

Date & time stamp

HELP USA



Building Better Lives

Property: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Set Aside: \_\_\_\_\_  
BR Size: \_\_\_\_\_

### APPLICATION FOR HOUSING

**NOTE TO APPLICANT:** In order for us to determine your eligibility or continued eligibility, you must provide all information included in this application. The information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program.

*PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING*

Applicant Name:		Home Telephone Number:
Address:	Apt. no.	Cell Phone Number:
		Email Address:

### HOUSEHOLD COMPOSITION

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

Name	Relationship to HOH	Date of Birth	Age	SEX	Social Security Number
1.)	HEAD				
2.)					
3.)					
4.)					
5.)					
6.)					

*Please read each question carefully, answer each question completely.*

- 1.) Will all members of the household be or have been full-time students during five calendar months of 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
- 2.) Have you or anyone in your household been convicted of a crime?  YES  NO  
If yes, please explain: \_\_\_\_\_
- 3.) Have you or any household member over 18 been evicted from a rental property?  YES  NO  
If yes, please explain: \_\_\_\_\_
- 4.) Do you or anyone in your household require any special accommodations, such as, grab bars, mobility impaired unit, hearing/vision impaired unit?  YES  NO  
If yes, please explain: \_\_\_\_\_
- 5.) Are you a veteran?  YES  NO
- 6.) Were you referred by an agency?  YES  NO  
If yes, what is the name of the agency? \_\_\_\_\_
- 7.) Do you receive Subsidy?  YES  NO      If yes, who is the provider? \_\_\_\_\_



## RENTAL HISTORY

*Please list your rental history for the past 3 years.*

### Current Rental History:

Address: \_\_\_\_\_ Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact Number: \_\_\_\_\_

### Previous Rental History:

Address: \_\_\_\_\_ Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact Number: \_\_\_\_\_

### Previous Rental History:

Address: \_\_\_\_\_ Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact Number: \_\_\_\_\_

### Co-Applicant's Current Rental History:

Address: \_\_\_\_\_ Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact Number: \_\_\_\_\_

### Previous Rental History:

Address: \_\_\_\_\_ Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact Number: \_\_\_\_\_

## EMPLOYMENT

### **CURRENT EMPLOYMENT**

Name of Employer:	Business Address:	Phone Number:
Position/Job Title:	No. of Yrs. Employed:	Pay Rate (Hourly/Bi-weekly/Annually):

Position/Job Title:	No. of Yrs. Employed:	Phone Number:
Position/Job Title:	No. of Yrs. Employed:	Pay Rate (Hourly/Bi-weekly/Annually):

### Co-Applicant

Name of Employer:	Business Address:	Phone Number:
Position/Job Title:	No. of Yrs. Employed:	Pay Rate (Hourly/Bi-weekly/Annually):



**INCOME INFORMATION**

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YRS+	TOTAL
Gross Salary				
Overtime Pay				
Commission/Bonuses				
Unemployment Benefits				
Workers Compensation				
Social Security, Pension, Retirement Funds				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
Overtime Pay				
<b>Total:</b>				

**ASSET INFORMATION**

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings Account	\$	\$		
Certificate Of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Whole Life Insurance	\$	\$		
Annuity, Keogh, IRA, 401K	\$	\$		
Other:	\$	\$		
<b>Total:</b>	\$	\$		



**RACE & ETHNICITY INFORMATION**

\_\_\_\_\_ I DECLINE to provide this information.  
\_\_\_\_\_ I AGREE to provide this information. Please complete below.

Ethnicity:  Hispanic  Non-Hispanic

Race:  American Indian or Alaskan Native  Black / African American  Asian  
 Native Hawaiian or Pacific Islander  White / Caucasian  Other

\*Information in this section is collected solely to document efforts as a part of HUD's Affirmative Fair Housing Marketing Plan (AFHMP)

**HOUSEHOLD CERTIFICATION**

I understand that the information provided on this questionnaire will be used to determine my eligibility or continued occupancy for Section 42 compliant properties. Under penalties of perjury, I certify that the information is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property. By signing this application I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. I also understand the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued occupancy in the Section 42 housing program. I understand that the tenant screening includes a criminal background check for all members of the household over the ages of 18, which will be completed at the time a unit becomes available that meets my housing specifications.

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application an investigative report may be made whereby information is obtained through personal interviews with third parties – such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income, credit background, and police records. All information you or others give us will be held in strict confidence

**CERTIFICATION:** All household members who are 18 years of age or older must sign below.

\_\_\_\_\_ Date \_\_\_\_\_  
Head of Household

\_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant

\_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Member

\_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Member

FOR MANAGEMENT USE ONLY  
Date received: \_\_\_\_\_ AMI %: \_\_\_\_\_  
Log Number: \_\_\_\_\_ Received by: \_\_\_\_\_  
Assigned unit: \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.