



HUD Document Cover Sheet Application and Move-In

To be given to all applicants for project based federally assisted housing.

1. LEP – Language Identification Flashcard
2. Fraud – Is It Worth It – HUD Form 1141 (12/2005)
3. Application Form
4. Rental Application Attachment to gather required drug and criminal background information about all adult household members (to be completed for household and signed by all adult members)
5. Citizenship Documents and Certifications (after Family Summary Sheet has been completed, print enough Declaration Forms to accommodate household size).
 - a. Initial Notice for an Applicant Family
 - b. Family Summary Sheet
 - c. Declaration Form (one per applicant listed on Family Summary Sheet)
6. Race and Ethnic Data Reporting Form (to be completed and signed by applicant)
7. HUD Document Package for Applicant's/Tenant's Consent to the Release of Information, including:
 - a. HUD 9887/A Fact Sheet Describing the necessary verifications.
 - b. HUD 9887 to be signed by the Applicant or Tenant
 - c. HUD 9887-A to be signed by the Applicant or Tenant and Owner
 - d. Relevant Verification Forms to be signed by the Applicant or Tenant
 - i. Note: The verification forms will be added to the package after the application has been reviewed and the necessary verifications determined and printed.
8. HUD Fact Sheet How Your Rent is Determined
9. Resident Rights and Responsibilities brochure
10. EIV and You Brochure
11. Supplement to Application for Federally Assisted Housing
12. Tenant Selection Plan
13. HUD-5380, Notice of Occupancy Rights Under the Violence Against Women Act
14. HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation

Head of Household signature below acknowledges receipt of documents listed above.

Applicant/Tenant Signature

Date

Ashtabula Towersashtabulatowers@winnco.com325 West 48th Street
Ashtabula, Ohio 44004Phone: (440) 998-6661
Fax: (440)998-7201TTY: TDD
Email: ashtabulatowers@winnco.com**RENTAL APPLICATION**NAME: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
ADDRESS: _____

For Office Use Only

Management Initials: _____
Date/Time Received: _____
EMAIL: _____**INSTRUCTIONS TO APPLICANT**

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relationship	Student Y/N		Date of Birth	Social Security No. or Alien Registration No.	SS Benefit Claim Number for anyone receiving benefits from Social Security	Age
		Elementary, Middle or High School	College, University, or Trade School				
1.	Head						
2.							
3.							
4.							
5.							
6.							

- Will any of the household members listed above live anywhere except in your apartment or be temporarily absent from the apartment? No Yes

If YES, Explain: _____

- Are any children listed above subject to a shared custody agreement? No Yes

Is YES, explain: _____

- Is any household member a foster child or foster adult? No Yes

If YES, list member(s): _____

- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? No Yes

If YES, explain _____

- Is any member of your household enrolled in an Institute of Higher Education, either full or part-time? No Yes

If YES, list member(s): _____

If YES, list school(s): _____

- Is any household member a U.S. Veteran? No Yes

If YES, list household member(s) _____

- Have you been displaced from your housing? No Yes

If YES, list reason: Government Action _____ Private Action _____ Natural Disaster _____

If YES, was it a Presidentially Declared Disaster Area? _____

- Do you expect any additions to the household within the next 12 months? No Yes

If YES, list reason: Pregnancy _____ Adoption _____ Foster Care _____ Other _____

- Is any member of your household an individual age 62 or older as of January 31, 2010 who was receiving HUD rental assistance on January 31, 2010? These individuals may be exempt from providing Social Security Numbers. Application No Yes

RESIDENCE HISTORY

You must report ALL places you have lived for the past two (2) years. Use an additional sheet if necessary. Periods of homelessness may be explained on a separate sheet of paper.

Present Address	I currently: <input type="checkbox"/> Rent this residence <input type="checkbox"/> Own this residence <input type="checkbox"/> Live with a renter at this residence <input type="checkbox"/> Live with the owner of this residence							
	Street Address:				From: / /		Landlord Name:	
	City:		State:	Zip:	To: / /		Landlord Phone:	
	Reason for Moving							Street Address:
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: / /		Landlord Name:	
	City:		State:	Zip:	To: / /		Landlord Phone:	
	Reason for Moving							Street Address:
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: / /		Landlord Name:	
	City:		State:	Zip:	To: / /		Landlord Phone:	
	Reason for Moving							Street Address:
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: / /		Landlord Name:	
	City:		State:	Zip:	To: / /		Landlord Phone:	
	Reason for Moving							Street Address:
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: / /		Landlord Name:	
	City:		State:	Zip:	To: / /		Landlord Phone:	
	Reason for Moving							Street Address:
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	

You must report All states that All household members have lived in. This includes the District of Columbia.

