

Office Use Only: Date Received:

Time Received:

Application for Eligibility Determination for Residency with Homecrest House



Please fill out entire application including the attachments.

Please be sure to sign and date application.

If you are under 62, please be sure to answer Question #2 in full.

Participation in the Food Service Program (1 meal per day) is mandatory.

Please include copy of social security card and verification of citizenship.

How did you hear about us? _____

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? _____ Yes _____ No

If Yes, please list the language and services requested: _____

Due to a disability, do you need assistance to **fill out this application?** (We can provide a reasonable accommodation that will assist you in with this application upon request to meet the requirements of the application process and/or potential tenancy.)

_____ Yes _____ No If yes, please list the request: _____

1. Household Composition and Characteristics & Family Summary Sheet: *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

Mbr. No.	Last Name	First Name	Relationship to Head of Household	Age	Sex	Date of Birth	Social Security Number
			Head				
			Spouse/Co Head				

Current Mailing Address: _____
Street Apt.

City, State, Zip Code Telephone (area code)

Current Email address: _____

2. Mobility Impaired/Barrier-Free Units: Do you have a mobility impairment that would necessitate the features of an accessible/ barrier-free unit? Yes No

Please describe the accessibility features needed. _____

Please note that these needs will be verified with your doctor/physician. Please provide Name/Address of a Doctor who can verify either of these needs:

3. Current Housing Status: Please list all addresses where you have lived during the past ten years.

Address including Apt. #	City/State/Zip	Dates	Rental	Manager
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If renting, please provide Name/Address of current landlord. (Use additional sheet if necessary.)

Were you 62 years of age or older before January 31, 2010? Yes No

Was your rent ever subsidized by the government? Yes No

If yes, list the housing/ facility name, address and dates you received subsidy:

Has any household member's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?

Yes No

4. Employment: Are you or a household member currently employed? Please state **Yes** or **No** _____.

If yes, give name and address of your employer(s):

Name:

Address:

Telephone: (Area Code)

5. Income: Do you or any members of your household receive any of the following types of income on a regular basis? **You must include income amounts.**

Answer	Source	Monthly Amount	Monthly Amt (spouse)	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Retirement			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099 (6 months worth)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources on income not listed above? Please state **Yes** or **No** _____. If yes, please describe:

6. Assets: Do you or any members of your family have any of the following assets?

Please Select An Answer	Asset	Current Value (applicant)	Current Value (spouse)	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)			Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)			Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)			Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit			Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment			Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No 02/08/11	Trusts, IRA, or Pension Accounts			Most Recent Statement

Please provide bank names and addresses. Attach extra sheet in necessary.

Do you or any member of your household own a home, commercial property, or other real estate. Please enter Yes or No _____. If yes, please list. Documentation regarding value will need to be provided at interview.

Address _____ Estimated Value
\$ _____

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called “whole life,” universal,” or “paid up” coverage.) Yes No. If yes, please list policies and policy values below:

Name of Company	Policy #	Face Value	Current Cash Value	
			(Applicant)	(Spouse)

8. **Student Status;** Are you or any member of your household currently enrolled in an institute of higher education? Yes No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, “Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937,” implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student’s parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.

If Yes, please list family member(s) and institution:

9. Do you have any dependents who live with you? Yes No

10. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years? Yes No

If yes, please describe: _____

- 11.** List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Address, City, State, Zip	Phone

- 12.** Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.

Yes No. If Yes, please explain and name household member: _____

Are you or any member of your household subject to a lifetime registration requirement under a nationwide sex offender registration program? Yes No. If Yes, please explain and name household member: _____

Have you or any member of your household ever been evicted from Federally assisted housing or other types of housing? This specifically includes drug-related criminal activity. Yes No.

If Yes, please explain and name household member: _____

- 13.** Are you or any member of your household currently engaged in illegal drug use?

Yes No. If Yes, please explain and name household member: _____

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? Yes No. If Yes, please explain and name household member: _____

Homecrest House may prohibit admission of a household to federally assisted housing under our standards if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision: (1) Drug-related criminal activity; (2) Violent criminal activity; (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

14. Applicant(s)' Certification

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 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/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Homecrest House in writing every twelve (12) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

ATTENTION: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Signature of Person Assisting the Applicant on Filling-In the Appl. _____ Date _____

Homecrest House does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Homecrest House does not discriminate based upon age for any reason, excluding HUD program/project requirements. Homecrest House does not discriminate against victims as designated in the Violence Against Women's Act (VAWA).