

Lincoln Hills Development Corporation

APPLICATION FOR OCCUPANCY

10/2022
IMP.12/01/2022

Property Name: _____

1. Please type or print legibly in **BLACK** ink.
2. Each adult member of the household must initial each page and sign on the final page of application.

| Name <u>all</u> People to Occupy Apt LAST NAME FIRST MI | Age | Sex | Relationship | Social Security No. | Date of Birth | Student Yes/No |
|---|-----|-----|--------------|------------------------|------------------|-------------------|
| 1. | | | HEAD | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status. Information from applicants who were at 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Current Address: _____ **Home Phone:** _____ **Work Phone:** _____
City, State, Zip: _____ **Cell Phone:** _____

List ALL states in which any household member has resided: _____

1. Do you anticipate any changes to this household in the next 12 months? Yes No
2. Have you or any member of your family ever been evicted from an apartment? Yes No
If Yes, please explain: _____
3. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
If Yes, please explain: _____

Check all that apply to you or any household member:

Displaced by Government Action of Presidentally Declared Disaster US Military Veteran Elderly or Disabled

MARITAL STATUS: Married Single Divorced Separated Widowed

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Do you own a pet? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Are any household members temporarily absent? If YES, Who? _____ How Long? _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do you currently rent? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Do you currently own? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. If you own, do you receive rental income from property? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Are all adult household members full-time students? If YES, answer the following questions. |
| | | a. Is the full-time student married and filing a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | b. Is the student a title IV recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | c. Is the student enrolled in a job training program receiving assistance under the Job training Partnership Act? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | d. Is the full-time student a TANF recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | e. Is the full-time student a single parent living with his/her minor child who is not a dependent on another's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | f. Were you in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Do you anticipate enrolling in the next 12 months as a student? If YES, complete the following: _____ full-time _____ part-time Name of School & Address _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Are you or any adults part-time students. |

ALL Adults must initial each page: _____

REFERENCES

List Landlords for past THREE (3) Years

| <u>TYPE OF REFERENCE</u> | <u>NAME OF REFERENCE</u> | <u>ADDRESS</u> | | | | <u>DATES OF RESIDENCY</u> |
|---------------------------------|---------------------------------|-----------------------|--------------------|---------------------|-------------------|----------------------------------|
| | | <u>Street</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | |
| Current Landlord | | | | | | |
| Previous Landlord | | | | | | |
| Personal Reference | | | | | | |
| Personal Reference | | | | | | |

Person to contact in case of emergency:

Name: _____ Relationship: _____
 Address: _____
 _____ (Street) _____ (City) _____ (State) _____ (ZIP)
 Phone – Days: (_____) _____ Phone – Evenings (_____) _____

INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

| FAMILY MEMBER NAME | SOURCE OF INCOME (Fill in appropriate monthly amount) | Social Security # or file # on which benefits are drawn |
|---------------------------|--|--|
| _____ | a. Social Security..Monthly Amount \$ _____ | _____ |
| _____ | Social Security..Monthly Amount \$ _____ | _____ |
| _____ | b. SSI.....Monthly Amount \$ _____ | _____ |
| _____ | SSI.....Monthly Amount \$ _____ | _____ |
| _____ | c. Pension(1).....Monthly Amount \$ _____ | _____ |
| _____ | d. Veterans Benefits..Monthly Amount \$ _____ | Claim # _____ |
| _____ | e. Unemployment Comp...Monthly Amount \$ _____ | |
| _____ | f. TANF....Monthly Amount \$ _____ | Food Stamps...\$ _____/month |
| _____ | g. Wages...Gross....Monthly Amount \$ _____ | |
| _____ | Employer _____ | |
| _____ | Wages...Gross....Monthly Amount \$ _____ | |
| _____ | Employer _____ | |
| _____ | h. Alimony.....Monthly Amount \$ _____ | Source _____ |
| _____ | i. Child Support.....Monthly Amount \$ _____ | Source _____ |
| _____ | Child Support.....Monthly Amount \$ _____ | Source _____ |
| _____ | j. Interest Income.....Monthly Amount \$ _____ | Source _____ |
| _____ | Interest Income.....Monthly Amount \$ _____ | Source _____ |
| _____ | k. Other Income.....(any income not noted above) | |
| _____ | Monthly Amount \$ _____ | Source _____ |

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12)
 \$ _____

Does anyone outside of your household pay for any of your bills or give you money? Yes No
 Do you anticipate any changes in this income in the next 12 months? Yes No

If YES, explain: _____

All adults must initial each page: _____

ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Trust Accounts # _____ Bank _____ Balance \$ _____
 Certificate(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Bonds # _____ Maturity Date _____ Value \$ _____
 Life Insurance Policy # _____ Face Value \$ _____
 # _____ Face Value \$ _____

Real Property: Do you own any property? Yes No If Yes, type of property _____

Location: _____ Appraised market value \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes No

If Yes, type of property _____

Market value when sold/dispensed \$ _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Account)? Yes No

If Yes, describe asset _____

Date of disposition _____ Amount Disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? Yes No

If Yes, list: _____

ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony?

Yes No If Yes, describe: _____

Are you or anyone in your household subject to a registration requirement under a lifetime sex offender or state sex offender registration program in any state? Yes No If Yes, please identify household member & state _____

Failure to respond may jeopardize the approval of the application.

List Child Care expense that enables you to work or attend school

| Name of Child Care Provider(s) | | Address (incl. Zip Code) | |
|--------------------------------|-----|--------------------------|-----|
| Name of Child | Age | Name of Child | Age |
| 1. | | 3. | |
| 2. | | 4. | |

COMPLETE THE SECTIONS BELOW IF YOU ARE HEAD/CO-HEAD OF HOUSEHOLD AND AGE 62 OR OLDER, HANDICAPPED OR DISABLED

Yes No Do you receive MEDICAID BENEFITS?

Yes No Do you receive MEDICARE BENEFITS?

Yes No Do you have other HEALTH INSURANCE? If YES, list the following information:

POLICY NO. _____ NAME OF COMPANY & Address _____

POLICY NO. _____ NAME OF COMPANY & Address _____

List Handicap Care or Apparatus expense that enables you to work or attend school Type of Apparatus:

| Name of Household Member | Name of Provider | Address (including Zip Code) |
|--------------------------|------------------|------------------------------|
| | | |

Yes No Do you have outstanding medical bills? If YES, please list: _____

What out-of-pocket medical expenses do you incur? _____

All adults must initial each page: _____

Do you or does any member of your household need special features in your housing to accommodate a disability?

Yes No

To qualify for admission to some of the units specifically designed for the mobility impaired, the head or spouse must have a mobility impairment requiring the special design features of the unit. If you are applying for a unit with special design features, please check here.

VEHICLE INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____

How did you hear about this property/program? Newspaper Flyers Current Resident
Other/ Specify _____

CERTIFICATION

I/We certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Applicant Date Co-Applicant Date

Co-Applicant Date Co-Applicant Date

Signature of Manager Date

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 owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 the \$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). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).



Equal Housing Opportunity



ALL Adults must initial each page: _____

AUTHORIZATION

I/We Do Hereby Authorize Lincoln Hills Development Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Lincoln Hills Development Corporation.

SIGNATURE(S):

Tenant/Applicant

Co-Tenant/Applicant

Dated _____

Dated _____



Equal Housing Opportunity

