



OFFICE USE ONLY
 Date Rec'd: _____
 Time Rec'd: _____
 Rec'd by: _____

MERCY HOUSING MANAGEMENT GROUP HOUSING APPLICATION - SENIOR

Anyone who wishes to be admitted to an assisted property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. 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.

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.

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 are our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

APPLICANT NAME: _____
 CURRENT ADDRESS: _____ APT. #: _____
 CITY, STATE: _____ ZIP CODE: _____
 HOME PHONE #: _____ WORK#: _____ OTHER #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER FAMILY MEMBERS WHO WILL BE LIVING IN THE APARTMENT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	SEX	SOC. SEC. #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

(OPTIONAL)
 RACE/ETHNICITY OF HEAD OF HOUSEHOLD (MEMBER 1): _____
 RACE/ETHNICITY OF MEMBER 2. _____ MEMBER 3. _____

*Race: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other
 *Ethnicity: Hispanic/Latino OR Not-Hispanic/Latino

PLEASE NOTE: 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 on the basis of race, national origin, and sex, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

For Marketing purposes, please let us know how you heard of us: Newspaper Ad Drove by
 Resident Referral Web Site Other: _____

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. **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.

PLEASE INDICATE STATUS AT TIME OF APPLICATION

- A. APPLICANT USING A WHEELCHAIR: _____
- B. APPLICANT WITH A SEVERE MOBILITY IMPAIRMENT AND USING A WALKER OR CANE: _____
- C. APPLICANT WITH MOBILITY IMPAIRMENT BUT NOT IN CATEGORY (A) OR (B); _____

NAME(s) AND ANY SPECIAL HOUSING NEEDS DUE TO DISABILITY/HANDICAP OF MEMBER(S) WITH MOBILITY, VISION, OR HEARING IMPAIRMENT OR PERMANENT DISABILITY/HANDICAP: _____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

Applicant

Co-Applicant

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a student enrolled in an institute of higher education? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you anticipate a change in household composition (i.e., an adult household member moving in or moving out, custody or adoption of child, etc.) in the next twelve months? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all household members U.S. Citizens? <i>(Not applicable for PRAC programs)</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you or a household member require a special accommodation in your unit or need accessible features or feature of an accessible unit? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you or anyone in your household subject to a nationwide Sexual Offender's Registration? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this apartment be your sole place of residency? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been displaced by Government Action or a Presidentially-Declared Disaster? |

CURRENT HOUSING STATUS

HOW MANY PEOPLE LIVE IN YOUR HOME NOW? _____ HOW MANY BEDROOMS DO YOU HAVE? _____

ARE YOU BEING EVICTED? _____ YES _____ NO. IF YES, EXPLAIN THE CIRCUMSTANCES _____

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

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO ARE NOT LISTED ABOVE?

YES: _____ NO: _____ IF YES, EXPLAIN: _____

Housing History includes living with family/friends-whether or not you pay rent, current/previous landlords, current owner of real estate or homeless.)

CURRENT HOUSING PROVIDER: _____ PHONE #: _____

PROVIDER'S ADDRESS: _____ CITY _____

DATE OF MOVE-IN: _____ Do you pay rent? Yes _____ No _____ How much? _____

PREVIOUS HOUSING PROVIDER: _____ PHONE #: _____

PROVIDER'S ADDRESS: _____ CITY _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

WERE YOU EVICTED? Yes ___ No ___ Reason? _____

Did you pay rent? Yes ___ No ___ How much? _____

EXPENSES

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR A HANDICAPPED FAMILY MEMBER WHICH ENABLES ANY FAMILY MEMBER TO WORK? _____ YES _____ NO. IF YES, DESCRIBE EXPENSES:

HOW MUCH DO YOU PAY FOR MEDICARE? _____ OTHER INSURANCE? _____

DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? _____ YES _____ NO

DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? _____ YES _____ NO

IF YES, AMOUNT OF MEDICAL EXPENSES \$ _____

INCOME INFORMATION (FOR INCOME INFORMATION, ATTACH ADDITIONAL PAGES, IF NECESSARY)

DOES ANY MEMBER NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? FOR EACH "YES" ANSWER PROVIDE DETAILS IN THE CHART BELOW.

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
_____	_____	EMPLOYMENT	_____	_____	UNEMPLOYMENT COMPENSATION
_____	_____	SELF-EMPLOYMENT	_____	_____	PENSION / RETIREMENT FUND
_____	_____	SOCIAL SECURITY / SSI	_____	_____	SCHOLARSHIP / STUDENT AID
_____	_____	INSURANCE POLICY	_____	_____	SEVERANCE PAY
_____	_____	ANNUITIES	_____	_____	STRIKE BENEFITS
_____	_____	GA/ TANF / AFDC (Welfare)	_____	_____	ARMED FORCES PAY OR ALLOWANCES
_____	_____	ALIMONY OR CHILD SUPPORT AWARDED (EVEN IF NOT RECEIVED)	_____	_____	REGULAR CASH CONTRIBUTIONS OR GIFTS (FOR RENT, UTILITIES, GROCERIES, CAR PAYMENT, ETC.)
_____	_____	DISABILITY / DEATH BENEFITS	_____	_____	OTHER

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME THAT CAN BE EXPECTED FROM THAT SOURCE DURING THE NEXT 12 MONTHS.

FAMILY MEMBER	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS INFORMATION (FOR ASSET INFORMATION, ATTACHED ADDITIONAL PAGES, IF NECESSARY)

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRAs, KEOUGH ACCOUNTS, CERTIFICATES OF DEPOSIT) OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO YEARS.

FAMILY MEMBER	BANK NAME	ACCT. #	BALANCE
_____	_____	_____	_____

IF ALL STOCKS, BONDS, TRUSTS, PENSION FUNDS, OR OTHER ASSETS:

FOR **EACH** TYPE OF ASSET:

- A. CHECK "YES" IF ANY FAMILY MEMBER HAS ONE OR MORE OF THAT TYPE OF ASSET.
- B. CHECK "NO" IF NO FAMILY MEMBER HAS THAT TYPE OF ASSET.
- C. CHECK "DIVESTED" IF ANY FAMILY MEMBER HAS DISPOSED OF THAT TYPE OF ASSET FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST 24 MONTHS.

<u>YES</u>	<u>NO</u>	<u>DIVESTED</u>	
_____	_____	_____	SAVINGS ACCOUNT
_____	_____	_____	CHECKING ACCOUNT
_____	_____	_____	TRUST
_____	_____	_____	HOME, REAL ESTATE, RENTAL PROPERTY, RENT
_____	_____	_____	MONEY MARKET FUND
_____	_____	_____	STOCKS, BONDS, TREASURY BILLS, CERTIFICATES OF DEPOSIT
_____	_____	_____	IRA OR KEOUGH
_____	_____	_____	RETIREMENT OR PENSION FUND
_____	_____	_____	INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENT DUE
_____	_____	_____	CAPITAL GAINS, CAPITAL INVESTMENTS
_____	_____	_____	PERSONAL PROPERTY HELD AS AN INVESTMENT (GEMS, AUTOS, ETC.)
_____	_____	_____	OTHER: _____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.
2. I/we understand that the above information is being collected to determine my/our eligibility for a HUD program or Section 8 subsidized apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, & local agencies, or private persons to the owner/management.
3. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I/we understand that false statements or information are punishable under federal law.
5. I/we understand we must provide written notification of any changes to the information on this form, especially address.
6. I/we understand the project will acknowledge this application by mail.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

CO-HEAD (PLEASE PRINT): _____

SIGNATURE OF CO-HEAD: _____ 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*

Revised 3.1.12



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.