

APPLICATION FOR HOUSING

A SEPARATE APPLICATION IS REQUIRED FOR EACH ADULT MEMBER OF THE HOUSEHOLD
 WITH THE EXCEPTION OF THE HEAD OF HOUSEHOLD AND THEIR SPOUSE.

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE, ADVISE US OF YOUR NEEDS WHEN YOU
 RECEIVE THE APPLICATION OR CALL TO SCHEDULE ASSISTANCE. APPLICATIONS MUST BE FILLED OUT COMPLETELY IN ORDER
 TO BE ACCEPTED FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED.

PROJECT NAME: UNIVERSITY DRIVE MANOR

UNIT #: _____

OF BEDROOMS: ONE

DATE & TIME APPLICATION RECEIVED: _____ BY (AGENT SIGNATURE): _____

1. LIST ALL OCCUPANTS OF THE APARTMENT APPLICANT CONTACT NUMBER: _____

	OCCUPANT	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE
1		HEAD OF HOUSEHOLD		
2				
3				

IF YOU HAVE NO SOCIAL SECURITY NUMBER, YOU CLAIM YOU ARE EXEMPT BECAUSE:

YOU ARE AN INELIGIBLE NON-CITIZEN YOU WERE 62 AS OF 1/13/10 & RECEIVING HUD HOUSING ASSISTANCE AS OF 1/31/10

2. PLEASE ANSWER THE FOLLOWING QUESTIONS, FOR EACH "YES" ANSWER PROVIDE THE DETAILS IN THE CHART BELOW.

	Yes	No
IS ANY MEMBER OF YOUR HOUSEHOLD A MILITARY VETERAN?	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY MEMBER OF YOUR HOUSEHOLD A STUDENT ENROLLED AT AN INSTITUTION OF HIGHER EDUCATION?	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED? (FULL-TIME, PART-TIME, SEASONAL, SELF EMPLOYED)	<input type="checkbox"/>	<input type="checkbox"/>
DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO WORK DURING THE NEXT TWELVE MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>
DOES ANY MEMBER OF YOUR HOUSEHOLD WORK FOR SOMEONE WHO PAYS THEM IN CASH?	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY MEMBER OF YOUR HOUSEHOLD ON LEAVE OF ABSENCE FROM WORK?	<input type="checkbox"/>	<input type="checkbox"/>
DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE <u>OR</u> EXPECT TO RECEIVE THE FOLLOWING DURING THE NEXT 12 MONTHS?		
UNEMPLOYMENT BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>
DISABILITY BENEFITS OR WORKERS COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>
CHILD SUPPORT OR ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>
IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT/ALIMONY THAT THEY ARE NOT RECEIVING?	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC ASSISTANCE (TANF) OR TRIBAL GENERAL ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL SECURITY, SSI BENEFITS, DUAL ENTITLEMENT, ETC.	<input type="checkbox"/>	<input type="checkbox"/>
INCOME FROM A PENSION OR ANNUITY	<input type="checkbox"/>	<input type="checkbox"/>
REGULAR CONTRIBUTIONS FROM AN OUTSIDE PERSON/SOURCE	<input type="checkbox"/>	<input type="checkbox"/>
RENTAL INCOME (PROPERTY, LAND, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
MINERAL LEASE OR ROYALTY PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>
<u>ANY INCOME NOT LISTED ABOVE</u>	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH TYPE OF INCOME YOUR HOUSEHOLD RECEIVES, LIST THE SOURCE AND THE AMOUNT EXPECTED FROM THAT SOURCE DURING THE NEXT 12 MONTHS.

FAMILY MEMBER	SOURCE OF INCOME OR SCHOOL ATTENDED (NAME/ADDRESS)	ANNUAL INCOME

3. **LIST FINANCIAL ACCOUNTS OF ALL HOUSEHOLD MEMBERS.** (CHECKING, SAVINGS, CD'S, IRA'S, KEOGH ACCOUNTS, MUTUAL FUNDS, ANNUITIES, TRUST ACCOUNTS, PENSION ACCOUNTS, LIFE INSURANCE POLICIES, BURIAL ACCOUNTS, STOCKS/BONDS)

FAMILY MEMBER	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE
		CHECKING	
		SAVINGS	
		DIRECT EXPRESS DEBIT CARD	

4. DO YOU OWN A HOME OR OTHER REAL ESTATE? YES NO IF YES, PLEASE PROVIDE INFORMATION BELOW:

5. DID YOU HAVE ANY ASSETS IN THE LAST TWO YEARS NOT LISTED ABOVE? YES NO
 IF YES, DID YOU DISPOSE OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE? YES NO N/A

PLEASE LIST THE TYPE OF ASSETS - THE MARKET VALUE - THE AMOUNT RECEIVED - THE DATE YOU DISPOSED OF THE ASSETS:

6. AN ELDERLY HOUSEHOLD IS ONE IN WHICH THE HEAD, CO-HEAD, OR SOLE MEMBER IS 62 OR OLDER, HANDICAPPED OR DISABLED. SUCH HOUSEHOLDS QUALIFY FOR A \$400 DEDUCTION IN COMPUTING RENT. WOULD YOU LIKE TO APPLY FOR THIS DEDUCTION? YES NO

EXPENSES	VERIFICATION INFORMATION	AMOUNT
CHILD CARE EXPENSES (AGE 12 OR UNDER) FOR CARE NECESSARY TO ENABLE A FAMILY MEMBER TO WORK, SEEK EMPLOYMENT OR FURTHER THEIR EDUCATION.		
DISABILITY ASSISTANCE ATTENDANT CARE/AUXILIARY APPARATUS FOR CARE NECESSARY TO ENABLE A FAMILY MEMBER TO WORK		
"ELDERLY" FAMILIES ONLY (HEAD, SPOUSE OR CO-HEAD, AGE 62 OR OVER OR HANDICAPPED OR DISABLED.)	VERIFICATION INFORMATION	AMOUNT
HEALTH INSURANCE/LONG TERM CARE INSURANCE PREMIUMS		
OUT OF POCKET MEDICATION EXPENSES		
OTHER OUT OF POCKET MEDICAL EXPENSES		
DENTAL/OPTICAL/HEARING EXPENSES		

