, 6-Other

All family members 18 or over listed as Full-Time or Part-Time Students provide the following information:

Does any adult household member anticipate becoming enrolled in an institution of higher learning in the next 12 months? ___ yes ___ no, If yes, complete the next 2 lines:

School Name & Address: _____

School Name & Address: _____

QUESTIONS – ALL MUST BE ANSWERED

Use back for extra space.

1. Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes No If yes, explain _____
2. Do you or anyone else in your household qualify for housing because of a handicap or disability? Yes No
3. Are you a current illegal user of a controlled substance? _____
4. Do you abuse or have you had a past pattern of alcohol abuse _____
5. Have you ever been convicted of the illegal use of a controlled substance? _____
6. Have you ever been convicted of the illegal manufacturing or distribution of a controlled substance? _____
 - If you answer “yes” to any of the four questions above, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____
7. Have you been evicted within the past ten years from federally assisted housing for drug related activity? _____
If so, explain _____
8. Have you ever received a written notice for non-payment of rent? _____ If yes, explain _____
9. Have you always received all of your security deposited refund? _____ If no, explain _____
10. Is there anyone currently living with you that is not on this application? _____ If so, explain _____
11. Do you have sole legal and physical custody of your children? Yes_ No_ If no, please explain custody arrangement: _____
12. Does your household have a pet? _____
13. Are you subject to a state lifetime sex offender registry in any of the 50 states of the United States of America _____
14. Do you receive Housing Assistance (HRA Section 8 Certificate ___ or Voucher ___ or RAFS ___)
15. How did you select our community? Drive by ___ Referral ___ Newspaper ___ Other _____
16. Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e. traffic ticket, etc.)? If so, explain _____



This complex does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



HOUSING HISTORY FOR LAST 10 YEARS

PLEASE LIST ALL STATES IN WHICH YOU HAVE RESIDED: _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party.

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)?			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare or disability benefits (AFDC, SS GA)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support? Please List Case Numbers _____			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments? (Please return copy of Award letter with application)			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Net income from rental property?			\$
16	Regular cash contributions or gifts from individuals not living in the unit?			\$
17	Interest income?			\$
18	Income from a business trade, or are you currently active in farming?			\$
19	Other, (list)?			\$



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Question #	Family Member	SOURCE(S) OF INCOME AND THEIR CONTACT INFORMATION:

HOUSEHOLD ASSETS

All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN:	Yes	No	Amount
1	Checking Account			\$
2	Savings Account			\$
3	Stocks			\$
4	Capital Investments			\$
5	Bonds			\$
6	Trusts			\$
7	Securities			\$
8	IRA/KEOGH/Pension/Retirement Accounts			\$
9	Certificates of Deposit			\$
10	Social Security Direct Express Card			\$
11	Mutual Funds			\$
12	Treasury Bills			\$
13	Safety Deposit Box			\$
14	Insurance Settlement			\$
15	Lump sum payments (include inheritance, insurance settlement, lottery winnings, etc.)			\$
16	Cash value of Whole Life Insurance Policy			\$
17	Other (list)			\$
18	Do you currently hold a contract for deed?			\$
19	Do you currently own real estate?			\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:			\$
20	Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?			\$
21	Are any assets held jointly with another person?			\$
	If yes, person's name and the asset(s) held jointly:			\$

Question #	Family Member	List Name AND Contact Information of Bank or Institution where funds are kept. Provide a copy of the entire property tax statement for any real estate owned.

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$



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HOUSEHOLD ALLOWANCE INFORMATION

All information will be verified by a third party

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization.

	DO YOU EXPECT TO INCURE ANY OF THE FOLLOWING EXPENSES:	Yes	No	Monthly Amount
1	Childcare which enables you or another household member to work, go to school or to seek employment			
2	Attendant care for a handicapped or disabled household member?			
3	Medicare premiums?			
4	Other medical insurance premiums?			
5	Outstanding medical bills on which you are currently paying?			
6	Cost of assistive devices for handicapped or disabled household member?			
7	Drug cost not covered by insurance?			
8	Do you receive medical assistance through the Public Assistance Program?			
9	Do you expect to have any additional medical expenses during the next twelve (12) months, i.e. glasses, dental, hearing aid batteries? If Yes, explain: _____ _____			

Question #	Family Member	List Name AND Address of Service Provider, Day Care Center, Insurance Company, Doctor, Etc. (Use back of page for extra space)

SIGNATURES

- I (we) certify this housing is/will be my (our) permanent residence.
- I (we) do/will not maintain a separate subsidized rental unit in a different location.
- I (we) certify all household and income information is correct.
- I (we) consent to verification of all information provided on this application.
- I (we) consent to a criminal, credit, and rental history screening.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS.

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

The information regarding race, national origin, creed, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, creed, religion, sex, familial status, age, sexual orientation, gender identity and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.



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