



Application For Housing

Applicant Name: _____ Date: _____

Current Address: _____ Home Phone: _____

City, State, Zip: _____ Work/Cell Phone: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is _____. Our office hours are _____

If you have a hearing impairment, our TDD number is 1-866-925-8689 and is available during the same hours.

Income Limits

This property receives assistance from the U.S. Department of HUD. Qualified applicants must meet the income limits for the following county/region: _____

Family Size

Income Category	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
50% (Very Low)								
30% (Extremely Low)								

Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "None" for those questions which do not apply to you. Do not leave any blanks and do not strike through or cross out any section. **All household members 18 and older must sign this application.** Proof of identity and social security cards must be provided for all household members.

Household Members	Social Security #	Relationship	Sex	Date of Birth	Student Status
		Head of Household			F/T P/T N/A
Ethnicity of Head of Household: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Race of Head of Household: (Select All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian					
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

TO BE COMPLETED BY MANAGEMENT STAFF ONLY		Unit Type Requested: _____
Date Received : _____	TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Received via: <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> VLI <input type="checkbox"/> ELI
Manager Signature: _____	<input type="checkbox"/> Approved Preference: _____	<input type="checkbox"/> Accessible WL <input type="checkbox"/> Non Accessible WL



1. Current Marital Status: Single (Unmarried) Widowed Married Separated Divorced

2. Have you or any member of your household been known by any other last name? Yes* No

*If yes, which member(s): _____ Prior/Maiden Name: _____

3. What is your total number of household members? _____

4. Do you expect a change in household size in the future? Yes* No

*If yes, explain: _____

5. Are there any temporarily absent household members? Yes* No

*If yes, provide name, relationship to head of household, age, explanation for absence, and date of return.

Name: _____ Relationship: _____ Age: _____ Return Date: _____

Explanation: _____

6. Are any members within the household enrolled as a student at an institution of higher education? Yes* No

***If yes, please complete a Student Certification form for each student enrolled.**

7. Do you or a household member have a disability that would necessitate the features of a fully accessible unit?

Yes* No ***Please note that this need will be verified with your doctor/physician.**

8. PLEASE CHECK ALL INCOME SOURCES BELOW:

	Yes	No		Yes	No		Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Self Employment	<input type="checkbox"/>	<input type="checkbox"/>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Gifts	<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	Railroad Pension	<input type="checkbox"/>	<input type="checkbox"/>	Other Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	Settlements	<input type="checkbox"/>	<input type="checkbox"/>	Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Severance Package	<input type="checkbox"/>	<input type="checkbox"/>	Workman's Comp	<input type="checkbox"/>	<input type="checkbox"/>	Interest from Investments	<input type="checkbox"/>	<input type="checkbox"/>
Other Income*	<input type="checkbox"/>	<input type="checkbox"/>	*Describe: _____					

*If benefits are drawn under a different Social Security Number, please provide: _____

9. For each "Yes" marked above, please complete the following:

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Source Name & Phone Number: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Source Name & Phone Number: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Source Name & Phone Number: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Source Name & Phone Number: _____



10. Will another individual or agency guarantee payment for rent and/or other fees? Yes* No

*If yes, please list the name, address, and phone number:

Name: _____ Address: _____ Phone: _____

11. PLEASE CHECK ALL ASSET SOURCES BELOW:

	Yes	No		Yes	No		Yes	No
Checking	<input type="checkbox"/>	<input type="checkbox"/>	Savings	<input type="checkbox"/>	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Term Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds/IRA/401K	<input type="checkbox"/>	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate/Land	<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property held as an investment	<input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, explain: _____					
Do you have any other assets?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, explain: _____					

12. For each "Yes" marked above, please complete the following:

Household Member	Asset Type	Account Number	Cash Value	Source Name/ Address/Phone

13. Have you ever received rental assistance or lived in subsidized housing? Yes* No

*If yes, explain: _____

14. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes* No

*If yes, explain: _____

15. Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? Yes* No

*If yes, explain: _____

16. Are you, or any member of your household, **currently engaged in the use of illegal drugs or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents? Yes* No

*If yes, explain: _____

17. LANDLORD REFERENCE:

Present Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

Previous Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

18. Have you, or anyone in your household, EVER been convicted of a felony?

Yes* No *If yes, explain: _____



19. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?
 Yes* No *If yes, explain: _____
20. Are you, or anyone in your household, subject to a lifetime sex offender registration program?
 Yes* No *If yes, explain: _____
21. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past (10) years?
 Yes* No *If yes, explain: _____
22. Do you, or any member of your household, have a pattern of alcohol abuse that has interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?
 Yes* No *If yes, explain: _____
23. Please list **all** of the states in which you or any other adult household members have lived.

24. Do you own a pet? Yes* No *If yes, what type of pet: _____
25. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____
26. How did you hear about our community?
 Current resident or family member Friend
 Employee Religious Organization
 Information provided by a government agency Advertisement (where?) _____
 Other _____

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 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 and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager 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: _____

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 willfully 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 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2011)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.