

Office Use Only: Date Received:

Time Received:

Application for Eligibility Determination for Residency with



B'nai B'rith Homecrest House

- Please fill out entire application and include the attachments.
Please be sure to date and sign the 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.

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 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:

How did you hear about us?

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.)

Table with 7 columns: Last Name, First Name, Relationship to Head of Household, Age, Date of Birth, Sex (Optional), Social Security Number. Rows include Head and 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 may be verified with your doctor/physician.

Yes No If you are 62 and have requested a mobility apartment do you also want to be placed on our waitlist for a regular apartment not specified as a mobility apartment?

Once you turn 62 please call us at 301-244-3579.

3. Current Housing Status: Please list all addresses/states where you have ever lived.

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 been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? Yes No

Explain _____

Is any household member an ineligible, non-citizen member – not contending eligible immigration status?

Yes No List name: _____

4. Employment: Are you or a household member currently employed? Yes No

Provide name/address of company: _____

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 Amt. (Head)	Monthly Amt. (Co-Head)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Retirement		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)		

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

If you are receiving a dual entitlement benefit, please provide Benefit Claim #: _____

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

Please Answer	Asset	Current Value (Head)	Current Value (Co-Head)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA or Pension Accounts		

Do you or any members of your household own a home, property or other real estate?

Yes No

If yes, please list. Documentation will need to be provided at your 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	Face Value	Current Cash Value	
		(Head)	(Co-head)

8. Student Status; Are you or any members 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. Are you or any member of your household a U.S. Military Veteran? Yes No

11. 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: _____

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

Name	Address, City, State, Zip Code	Phone

13. Have you or any members 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 members 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 members 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: _____

14. Are you or any members of your household currently engaged in illegal drug use?

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

Are you or any members 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.

15. 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 Co-Head: _____ Date _____

Signature of Person Assisting the Applicant in 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). The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. If you otherwise qualify for assistance under Section 8, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. If you feel your rejection is in direct relation to being a victim of domestic violence, dating violence, sexual assault, or stalking, you are encouraged to complete HUD Form 5832, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation. You are also entitled to review and/or obtain a copy of the Notice of Occupancy Rights Under VAWA.

ATTACHMENT 5

Homecrest House

APPLICATION DECLARATIONS AND AUTHORIZATION

I, _____, hereinafter referred to as Applicant, by his or her signature below, does hereby authorize the National Capital B'nai B'rith Housing Foundation and its authorized agents, hereinafter referred to as the Owner, by and through its independent contractor, Straight Arrow, to procure a copy of my criminal and credit report.

Accurate Information: Applicant by his or her signature below does hereby declare that all of the statements on the accompanying application and any supplemental information are true and correct to the best of the Applicant's knowledge and belief. Applicant understands and agrees that if he or she knowingly provides false or incomplete information, his or her application for housing will be rejected and any lease negotiated with the National Capital B'nai B'rith Housing Foundation shall, at the Owner's discretion, be considered null and void.

Authorization: Applicant authorizes the Owner, to verify all information relating to this application through all means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners as necessary.

Applicant, should he or she become a Tenant of the Owner, does hereby further authorize Owner to furnish information to consumer reporting agencies and other rental housing owners regarding Applicant's performance of his or her lease obligations, including both favorable and unfavorable information about Applicant's compliance with the lease, house rules and financial obligations.

In the event that anything contained herein is in conflict with any additional application documents, this document will be controlling.

(Each applicant must be named, must sign, and date/time this "Declarations and Authorizations.")

Applicant Name

Applicant Signature

Date/Time

Applicant Name

Applicant Signature

Date/Time