

**Office Use Only: Date Received:**

**Time Received:**

**Application for Eligibility Determination for Residency with**



**THE EDWARDS PERSONAL CARE BUILDING**

- *Applicants must be 62 years of age or older with a physical limitation requiring minimal supportive services of the Congregate Housing Services Program.*
- *Applicants must either live in Montgomery County or a notarized statement from a family member who resides in Montgomery County is also acceptable.*
- *Please include copy of social security card and birth certificate.*
- *A medical questionnaire by your physician within 45 days before the final interview is required.*
- *Satisfy Federal and State requirements as to maximum income and assets*
- *Please be sure to sign and date application.*

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.)

No  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.)*

Last Name	First Name	Relationship to Head of Household	Age	Sex (Optional)	Date of Birth	Social Security Number
		Head				
		Co-Head				



**4. 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)	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 (six months)
<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 of income not listed above? **Yes** \_\_\_\_ **No** \_\_\_\_  
 If yes, please describe: \_\_\_\_\_

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

**Please provide bank names and addresses.** Attach extra sheet if necessary.

Please Answer	Asset	Current Value (Head)	Current Value (Co-Head)	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (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	Trusts, IRA or Pension Accounts			Most Recent Statement

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

**Yes**\_\_\_\_ **No**\_\_\_\_ If yes, please list. Documentation regarding value will need to be provided at interview.

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

**6. 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	
			(Head)	( Co-Head)

**7. 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

**8. MEDICAL**

**Head:**

**Do you receive any special kind of medical treatment? Yes**\_\_\_\_ **No**\_\_\_\_

**If so, what and how often?** \_\_\_\_\_

**Do you require any special in-home therapies such as oxygen, or dialysis?**

**Yes**\_\_\_\_ **No**\_\_\_\_ **If “Yes”, what and how often?** \_\_\_\_\_

**Describe the nature of your physical limitations:** \_\_\_\_\_

**Do you need any help in taking your medications? Yes**\_\_\_\_ **No**\_\_\_\_

**Explain** \_\_\_\_\_

**Does your health interfere with your ability to maintain your home or apartment?**

**Yes**\_\_\_\_ **No**\_\_\_\_ **If so, explain** \_\_\_\_\_

**Are you on a special diet? Yes**\_\_\_\_ **No**\_\_\_\_ **If so, describe:** \_\_\_\_\_

**Co-Head Medical:**

Do you receive any special kind of medical treatment? Yes \_\_\_ No \_\_\_

If so, what and how often? \_\_\_\_\_

Do you require any special in-home therapies such as oxygen, or dialysis?

Yes \_\_\_ No \_\_\_ If "Yes", what and how often? \_\_\_\_\_

Describe the nature of your physical limitations: \_\_\_\_\_

\_\_\_\_\_

Do you need any help in taking your medications? Yes \_\_\_ No \_\_\_

Explain \_\_\_\_\_

Does your health interfere with your ability to maintain your home or apartment?

Yes \_\_\_ No \_\_\_ If so, explain \_\_\_\_\_

Are you on a special diet? Yes \_\_\_ No \_\_\_ If so describe: \_\_\_\_\_

\_\_\_\_\_

**9. 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: \_\_\_\_\_

\_\_\_\_\_

**10. 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.*

## **11. 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. 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.*