States	Household Members That Lived There

States	Household Members That Lived There

Circle One

If 'Yes' you must answer the following:

No Yes

From Where? _____

When? _____

1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?

2. Have you or any member of your household been evicted in the last five years? (For any reason)

3. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?

4. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?

Explain: _____

5. Please check any that apply to your current housing: ☐ Standard ☐ Substandard ☐ Conventional Public Housing

☐ Lacking a fixed nighttime residence ☐ Without or soon to be without housing

6. From what source did you hear about this property? ☐ Resident ☐ DCHousingSearch.org ☐ Sign at Property

☐ Newspaper: _____ ☐ Agency: _____

☐ Website: _____ ☐ Other _____

SOURCES OF INCOME

You must report income from ALL sources. This includes, but is not limited to, Employment, Public Assistance, Social Security, SSI Disability Compensation, SSP, Unemployment Compensation, Workers Compensation, Pension, Annuity, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, Recurring Gifts/Contributions, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

ASSET INFORMATION

You *must* report ALL Assets below. Use an additional sheet if necessary. This includes, but is not limited to: Cash; Checking, Savings, Debit, Pay Card, Money Market, and Certificate of Deposit accounts; Stocks; Bonds; Mutual Funds; Trust Funds; Retirement Accounts; Life Insurance; Personal Property held as an investment; Real Estate; etc.

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
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Account No:	City:	State:	Zip
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Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

- | | Circle One | If 'Yes' you must answer the following: |
|--|------------|---|
| 1. Has any household member disposed of (given away or sold) an asset for less than what it was worth (fair market value) in the past two (2) years? | No Yes | Date Disposed of: ____/____/____ Description of Asset: _____ |
| 2. Has any household member sold any Real Estate in the last two years? | No Yes | Date Disposed of: ____/____/____ Description of Asset: _____
Sales Price: \$ _____ |
| 3. Does any household member have full or partial ownership of any Real Estate, Boat or Mobile Home? | No Yes | Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____ |
| 4. Are any assets owned jointly with a person or people who are not a member of the household? | No Yes | Description of Asset: _____
Value: \$ _____ |

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

[] This section does not apply to me.

Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City: State: Zip	
Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City: State: Zip	

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

[] This section does not apply to me.

Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City: State: Zip	
Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City: State: Zip	

MEDICAL EXPENSES

If the Head or Spouse is 62+ Years of Age or is Disabled/Handicapped, please fill out the Medical Expenses section below including all family members.

[] This section does not apply to my household.

Name of Provider	Street Address:	Description of Expense: _____
Phone:	Policy No: City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone:	Policy No: City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone:	Policy No: City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone:	Policy No: City: State: Zip	Amount you pay: \$ _____ per _____

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please review the attached HUD definition of disability. Check any answer that applies. *Please refer to Definition B on the Rental Application Attachment - Definitions of Disability.

Head of Household is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply
Co-Head of Household and/or Spouse is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply
Co-Head of Household is:	_____ 62 years of age or older	_____ Handicapped	_____ Disabled	_____ None apply

We are required by HUD to obtain the following information for the purposes of statistical reporting. Response is strictly voluntary.
 Does any family member have one of the following disabilities? _____ Mobility _____ Visual _____ Hearing

Circle One

If 'Yes' you must answer the following:

1. Will any member of your household require a unit having handicap accessible features?

No Yes

Type of accessibility required?

2. Are there any special accommodations or modifications that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

No Yes

Explain:

3. Will the household include a live-in-aide(s)?

No Yes

Name:

WAIT LIST PREFERENCES

Applicants with preferences are selected from the wait list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the wait list. They do not make anyone eligible who was not otherwise eligible, and they do not change the resident screening criteria.

Please review the preferences below and indicate any that you believe apply to your household. Verification of eligibility for the preference will be required for final approval. The preferences will only be granted to applicant households that request them. Applicants can update their preference status at any time. Management requests that you update application and preference information in writing.

VAWA PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants seeking relocation to avoid, remedy, or address harassment based on protected status, or the emergency transfer of a resident due to domestic violence, dating violence, sexual assault or stalking, in accordance with the Violence Against Women Act (VAWA). The Agent shall obtain from the applicant such documentation as specified in 24 CFR 5.2007(b)(i).

Applicants who would like to request this preference or any additional protections under the Violence Against Women Act should complete the attached Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) or provide the alternate documentation listed on that form.

