

# 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 <b>LAST NAME      FIRST      MI</b>	Age	Sex	Relationship	Social Security No.	Date of Birth	Student Yes/No
1.			<b>HEAD</b>			
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

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <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?<br>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?<br>If YES, complete the following: _____ full-time    _____ part-time<br>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

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

**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:**

<b>FAMILY MEMBER NAME</b>	<b>SOURCE OF INCOME (Fill in appropriate monthly amount)</b>	<b>Social Security # or file # on which benefits are drawn</b>
_____	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

