

**Lincoln Hills Development Corporation
APPLICATION FOR OCCUPANCY**

02/2021
IMP. 03/01/2021

Property Name: Cannelton Housing Authority

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 LAST NAME FIRST MI	Age	Sex (Optional)	Relationship	Social Security No.	Date of Birth	Student Yes/No
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: _____

Preferences

Check all that apply to you or any household member:

- Displaced by Government Action or Presidentially Declared Disaster US Military Veteran Elderly or Disabled

GENERAL INFORMATION

MARITAL STATUS: Married Single Divorced Separated Widowed

- Yes No 1. Do you own a pet?
- Yes No 2. Are any household members temporarily absent?
 If YES, Who? _____ How Long? _____
- Yes No 3. Do you currently rent?
- Yes No 4. Do you currently own?
- Yes No 5. If you own, do you receive rental income from property?
- Yes No 6. Are your or any adult household member a full-time or a part-time student?
 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 student a TANF recipient? Yes No
- e. Is the 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
- Yes No 7. Do you anticipate enrolling in the next 12 months as a student? Yes No
 If YES, complete the following: _____ full-time _____ part-time
 Name of School & Address _____

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 a 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).



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 _____

All members of a household must provide documentation of a social security number in order to receive assistance except for those individuals who (a) do not contend to have eligible immigration status, (b) are existing program participants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined the social security number to be valid, or (c) are existing program participants as of January 31, 2010, who are 62 years of age or older, and had not previously disclosed a valid social security number. When a participant is adding a new household member, who is under the age of six and does not have a social security number, the participant must disclose the social security number and provide documentation within 90 calendar days of the child being added to the household. An additional 90-day period will be provided if the failure to provide documentation of the social security number is due to circumstances that are outside the control of the household. At the time an applicant is selected from the waiting list and prior to the applicant becoming a participant and receiving assistance, household members must provide documentation of a social security number. An applicant who has not disclosed and/or provided verification of social security number for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the social security numbers. During the 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the social security numbers, of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list. Acceptable documentation verification is listed in Appendix 3 of the 4350.3 REV-1.

