



APPLICATION FOR OCCUPANCY

Applicant(s) must be 62 years or older



WARNING: PLEASE FILL OUT COMPLETELY. WRITE CLEARLY.

THIS APPLICATION MAY BE REFUSED OR REJECTED IF NOT COMPLETE AND/OR LEGIBLE, OR, IF INFORMATION PROVIDED IS DETERMINED TO BE FALSE OR MISLEADING.

NOTE: All applicants in a household will be processed as one approval or denial for an apartment. If one of the applicants has a negative rental history, negative credit history, or negative criminal history, the application will be denied.

Addition of persons to a household after an application has been approved, or an offer for housing made, may result in the entire application, or offer for housing being denied/rejected.

You have the right to request reasonable accommodations to complete this Application for Occupancy if you have a disability.

Project Name Hadley Terrace Apartments **Date:** _____

Applicant/Tenant Name: _____ **Telephone:** _____

Date of Birth: _____ **Social Security Number:** _____

Co-Applicant/Tenant Name: _____ **Telephone:** _____

Date of Birth: _____ **Social Security Number:** _____

A. APPLICANT AND FAMILY INFORMATION (List ALL household members who will live in the apartment)

First	Middle	Last	Relationship	Sex (M/F)	Date of Birth	Soc. Sec. Number

Will a live-in attendant be a household member? Yes No If yes, please note above.

Do you have a mobility impairment that would necessitate the features of a fully accessible/barrier free unit?
 Yes No

B. RESIDENCE HISTORY

(Provide **complete address** to include **zip code** for each location you have lived during the previous ten (10) years: may attach separate sheet of paper if necessary)

A. Present Address: _____ **How Long:** _____

Present Landlord Name: _____ **Phone:** _____

& Full Address: _____

B. Previous Address: _____ **How Long:** _____

Previous Landlord Name: _____

& Full Address: _____ **Phone:** _____

C. Previous Address: _____ **How Long:** _____

Previous Landlord Name: _____

& Full Address: _____ **Phone:** _____

D. Have you ever been evicted from conventional or subsidized housing? _____ Yes _____ No

If yes, please explain: _____

E. Has there ever been a determination of (i) bed bug or (ii) other pest (e.g., roach) infestation at the residence you now reside or once lived? _____ Yes _____ No

C. INCOME INFORMATION

List Sources of Income for All Household Members – Indicate type using abbreviation(s) below:

E = Employment / OP = Other Pension / SS = Soc. Sec. / SSI = Fed or State SSI / CS = Child Support
U = Unemployment Benefit / W2 = Provide W2 Agency Name & Caseworker Telephone

Family Member Name	Source of Income	Annual Amount
Employer:	Telephone:	
Address:		

D. ASSET INFORMATION

1) Do you own any real estate? _____ Yes _____ No
(If yes, you must provide current property tax statement showing home *estimated fair market value / FMV*)

Location _____

Value \$ _____ Home? \$ _____ Lot? \$ _____

2) Do you have any bonds? _____ Yes _____ No Value: _____

3) Do you have any stocks? _____ Yes _____ No Value: _____

4) Do you have any Certificates of Deposit? _____ Yes _____ No Value: _____

5) Do you have any checking accounts? _____ Yes _____ No Value: _____

6) Do you have any savings accounts? _____ Yes _____ No Value: _____

7) Name and Full Address of Bank(s); please include zip code(s):

1. _____

2. _____

8) Have you disposed of any assets in the last two years? _____ Yes _____ No

If yes, please explain: _____

E. CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires that we conduct a criminal background check as well as a sex offender registry check on all adult members of a household applying for federally assisted housing. Persons subject to lifetime registration under any state sex offender registry program are not allowed to receive housing, or rental assistance, under the federal program(s) this facility participates in. All information is confidential and will be used solely to determine eligibility for housing and housing assistance. These inquiries are being made to protect the health, safety and welfare of existing tenants and the building staff.

This facility will automatically reject the application for occupancy of any household that does not provide complete and accurate information in this section and/or does not consent to a background check related to criminal or sex offender activity.

- 1. Has any member of the applicant household been evicted from a federally assisted site for drug-related criminal activity within the past ten (10) years? **YES** _____ **NO** _____
- 2. Has any member of the applicant household been convicted of a sex-related criminal act at any time regardless of whether or not they are subject to lifetime registry requirements? **YES** _____ **NO** _____
- 3. Has any member of the applicant household been convicted of any drug-related crime within the past ten (10) years? **YES** _____ **NO** _____
- 4. Has any member of the applicant household been convicted of a felony or Class A misdemeanor within the past ten (10) years? **YES** _____ **NO** _____

F. CHARACTER REFERENCES

- 1) Name: _____ Address: _____ Phone No. _____
- 2) Name: _____ Address: _____ Phone No. _____

CONSENT TO THE RELEASE OF INFORMATION: *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 or HUD contracted 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 fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department or agency of the United States. I/we, therefore, certify that the foregoing information is true and complete to the best of my knowledge.*

I/we hereby authorize inquiries to be made to verify the statements above.

_____	_____
(Applicant Signature)	(Date)
_____	_____
(Co-Applicant Signature)	(Date)
_____	_____
(Owner/Management Agent Signature)	(Date and time received)

