

Office Use Only: _____ **EL Income** _____ **Very Low Income** _____ **Low Income**

Date/Time Received: _____

Application for Eligibility Determination for Residency with Park Place

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? _____ Yes _____ No

If Yes, please list the language and services requested:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

_____ Yes _____ No If yes, please list the request: _____

1. Household Composition and Characteristics & Family Summary Sheet: *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

| Mbr. No. | Last Name | First Name & Middle Initial | Relationship to HOH | Age | Sex | Date of Birth | Social Security Number |
|----------|-----------|-----------------------------|---------------------|-----|-----|---------------|------------------------|
| | | | Head | | | | |
| | | | Spouse/Co Head | | | | |

Current Mailing Address: _____ Street _____ Apt. _____

City, State, Zip Code _____ Telephone (area code) _____

2. Mobility Impaired/Barrier-Free Units: Do you have a mobility impairment that would necessitate the features of a fully accessible/ barrier-free unit? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant _____

Name/Address of a Doctor who can verify either of these needs: _____

3. Current Housing Status: Please list all addresses where you have lived during the past ten years. (Use additional sheet if necessary.)

| Address (including Apt. #) | City/State/Zip | Dates | Rental | Manager |
|----------------------------|----------------|-------|--|---------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

4. Employment: Are you or a household member currently employed? Yes No. If yes, give name _____ and address of your employer(s):

Name: _____

Address: _____

Telephone: _____ (Area Code) _____

Name: _____

Address: _____

Telephone: _____ (Area Code) _____

5. Income: Do you or any members of your household receive any of the following types of income on a regular basis?

| Answer | Source | Monthly or Periodic Amt | Documentation Needed at Eligibility Interview |
|--|---|-------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages/Salaries | | Pay stub/letter from employer |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security, SSI or Railroad Retirement | | Current Award Letter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Pensions | | Most Recent Statement/Check Stub |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities | | Most Recent Statement/Check Stub |

| | | | |
|--|---------------------------------|--|------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Insurance | | Most Recent Statement/Check Stub |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest from Investments | | Bank Statement; Forms 1099 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dividends | | Dividend Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Income | | Most Recent Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Student or Financial Aid Income | | Current Award Letter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from Self-Employment | | Tax Documents or Written Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (specify) | | Written Documentation |

Do you or any members of your family have any regular sources on income not listed above? Yes No. If yes, please describe _____

6. Assets: Do you or any members of your family have any of the following assets?

| Please Select An Answer | Asset | Current Value | Documentation Needed As Attachments to Application |
|--|----------------------------------|---------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash (in excess of \$1,000) | | Signed Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking Account(s) | | Copy of Most Recent Bank Statement(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Savings/Money Market Account(s) | | Most Recent Statement(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks and Bonds | | Most Recent Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate of Deposit | | Copy of Certificate |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collectibles held for Investment | | Current Appraisal |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trusts, IRA, or Pension Accounts | | Most Recent Statement |

Do you or any members of your household own a home, commercial property, or other real estate?
 Yes No. If yes, please list and provide documents.

Address _____ Estimated Value
 _____ \$ _____

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.) Yes No. If yes, please list policies below:

| Name of Company | Policy # | Face Value | Current Cash Value |
|-----------------|----------|------------|--------------------|
| | | | |
| | | | |
| | | | |

8. Student Status; Are you or any member of your household currently enrolled in an institute of higher education? Yes No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.
 If Yes, please list family member(s) and institution:

9. Do you have Medicare? Yes No. Please provide documentation.
 Do you have **other medical insurance**? Yes No. If Yes, give the name of the insurance company and your policy number: _____
 Are your medical bills paid by insurance? _____
 Are you receiving medical assistance through Welfare? _____
If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

10. Do you have any dependents who live with you? Yes No

11. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years? Yes No
 If yes, please describe: _____

12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

| Name | Address, City, St., Zip | Phone |
|------|-------------------------|-------|
| | | |
| | | |

13. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes. Yes No. If Yes, please explain and name household member:

Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? Yes No. If Yes, please explain and name household member:

List all states that you have lived in:

Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity. Yes No. If Yes, please explain and name household member:

Are you or any member of your household currently engaged in illegal drug use?

Yes No. If Yes, please explain and name household member:

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? Yes No. If Yes, please explain and name household member:

Park Place may prohibit admission of a household to federally assisted housing under your standards if you determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:

- (1) Drug-related criminal activity;
- (2) Violent criminal activity;
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

14. Optional Information: Do you plan to use a service or assistance animal in this facility? Yes No
If yes, please describe the animal:

Do you have a pet you wish to bring into this facility? Yes No
If yes, please describe the animal:

Do you have a vehicle you wish to bring onto the property? Yes No
If yes, is the car registered, insured, in operable condition, and owned by a member of the household? Yes No

How did you hear about Park Place?

- ___ Current resident or resident family member
- ___ Friend
- ___ Employee
- ___ Religious organization
- ___ Information provided by a government agency?
- ___ Advertisement (Where?) _____
- ___ Other _____

15. Applicant(s)' Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are

true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Park Place in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Signature of Person Assisting the Applicant on Filling-In the Appl. _____ Date _____

Signature of Park Place Rep: _____ Date _____

Park Place does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability.

Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Park Place does not discriminate based upon age for any reason, excluding HUD program/project requirements.