

## RESIDENT APPLICATION - HUD

Community Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Please read the following carefully. If you have any questions, ask the manager. Fill out the applications completely. Please use N/A for items that do not apply. Incomplete applications will be rejected. We will verify the information you have submitted, so please be sure to spell the names completely and be sure the information is accurate. **You must attach a copy of birth certificates and social security cards for every member of the household or other acceptable forms of verification.** This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated. This information will be kept in confidence and used in relation to the lease contract. We operate in accordance with the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. We do not discriminate against any person in the terms, conditions or privileges of sale or rental of a dwelling or in the provisions of facilities in connection therewith, because of race, color, religion, sex, handicap, familial status or national origin.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last) (First) (Middle Initial)

S S Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL # and State \_\_\_\_\_

Marital Status: ( ) Married ( ) Separated ( ) Widowed ( ) Divorced ( ) Single ( ) Decline to disclose

Spouse's Name \_\_\_\_\_ (Show former spouse if divorced or separated)

Spouse's Social Security Number \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_ Spouse's Drivers License Number \_\_\_\_\_

Race of Head of Household \_\_\_\_\_ (1-White 2-Black 3-American Indian or Alaskan Native 4-Asian or Pacific Islander)

Ethnicity of Head of Household \_\_\_\_\_ (1-Hispanic 2-Non-Hispanic)

List the following information on EVERY PERSON, including yourself, who will live in the unit.

| 1. | Name (Last, First MI) | Relationship | Sex (optional) | Birthdate | SS-Number* | CODE       |
|----|-----------------------|--------------|----------------|-----------|------------|------------|
| 2. |                       |              |                |           |            | E H F None |
| 3. |                       |              |                |           |            | E H F None |
| 4. |                       |              |                |           |            | E H F None |
| 5. |                       |              |                |           |            | E H F None |
| 6. |                       |              |                |           |            | E H F None |
| 7. |                       |              |                |           |            | E H F None |
| 8. |                       |              |                |           |            | E H F None |

CODE: Circle all that apply. Indicate E for Elderly, H for Handicapped/Disabled, F for Part or Full Time Student at least 18 years old  
 \*If no ss#, were you 62 or older and receiving HUD rental assistance at another location on January 31 2010? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 \*If no ss#, do you contend eligible immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Would anyone in your household benefit from an accessible/adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you been displaced by government action or a presidentially declared disaster? Yes \_\_\_\_\_ No \_\_\_\_\_

Present Address \_\_\_\_\_ Y / N  
(Street) (Apt #) (City, State, Zip) (Subsidized Housing?)

(Name of Present Landlord/Mortgagee Company) \_\_\_\_\_ (Rent Per Month) \_\_\_\_\_ (Landlord's Phone #) \_\_\_\_\_ (Res Dates From/To) \_\_\_\_\_

List all previous addresses within the past five years. Please note if any address was subsidized housing. Attach additional paper if needed:

|    |                    |                    |                          |                     |                       |       |
|----|--------------------|--------------------|--------------------------|---------------------|-----------------------|-------|
| 1. | (Street and Apt #) | (City, State, Zip) | (Landlord Name & Number) | (Res Dates From/To) | (Subsidized Housing?) | Y / N |
| 2. | (Street and Apt #) | (City, State, Zip) | (Landlord Name & Number) | (Res Dates From/To) | (Subsidized Housing?) | Y / N |
| 3. | (Street and Apt #) | (City, State, Zip) | (Landlord Name & Number) | (Res Dates From/To) | (Subsidized Housing?) | Y / N |

Have You Ever Been Evicted? ( ) Yes ( ) No If Yes, Why? \_\_\_\_\_  
 Is your present rent paid to date? ( ) Yes ( ) No If No, Why? \_\_\_\_\_

You must report ALL states where the applicant and members of the applicant's household have resided.

I have listed above all states in where all members of the household have resided? ( ) Yes ( ) No, I have attached additional sheets.  
 Is any household member subject to any state lifetime sex offender registration? ( ) Yes ( ) No

In Case of Emergency Call:

\_\_\_\_\_  
(Name) (Relationship) (Address) (City, State, Zip) (Phone Number)

Have you ever been convicted of a felony or arrested for a drug-related or violent criminal activity? ( ) Yes ( ) No

If Yes, Explain:

Automobiles/Trucks:

|    |        |         |        |         |               |         |             |
|----|--------|---------|--------|---------|---------------|---------|-------------|
| 1. | (Make) | (Model) | (Year) | (Color) | (License No.) | (State) | (Exp. Date) |
| 2. | (Make) | (Model) | (Year) | (Color) | (License No.) | (State) | (Exp. Date) |

Present Employer:

(Company Name) (Address) (Phone Number)

(Position/Title) (Annual Gross Income) (Supervisor's Name) (Dates Emp From/To)

If Present Employment Less Than Three Years, List Previous Employer(s)

1. (Company Name) (Address) (Phone Number) (Dates Emp From/To)

2. (Company Name) (Address) (Phone Number) (Dates Emp From/To)

Additional Sources of Income: for all household members:

|                   |                    |                            |                    |
|-------------------|--------------------|----------------------------|--------------------|
| Social Security   | \$ _____ per month | Child Support              | \$ _____ per month |
| Veterans Benefits | \$ _____ per month | Regular Government Support | \$ _____ per month |
| Disability        | \$ _____ per month | Other                      | \$ _____ per month |
| AFDC              | \$ _____ per month | Other                      | \$ _____ per month |

List employers for all other adults who will be living in the apartment:

(Adult's Name) (Company Name) (Address) (Phone Number) (Dates Emp From/To) (Annual Salary)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Active Loan & Charge Account Account # Address City, State, Zip

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Bank/Savings Account # Address City, State, Zip

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List all other assets (Market value of stock, Equity in Real Estate, Etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you disposed of any assets within the last two years? ( ) Yes ( ) No If yes, you must include disposed assets in above list.

