



MERCY HOUSING MANAGEMENT HOUSING APPLICATION

For Office Use Only
Date Received:
Time Received:
Received by:
Original Updated
HOH Name IF multiple applications submitted:

PROPERTY NAME: BOUNDARY VILLAGE

NOTICE: 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.

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.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities.

MARKETING:

Please let us know how you heard of us:

Form with checkboxes for Newspaper Ad, Drove by, Resident Referral, Web Site, and Other.

Please provide the following information for all persons that will live in the household ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY

Form with fields for Date of Application, Applicant Name, Applicant SS#, Applicant Date of Birth, Gender\*, Applicant Race\*, and Ethnicity\* for two applicants.

\*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other:
\*Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino

\*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. You are not required to furnish this information, but are encouraged to do so.

General Information:

Please complete each field below. Answer each question as completely as possible. Enter N/A for all blank fields.

**GENERAL INFORMATION**

	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Marital Status ( <b>circle one</b> ):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Applicant

Applicant

Yes  No

Yes  No

Are you a student enrolled in an institute of higher education?

Yes  No

Yes  No

Are all household members U.S. Citizens? (*N/A for PRAC 202/811 & Tax Credit*)

Yes  No

Yes  No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: \_\_\_\_\_

Yes  No

Yes  No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: \_\_\_\_\_

Yes  No

Yes  No

Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? \_\_\_\_\_

Yes  No

Yes  No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes  No

Yes  No

Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?

Yes  No

Yes  No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes  No

Yes  No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes  No

Yes  No

Are you or anyone in your household subject to a nationwide Sexual Offender's Registration?

Yes  No

Yes  No

Will this apartment be your sole place of residency?

Yes  No

Yes  No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes  No

Yes  No

Are you a U.S. Veteran and/or in Active Duty? (*Optional*)

Yes  No

Yes  No

Do you have an **existing** Section 8 voucher?

**Employment Status:**

Please answer each applicable question if you are currently employed or have ever been employed. Enter N/A for fields that do not apply. If you have never worked, enter N/A in each field.

<b>EMPLOYMENT STATUS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage:		
If unemployed, last day worked?		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
Have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why? (IDAHO non-HUD Units/Properties only)		

**Income/Cash Benefits:**

Please enter dollar amounts as *estimated monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. **For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.**

<b>INCOME/CASH BENEFITS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self Employment _____	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
<b>Other</b> Income	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____

**Assets:**

Indicate assets held for each household member (including minors) in the asset table below. \*Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

**HOUSEHOLD ASSETS**

<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

**Household Composition:**

In the table below, only list the additional household members who will reside in the household not already listed on page 1. **Include total number of household members in field at bottom of table to include members who may be listed on an additional application.**

**HOUSEHOLD COMPOSITION**

<b>Name (First/Last)</b>	<b>Gender M/F</b>	<b>Birth date</b>	<b>Age</b>	<b>Grade in School</b>	<b>Do you have full custody?</b>	<b>If not, list percentage of custody</b>	<b>Last 4#s of Social</b>	<b>Race (See Pg 1)</b>	<b>Ethnicity (See Pg 1)</b>
<b>Total # of HH Members</b>									

**Special Needs (Optional):**

Please answer the following questions.

Are you or another household member disabled?  Yes  No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes  No

If yes, select applicable accessibility needs below:

<u>Accommodation</u>
Wheelchair Accessible
Walker/Cane Accessible
Other Mobility Impairment Accessible
Other Vision Impairment Accessible
Other Hearing Impairment Accessible
Other Permanent Disability Accessible
Accessible Parking Space
Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

\_\_\_\_\_  
Name of Live-in Attendant

\_\_\_\_\_  
Name and Phone Number of Physician

**Emergency Contact (Optional):**

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

\_\_\_\_\_  
First/Last Name

\_\_\_\_\_  
Phone Number

**Expenses (HUD-assisted units only):**

Please enter dollar amount as *estimated monthly* figure for *all applicable expenses*. For fields that do not apply, enter zero (0). Do not use N/A in this section.

<b>EXPENSES</b>		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSE</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Residential History:**

Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

<b>RESIDENTIAL HISTORY</b>		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned	Family/ Friend/ Landlord/ Owned
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy : ( <b>mm/yy – mm/yy</b> )		
Did you pay rent? If so, how much per month?		

Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned	Family/ Friend/ Landlord/ Owned
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy: ( <b>mm/yy – mm/yy</b> )		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation ( <b>circle one</b> ):	Family/ Friend/ Landlord/ Owned	Family/ Friend/ Landlord/ Owned
Address of Provider:		
Address of Applicant ( <i>if different</i> ):		
Provider/Property Phone Number:		
Dates of Occupancy: ( <b>mm/yy – mm/yy</b> )		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		

**Please list all states and counties you have resided in:**

**ST:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ST:** \_\_\_\_\_

**CTY:** \_\_\_\_\_ **CTY:** \_\_\_\_\_ **CTY:** \_\_\_\_\_ **CTY:** \_\_\_\_\_ **CTY:** \_\_\_\_\_

**POLICY STATEMENT & CERTIFICATION**

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

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. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT**

*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.*

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

**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



**APPLICATION CLARIFICATION NOTES**

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



**Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.**