DISPLACED IN A PRESIDENTIALLY DECLARED DISASTER ZONE PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants who have been displaced by government action or a presidentially declared disaster.

- ☐ My household qualifies for this preference because the household has been displaced by:
- ☐ Government Action
 - ☐ A Presidentially Declared Disaster
- ☐ My household does not qualify for this preference

WORKING PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for working families. Working families means a family whose head of household, spouse, co-head of household, or sole member is working full time, 62 years of age or older, or disabled.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Working full time (minimum of 32 hours per week and employed at the same company for at least six (6) months)
List the number of hours worked per week: _____
 - ☐ 62 years of age or older
 - ☐ Disabled as defined by HUD (See Definition A for Reasonable Accommodations on the Rental Application Attachment)
- ☐ My household does not qualify for this preference

DISABLED HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person with a disability.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Disabled as defined by HUD (See Definition A for Reasonable Accommodations on the Rental Application Attachment)
- ☐ My household does not qualify for this preference

ELDERLY HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person who is 62 years of age or older.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is 62 years of age or older: _____
- ☐ My household does not qualify for this preference

HOMELESS PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐
- ☐
- ☐ My household does not qualify for this preference

LOCAL RESIDENCY AREA PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐
- ☐
- ☐ My household does not qualify for this preference

This section is intentionally left blank.

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	If 'Yes' you must answer the following:
1. Have you or any member of your household ever been convicted of drug-related criminal activity?	___	___	Who? _____ When? _____ Details: _____
2. Have you or any member of your household ever been convicted of violent criminal activity?	___	___	Who? _____ When? _____ Details: _____
3. Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	___	___	Who? _____ When? _____ Details: _____
4. Do you or any member of your household have a pattern of alcohol abuse?	___	___	Who? _____ Details: _____
5. Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	___	___	Who? _____ When? _____ Details: _____
6. Have you or any member of your household ever been on parole or are now on parole?	___	___	Who? _____ When? _____ Details: _____
7. Have you or any member of your household currently or in the past used illegal drugs?	___	___	Who? _____ When? _____ Details: _____
8. Are you or any member of your household subject to a state sex offender lifetime registration requirement?	___	___	Who? _____ When? _____ In What State? _____ County? _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make:	License Plate Number:	State	Insurance Agent:	Phone:
Model:	License Expiration Date:		Street Address:	Policy No:
Color:	Year:	Name on Registration:	City:	State Zip Expiration Date:
Make:	License Plate Number:	State	Insurance Agent:	Phone:
Model:	License Expiration Date:		Street Address:	Policy No:
Color:	Year:	Name on Registration:	City:	State Zip Expiration Date:

RENTERS INSURANCE

It is not required, but we recommend that you carry Renters Insurance. Your personal belongings are not covered by our Insurance. If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City:	State: Zip: Expiration Date:

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

- (Initial) _____ I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.
- (Initial) _____ I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.
- (Initial) _____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- (Initial) _____ I understand that **ALL CHANGES in the income** of any member of the household, as well as **any changes in the household members** must be reported to Management in writing immediately.
- (Initial) _____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- (Initial) _____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
- (Initial) _____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies. I authorize management to run a credit and criminal background check.
- (Initial) _____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.
- (Initial) _____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

WinnResidential does not discriminate on the basis of race, color, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, gender identity, familial status, marital status, disability or handicap, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law.

If you feel you have been discriminated against by this company, please call (617) 239-4596.

For Office Use Only

This application is being placed on the following wait lists:

Standard Apartments:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] Studio

Apartments for Persons with a Mobility Impairment (Wheelchair Accessible):

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom

Apartments for Persons with a Hearing or Visual Impairment:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom



Rental Application Attachment for State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any members of your household ever lived in any federally or state assisted housing?
Yes _____ No _____
2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?
Yes _____ No _____
If yes, list where and when:
3. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes _____ No _____
4. Have you or any member of your household ever been convicted of a felony?
Yes _____ No _____
If yes, please explain:

5. Are you or any member of your household currently abusing alcohol?
Yes _____ No _____
6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?
Yes _____ No _____
If yes, please explain:

7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes _____ No _____
8. List all addresses where you and all other household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant	_____	Date	_____
Co-Applicant	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____

Exhibit 3-4: **Sample Family Summary Sheet**

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

Citizenship Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS 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 by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside 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: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____

Date _____

Check if adult signed for a child: _____

____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

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.

☐ Check this box if you choose not to provide the contact information.

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