I certify that the facts set forth in this RESIDENT APPLICATION are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information provided above may be verified, and I further authorize any investigation of my resident history, employment history, credit/financial record, and criminal history. We require a Deposit and the first month's rent before you move in. This must be paid in full before we give you the keys to the apartment. If you do not rent, by your choice, your deposit will be forfeited. We will require a lease, which must be signed by all adults who will live in the apartment.

**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, the PHA and any other owner (or any employee of HUD, the PHA 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 willfully 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, the PHA or the owner responsible to the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act sat 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C 408 (a) (6) (7) and (8).

Applicant's Signature

Date

DO NOT WRITE IN THIS BOX. FOR OFFICE USE ONLY

Screening Documents Attached:

|                           |              |               |
|---------------------------|--------------|---------------|
| _____ Credit Report       | Problems?    | _____         |
| _____ Criminal Report     | Problems?    | _____         |
| _____ Landlord References | Problems?    | _____         |
| _____ Employment          | Problems?    | _____         |
| _____ Approved            | Not Approved | Reason: _____ |

Manager's Signature

Date



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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Applicant Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |
| <b>Name of Additional Contact Person or Organization:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |
| <b>E-Mail Address (if applicable):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |
| <b>Relationship to Applicant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |
| <b>Reason for Contact:</b> (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |
| <b>Commitment of Housing Authority or Owner:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| <b>Legal Notification:</b> 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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.

# Owner's Notice (Citizenship)

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy to follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations and any other forms and/or

evidence to the name and address listed below by \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact our office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

## The Family Summary Sheet

**This form must be filled out by the applicant**

| <b>Member No.</b> | <b>Last Name of Family Member</b> | <b>First Name</b> | <b>Relationship to Head of Household</b> | <b>Sex</b> | <b>Date of Birth</b> |
|-------------------|-----------------------------------|-------------------|------------------------------------------|------------|----------------------|
| Head              |                                   |                   |                                          |            |                      |
| 2                 |                                   |                   |                                          |            |                      |
| 3                 |                                   |                   |                                          |            |                      |
| 4                 |                                   |                   |                                          |            |                      |
| 5                 |                                   |                   |                                          |            |                      |
| 6                 |                                   |                   |                                          |            |                      |
| 7                 |                                   |                   |                                          |            |                      |
| 8                 |                                   |                   |                                          |            |                      |
| 9                 |                                   |                   |                                          |            |                      |
| 10                |                                   |                   |                                          |            |                      |
| 11                |                                   |                   |                                          |            |                      |
| 12                |                                   |                   |                                          |            |                      |
| 13                |                                   |                   |                                          |            |                      |
| 14                |                                   |                   |                                          |            |                      |
| 15                |                                   |                   |                                          |            |                      |

\_\_\_\_\_ **I have received a copy of the Owner's Notice**

\_\_\_\_\_ **Applicant Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Applicant Signature**

\_\_\_\_\_ **Date**

## Owner's Summary of Family

**This form must be completed by management**

| Member No. | Last Name of Family Member | First Name of Family Member | Relationship to Head of Household | Sex | Date of Birth | Declaration# (must be 1,2,3 See Below) | Date Verified |
|------------|----------------------------|-----------------------------|-----------------------------------|-----|---------------|----------------------------------------|---------------|
| Head       |                            |                             |                                   |     |               |                                        |               |
| 2          |                            |                             |                                   |     |               |                                        |               |
| 3          |                            |                             |                                   |     |               |                                        |               |
| 4          |                            |                             |                                   |     |               |                                        |               |
| 5          |                            |                             |                                   |     |               |                                        |               |
| 6          |                            |                             |                                   |     |               |                                        |               |
| 7          |                            |                             |                                   |     |               |                                        |               |
| 8          |                            |                             |                                   |     |               |                                        |               |
| 9          |                            |                             |                                   |     |               |                                        |               |
| 10         |                            |                             |                                   |     |               |                                        |               |
| 11         |                            |                             |                                   |     |               |                                        |               |
| 12         |                            |                             |                                   |     |               |                                        |               |
| 13         |                            |                             |                                   |     |               |                                        |               |
| 14         |                            |                             |                                   |     |               |                                        |               |
| 15         |                            |                             |                                   |     |               |                                        |               |

Codes for Declaration:

1. I am a citizen or national of the United States
2. I am a noncitizen with eligible immigration status as evidenced by documents provided.
3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If member claims non citizenship, you management must verify through the SAVE website:  
<https://save.uscis.gov/registration>.

**U.S. CITIZEN DECLARATION FORMAT**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE \_\_\_\_\_ SEX \_\_\_\_\_ OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:**

I, \_\_\_\_\_ hereby declare, under penalty of  
(print or type first name, middle initial, last name)

perjury, that I am:

**1. a citizen or national of the United States**

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_