NAME AND ADDRESS OF YOUR PRESENT LANDLORD:

_____ LANDLORD'S TELEPHONE # _____
 _____ HOW LONG HAVE YOU LIVED THERE? _____
 _____ REASON FOR LEAVING? _____

NAME AND ADDRESS OF YOUR FORMER LANDLORD:

LANDLORD'S TELEPHONE # _____
HOW LONG DID YOU LIVE THERE? _____
REASON FOR LEAVING? _____

ARE YOU NOW; OR HAVE YOU EVER LIVED IN A FEDERALLY SUBSIDIZED HOUSING UNIT? Yes No

NAME OF COMPLEX: _____ **ADDRESS:** _____

NAME OF MANAGER: _____ **PHONE #:** _____

HAS ASSISTANCE OR TENANCY IN A SUBSIDIZED HOUSING PROGRAM EVER BEEN TERMINATED? Yes No

IF YES, PLEASE EXPLAIN: _____

APPLICANT CONTACT INFORMATION			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK OR SECONDARY PHONE	
EMAIL ADDRESS			

HOW DID YOU HEAR ABOUT US? _____

APPLICANT'S STATEMENT: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND MY/OUR SIGNATURE IS OUR CONSENT TO OBTAIN SUCH VERIFICATION. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL INCOME AND ASSETS CURRENTLY HELD OR PREVIOUSLY DISPOSED OF AND THAT I/WE HAVE NO OTHER ASSETS THAN THOSE LISTED (OTHER THAN PERSONAL PROPERTY). I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. THE APPLICANT DOES NOT HAVE TO SIGN THE CONSENT IF IT IS NOT CLEAR WHO WILL PROVIDE OR WHO WILL RECEIVE THE INFORMATION.

SIGNATURE OF HEAD _____ **DATE:** _____

SIGNATURE OF SPOUSE OR CO-TENANT: _____ **DATE:** _____

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 AND ANY OWNER (OR ANY EMPLOYEE OF HUD 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 WILLINGLY 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 OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT **208 (A) (6), (7) AND (8). ** VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A), (6), (7) AND (8). THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.

FEDERAL LAW REQUIRES US TO VERIFY DRUG AND CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRATION INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS APPLYING FOR ASSISTED HOUSING. TO ENABLE US TO DO THIS, EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW TO CONSENT TO A BACKGROUND CHECK. **EACH HOUSEHOLD MEMBER AGE 18 OR OVER MUST COMPLETE A SEPARATE FORM.** THE QUESTIONS ASK ABOUT DRUG-RELATED AND OTHER CRIMINAL ACTIVITY THAT COULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS. **MANOR, LLC (DBA UNIVERSITY DRIVE MANOR) WILL DENY THE APPLICATION OF ANY APPLICANT WHO DOES NOT PROVIDE COMPLETE AND ACCURATE INFORMATION ON THIS FORM OR DOES NOT CONSENT TO A BACKGROUND CHECK.**

1. HAVE YOU BEEN EVICTED FROM A FEDERALLY ASSISTED SITE FOR DRUG-RELATED CRIMINAL ACTIVITY? YES NO
(IF YES, PROVIDE DATE AND EXPLANATION) _____
2. DO YOU CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO
3. **ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO A REGISTRATION REQUIREMENT UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM?** YES NO
4. HAVE YOU BEEN CONVICTED OF ANY DRUG-RELATED CRIME? YES NO
5. HAVE YOU BEEN CONVICTED OF ANY FELONY? YES NO
6. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING FRAUD OR DISHONESTY? YES NO
7. HAVE YOU BEEN CONVICTED OF ANY CRIME INVOLVING VIOLENCE? YES NO
8. ARE YOU CURRENTLY CHARGED WITH ANY OF THE ABOVE CRIMINAL ACTIVITIES? YES NO

PROVIDE DETAILS FOR EACH "YES" ANSWER LISTED ABOVE: _____

9. **LIST ALL STATES IN WHICH YOU OR ANY HOUSEHOLD MEMBER HAS LIVED:** _____

10. HAVE YOU EVER USED ANY OTHER NAME? YES NO PLEASE LIST: _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I CERTIFY THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS FORM IS GROUNDS FOR REJECTION OR TERMINATION OF MY LEASE. I AUTHORIZE **MANOR, LLC (DBA UNIVERSITY DRIVE MANOR)** TO VERIFY THE ABOVE INFORMATION AND I CONSENT TO THE RELEASE OF THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY. I HEREBY AUTHORIZE LAW ENFORCEMENT AGENCIES TO RELEASE CRIMINAL RECORDS AND/OR SEX OFFENDER REGISTRATION INFORMATION TO **MANOR, LLC (DBA UNIVERSITY DRIVE MANOR)**, TO A PUBLIC HOUSING AUTHORITY, OR TO AN AGENCY CONTRACTED BY **MANOR, LLC (DBA UNIVERSITY DRIVE MANOR)** TO CONDUCT CRIMINAL BACKGROUND CHECKS. *THIS CONSENT IS VALID FOR 15 MONTHS FROM THE DATE IT IS SIGNED.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Date of Birth _____ SS# _____

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 AND ANY OWNER (OR ANY EMPLOYEE OF HUD 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 WILLINGLY 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 OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208 (A) (6), (7) AND (8). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC408 (A), (6), (7) AND (8).