

Lincoln Hills Development Corporation APPLICATION FOR OCCUPANCY

Property Name: _____

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

Name <u>all</u> People to Occupy Apt			Age	Sex	Relationship	Social Security No.	Date of Birth	Student Yes/No
LAST NAME	FIRST	MI						
1.					HEAD			
2.								
3.								
4.								
5.								
6.								

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

List other 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

- Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

1. Do you own a pet?
2. Are any household members temporarily absent?
If YES, Who? _____ How Long? _____
3. Do you currently rent?
4. Do you currently own?
5. If you own, do you receive rental income from property?
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? Yes No
 - b. Is the student a title IV recipient? Yes No
 - c. Is the student enrolled in a job training program receiving assistance under the Job training Partnership Act? Yes No
 - d. Is the full-time student a TANF recipient? Yes 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? Yes No
 - f. Were you in Foster Care? Yes 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 _____
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>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

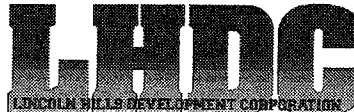
Co-Applicant Date

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 Hereby Authorize Cannelton Housing Authority 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: _____



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.