

APPLICATION WAITLIST QUESTIONNAIRE

For Office Use Only	
Date Rcvd:	_____
Time Rcvd:	_____
Rcvd by:	_____
<input type="checkbox"/> Original	<input type="checkbox"/> Updated <input type="checkbox"/> Add-on
If updated, use original date and time stamps.	
HoH Name:	_____
<i>Use to link multiple apps due to addt'l adults</i>	

 Site Name: _____
 Leasing Office Address: _____
 Mark if Temporary
 Leasing Office Ph#: _____
 Leasing Office Fax#: _____
 Leasing Office Email: _____

COMPLETED FORMS CAN BE SUBMITTED VIA FAX OR DROPPED OFF DURING BUSINESS HOURS:

This document is used to register households on the waitlist. Please complete one per HOUSEHOLD.

ADDITIONAL PROTECTION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Executive Order 13166 requires all recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency (LEP persons) have meaningful access to federal programs and activities. In response to this executive order, this community has created a Language Access Plan which details the steps taken to ensure meaningful access including but not limited to providing for oral translation services for applicants who need language assistance. Copies of the Language Access Plan are available for review in our leasing office.

Please note- if this box is checked, then the community is non-smoking.

- Head of Household Legal/Birth Name: _____
- Head of Household Preferred Name (if applicable): _____
- Names of Any Other Adults: _____
- HoH's Current Address: _____
- HoH's Phone #(s): _____
- HoH's Email Address(es): _____
- How many people will reside in the unit? _____
- What unit size are you requesting? _____
- Does your household have animals/pets? None; Cat(s), # of ____; Dog(s), # of ____; Other, # of _____ and Type of _____
- This community may have leasing preferences for certain groups. Any leasing preference will be outlined in the Resident Selection Criteria. Please indicate below, to which of these groups your household may belong. Definitions for each of these groups may be provided upon request.
 - 55+ Senior 62+ Elderly- all HHMBRs 62+elderly- head, cohead or spouse Families
 - Veteran Disabled Mental illness Developmentally disabled Homeless
 - Chronically homeless Agricultural or farmworker

Mercy Housing Management Group is an equal opportunity housing provider abiding by the Federal Fair Housing Ordinance. We do not discriminate based on race, color, religion, creed, national origin, sex, age, familial status, AIDS/HIV status, ancestry, gender identity, height, weight, pregnancy status, source of income, sexual orientation or disability.



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11. When the value of all of your household’s assets are added up, do they total more or less than \$50,000? (This would not include everyday items like cars or wedding rings.)
12. Please record your household’s approximate MONTHLY income. Please include all potential sources of income- EXCEPT, Food Stamps which are not considered income.

HHMBR Name	Wages/ Employment	Retirement (generally not counted for HUD)	Public/General Assistance	SSA/SSI	Other
Total Monthly Household Income:					

13. VOLUNTARY: Would you or a household member like to request a disability related special accommodation or need accessible features in your unit? Yes No
- a. If yes, what accommodations do you need, or would you like us to make?

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GENERAL DISCLOSURES:

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. All information you provide will be verified by Mercy Housing Management Group. Incomplete and/or falsified information will cause the application to be denied and not processed.

Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner’s preferred application process by providing alternative methods of taking applications.

Any general information included as part of an individual household member’s records will be made accessible between departments. Other information not routinely in a household’s records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force,



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offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

ADDITIONAL DOCUMENTATION PROVIDED TO APPLICANT HOUSEHOLD:

- | | |
|--|--|
| <input type="checkbox"/> Notice of Occupancy Rights Under VAWA | <input type="checkbox"/> Resident Selection Criteria/ RSC/TSP addendum |
| <input type="checkbox"/> Notice of Reasonable Accommodation Modification | <input type="checkbox"/> Grievance Policy |
| <input type="checkbox"/> Pricing Sheet/Welcome Letter | <input type="checkbox"/> Demographics worksheet- VOLUNTARY |

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief.

Applicant/Resident Head of Household Signature

Applicant/Resident HoH Printed Name

Date

PENALTIES FOR MISUSING THIS CONSENT: 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 any 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 willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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)**. 6/29/2007

