



**Cloverdale Heights Apartments
APPLICANT QUESTIONNAIRE**



No. of Bedrooms _____

APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____
 Email Address _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

CO-APPLICANT NAME(S) _____
 Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**
 Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

EMERGENCY CONTACT

Name _____ Phone _____

ADDITIONAL INFORMATION

List All Others Who Will Be Occupying Apartments?

	Name	Social Security No	Date of Birth	Relationship To Head
1				
2				
3				
4				

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an 'X' in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol or substance abuse or pattern of abuse that interferes with the health, safety, and right to peaceful enjoyment of the premises of other residents?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender in any state?			
List all state(s) all persons on this application have lived. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			

INCOME INFORMATION
EMPLOYMENT

Include All Income Received or Anticipated For the Upcoming 12 Months

YES NO

	TYPE	FREQUENCY	AMOUNT
Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____

For Office Use Only

Sent	Rec'd	Amount

employer emprior
nonemp seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you presently employed at more than one job (Not Self-Employed)?

Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____

Sent	Rec'd	Amount

employer
seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you self employed? Business Type _____
Annual Net Income \$ _____ How Long in Business _____

*selfemp
2 Yrs Tax Returns

YES NO

Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

Regular	\$ _____	Branch/Contact _____	_____
Special	\$ _____	Address _____	_____
Allowances	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

militar

YES NO

Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation?
(circle)

Unemployment	\$ _____	Branch/Contact _____	_____
Workers Comp	\$ _____	Address _____	_____
Severance	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

unemp
other

CHILD SUPPORT / ALIMONY

Amount

YES NO

Do you have a court order or private agreement for receiving Child or Spousal Support?

Child Support	\$ _____	Court Branch/Payee _____	_____
Spousal Support	\$ _____	Address _____	_____
		Phone _____	_____

Sent	Rec'd	Amount

childsup childnon

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.
Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

YES NO

Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

Public Aid	\$ _____	Caseworker _____	_____
		Address _____	_____

Sent	Rec'd	Amount

publicver

SOCIAL SECURITY

YES NO

Are you receiving Social Security Income?

SSA	\$ _____	_____
SSI	\$ _____	_____
SSD	\$ _____	_____

Sent	Rec'd	Amount

sosecver

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

YES NO

Do you receive any retirement benefits?

Type _____ \$

Rec'd From _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

vet/er other

OTHER INCOME

Do you receive any of the following types of income & from whom?

YES NO

Regular payments or gifts from anyone outside your household?

\$ _____

Rec'd From _____

Regular payments from any type of settlement?

\$ _____

Address _____

Regular payments-inheritances, lottery winnings or trust funds?

\$ _____

City, State, Zip _____

Regular payments from rental property or other real estate?

\$ _____

Are you receiving any other form of periodic income?

\$ _____

Sent	Rec'd	Amount

other

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

YES NO

Please circle the type of account

Checking, Savings Account or Prepaid Debit Card?

Cash Value \$ _____

Account # _____

Bank Name: _____

YES NO

CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value \$ _____

Account # _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

bank/er

YES NO

Stocks, Bonds or Securities?

\$ _____

Rec'd From _____

YES NO

Pensions, IRAs, Keogh, 401K or other retirement accounts?

\$ _____

Address _____

YES NO

Trust Funds, Life Insurance or other funds?

\$ _____

City, State, Zip _____

Sent	Rec'd	Amount

asset/er

YES NO

Please circle the type of account

Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value \$ _____

Address or Legal Description: _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

realestate/er

YES NO

Personal property held as an investment?

This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.

Description: _____

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

asset/er

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Fair Market Value \$ _____

Given To _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumor

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student, have been one during five calendar months of this year or expect to be one in the next 12 months?
 If YES, please continue.

YES NO

Are you a single parent with minor children who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive TANF, AFDC (Aid for Dependent Children) or title IV recipient?

YES NO

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

YES NO

Please provide the name of the educational institution where you are or will be a student

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Section 8 & Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

_____ Applicant Signature	_____ Applicant Signature
_____ Date	_____ Date

Date Received _____ Time Received _____ Received by: _____

SECTION 8 RESIDENTS ONLY

MEDICAL, CHILD CARE AND/OR UNUSUAL EXPENSES:

Medical expenses **only** apply to household where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List payments made to provider of childcare or disabled adult care costs; payments on outstanding medical bills; medical insurance premiums; medical and dental costs NOT covered by insurance. (If more space is needed, please list on separate sheet and attached to this application.

Family Member Number	Description of Expense	Paid To	Address	Cost per Month

----- Do you have Child Care?
 YES NO

----- Do you have Medicare?
 YES NO

If yes, what is your monthly payment? _____
 If yes, what Medicare Plan do you have? _____
 If yes, what is your annual Deductible? _____

----- Do you have any other kind of medical insurance?
 YES NO

If yes, what is the Policy Number? _____
 If yes, what is the Company Name? _____
 If yes, what is the Agents, Name? _____
 Premium Amount: _____

----- Do you receive medical assistance through the Public Assistance Program?
 YES NO

----- Do you have any outstanding medical bills on which you are currently paying?
 YES NO

----- Do you expect to have any medical expenses during the next twelve (12) months?
 YES NO

If yes, state the type and amounts of these medical expenses anticipated:

Applicant Signature _____

Date: _____



Acceptable DHS Documentation

If you are a non-citizen with eligible immigration status, under the age of 62, you should present one of the following documents with a Verification of Consent Form.

- **Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)**
- **Form I-94, *Arrival-Departure Record* annotated with one of the following:**
 - "Admitted as a Refugee Pursuant for Section 207";
 - "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - "Paroled Pursuant for Section 212(d)(5) of the INA."
- **Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:**
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed before October 1, 1990);
 - A court decision granting withholding of deportation; or
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- **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.**
- **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*.**

SOCIAL SECURITY NUMBER REQUIREMENTS

The head of household/spouse/co-head must disclose social security numbers (SSNs) for all family household members. In addition, applicants must provide adequate documentation or acceptable evidence of the SSN including any of those listed below:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a federal, State or local agency, a medical insurance provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

Applicants do not need to disclose or provide verification of a SSN to be placed on the waiting list; however applicants must disclose a SSN and provide adequate documentation to verify each SSN for all non-exempt household members before they can be housed.

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required SSN has 90 days from the date they are first offered an available unit to disclose/verify the SSN. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list.

If a child under the age of 6 years was added to the assistance applicant household within the 6-month period prior to the household's date of admission, the assistance applicant may become a participant so long as the documentation as required in Appendix 3 of HUD Handbook 4350.3 REV-1, is provided to management within 90 calendar days from the date of admission to the program. Management will grant an extension of one additional 90-day period if they determine that, in its discretion, the applicant's failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the assistance applicant.

The Social Security number requirements do not apply to:

- Individuals who do not contend eligibility immigrant status; and
- Individuals age 62 or older as of January 31, 2010, whose initial determination was begun before January 31, 2010.

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.

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.	

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

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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.

CLOVERDALE HEIGHTS APARTMENTS

Acknowledgment of Brochures

1. HUD Rights and Responsibilities Handbook
2. HUD 9887 Fact Sheet
3. Applying for HUD Housing Assistance? Think about this...Is Fraud worth it?
4. Are you a Victim of Housing Discrimination?
5. EIV Brochure
6. HUD Fact Sheet "How Your Rent Is Determined"
7. Know Your Rights: Domestic Violence and Federally Assisted Housing
8. Form HUD-5380, Notice of Occupancy Rights under VAWA
9. Form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation

Signature: _____

Date: _____

Signature: _____

Date: _____

