



REQUIRED
APARTMENT COMMUNITY YOU ARE APPLYING TO:

***** NOTICE:** Please return this application with a copy of a current State photo ID for all adults and a copy of an original birth certificate for all household members under age 18. To participate in the Section 8 program a copy of social security cards for all household members will be needed prior to move-in.

For Office Only
Date Received at Project _____
Time Received _____
Number of Bedrooms _____
Employee Initials _____

THIS IS NOT A LEASE OR RENTAL AGREEMENT

APPLICATION FOR OCCUPANCY
Section 8/Other Assisted Programs

COMPLETE THIS APPLICATION IN FULL BY ANSWERING ALL THE QUESTIONS SO THAT WE MAY DETERMINE YOUR ELIGIBILITY. INCOMPLETE APPLICATIONS MAY BE SENT BACK AND DELAY PROCESSING.

SECTION A – APPLICANT

Applicant's Name: _____

Present Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Phone – Day: _____ Night: _____

Email Address: _____

Any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application, or during the interview, will not be considered for housing nor placed on the waiting list.

SECTION B – HOUSEHOLD COMPOSITION

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

MEMBER'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SEX M/F/ DECLINE	STUDENT Y/N	CITIZEN/ US NAT'L Y/N	SOC SEC NUMBER
	Head						

Citizenship and/or Eligible Alien Status must be verified by, and you must possess an acceptable document recognized by, the Federal government.

****Do you or any other adult in your household qualify for housing because of a disability? __Yes __No**

SECTION C – HOUSING HISTORY

List the complete housing information for the last **3 years** for **all** adult household members (if more space is needed, please attach additional pages). **Begin with your current housing** and remember to list **all** of the places you and other adult members of your household have resided within the last **3 years** or your application may be sent back as incomplete.

DATES OCCUPIED	RESIDENCE INFORMATION	CONTACT INFORMATION FOR WHO CAN VERIFY (LANDLORD, HOME OWNER, SHELTER STAFF ETC.)
From: To: CURRENT	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Apt. Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____
From: To:	Residence Name: _____ Address: _____ Reason for leaving: _____	Name: _____ Address: _____ Phone: _____

SECTION D – INCOME

List your **household's ANNUAL GROSS income**, (this is the amount before any taxes or deductions have been taken off). This could include, but is not limited to the following sources: employment, Social Security, SSI, child support, workman's comp, VA benefits, pensions or annuities, retirement benefits, unemployment comp, W-2, TANF, Kinship Care, and regular cash or non-cash contributions.

ANNUAL HOUSEHOLD GROSS INCOME: \$ _____

SECTION E – GENERAL

1. **Why** do you wish to move from your present residence? _____
2. **When** would you be available to move? _____
3. How did you hear about this housing development? _____
4. Does anyone live with you now who is not listed in your household composition under Section B? If yes, please explain:

Will anyone else live in the unit on either a full or part time basis? If yes, please explain: _____
5. If an addition to the household is expected, when? _____
6. Do you have sole legal and physical custody of your children? Yes No If no, please explain: _____
7. What size unit are you applying for 1 Bedroom 2 Bedroom 3 Bedroom
8. Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments? Yes No If yes, please explain: _____
9. Are you now living or have you lived in a government subsidized development? Yes No If yes, when: _____
Name and address of development: _____
Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? Yes No If yes, please explain: _____

Has an eviction ever been granted on you within the last 3 years? Yes No If yes, when: _____
Do you have a pet? Yes No If Yes, what kind? _____
11. The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.
Race of Head of Household: White Black Asian/Pacific Islander American Indian/Native American Decline
Ethnicity of Head of Household: Non-Hispanic Hispanic Decline
12. **LIST NAME, ADDRESS, AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF EMERGENCY:**
Name: _____
Phone Numbers - Day: _____ Night: _____
Address: _____ City _____ St _____ Zip _____
Relationship to Head of Household: _____

SECTION F – MISCELLANEOUS INFORMATION

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers in the space provided.

1. Have you or any member of your household ever used different names from the names given on this application?
 Yes No _____
2. Have you or any member of your household ever used social security number different from those listed on this application? Yes No _____
3. Have you or any member of your household lived in any other state? Yes No If yes, which ones? _____

4. Are you or any member of the household a registered sex offender in any state? Yes No If yes, which household member and which state? _____

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

CRIMINAL BACKGROUND CHECK – I understand that a background check will be conducted. Rejection of the application may occur for: 1. Damage to property or vandalism convictions; 2. Drug-related convictions; 3. Violence to person convictions (battery, assault, murder, attempted murder, involuntary manslaughter, assault with a deadly weapon); 4. Theft or burglary convictions; 5. Multiple disorderly conduct convictions; or 6. Sexual crimes or status as a lifetime registered sex offender.

MEGAN’S LAW – You may obtain information about the sex offender registry and persons registered with the registry by visiting <https://www.nsopw.gov/> or by contacting your local law enforcement agency.

RELEASE OF INFORMATION - Each adult household member who is making application for or is currently living in an assisted housing development must sign HUD Forms 9887 and 9887A (or its equivalent). Failure to sign constitutes grounds for denying housing.

I/We certify that I/we have received a copy of the HUD Form 1141 and HUD Section 8 Fact Sheet.

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current housing providers or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, **that it will be my/our only residence**, and that there are not other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management regarding any changes in household address, telephone numbers, income, and household composition.

NOTE: Once you are approved and offered a unit, if you wish to review the physical damages that were withheld from the previous tenant’s security deposit, **please request this list in writing before you pay your security deposit.**

All household members age 18 or older must sign below:

1. _____ Date _____
Applicant's Signature

2. _____ Date _____
Applicant's Signature

3. _____ Date _____
Applicant's Signature

4. _____ Date _____
Applicant's Signature

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 OF OR OBTAINING OF FEDERAL FUNDS.

