

APPLICATION FOR OCCUPANCY

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

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: _____		
Use to link multiple apps due to addt'l adults		

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

This document is used to provided to households who are applying for an available unit. Each adult household member must complete their own application.

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

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 complete one application per adult household member.

Basic Details about yourself:

1. Legal/Birth Name of this Applicant: _____
2. Preferred Name (if different): _____
3. Phone #(s): _____
4. Email Address(es): _____
5. How many people will reside in the unit? _____
6. What unit size are you requesting?
7. We ask questions about marketing, so we know the best way to advertise to people. How did you find our apartment community? ☐ Newspaper Ad; ☐ Drove by; ☐ Resident Referral;
☐ Website; _____ ☐ Other; _____
- ☐ Yes ☐ No 8. Does your household have animals/pets?
a. If yes, what kind of pets?
☐ Cat(s), How many _____; ☐ Dog(s), How many _____;
☐ Other, # of _____ and Type of _____
- ☐ Yes ☐ No 9. Will this apartment be your sole place of residency?
- ☐ Yes ☐ No 10. Have you been involuntarily displaced by Government Action or a Presidentially Declared Disaster?

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. This institution is an equal opportunity provider.

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- ☐ Yes ☐ No 11. Are you a U.S. Veteran and/or in Active Duty? (Optional)
 a. If yes, can you tell us which branch? (Optional) _____
- ☐ Yes ☐ No 12. Do you have an existing Section 8 voucher?

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

13. Household Composition: Tell us a little bit about the people who will live with you - include yourself as the first household member. Add more pages if you need to list more people

HHMBR Name	Relationship to you	Gender*	Married? (Y/N)	Birthdate	Student? (Y/N)	**Social Security #
	MYSELF					
Total number of people:						

*You may decline to provide your gender information

**Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.



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14. Please use the table below to record the names of any minors for which you are the parent or for whom you have guardianship, that will reside in the home. Add more pages if you need to list more people:

Name of Child or Minor	Relationship to you	Will both parents reside in the unit? (Y or N*)	Do you have 50% or more custody? (Y or N)	Birthdate

*If only one parent will reside in the home, a child support affidavit will be required. If you have guardianship instead, we may request additional documentation.

- ☐ Yes ☐ No 15. 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 12 mths?

a. If yes, please explain:

Employment Status: Please provide details on your employment. Add more pages if you need to list more employers

- ☐ Yes ☐ No 16. Are you employed?

☐ N/A 17. If unemployed within last year, enter last day worked: _____

a. ☐ Yes ☐ No If unemployed, have you received employment income in the past 12 mths?

b. If yes, from what source(s)? _____

c. If unemployed, why? (IDAHO only) _____

Questions	Job 1	Job 2	Job 3
18. If you are currently employed, where?			
19. What is your occupation, or type of work?			
20. What was your start date?			
21. How much are you paid?	\$	\$	\$
22. Are you paid per (circle one):	Hrly/ Wkly/ Mnthly Yrly / Other_____	Hrly/ Wkly/ Mnthly Yrly / Other_____	Hrly/ Wkly/ Mnthly Yrly / Other_____
23. How many hours do you work per week?			
24. Do you receive tips?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes to tips, approx. how much do you receive per week (cash and credit)?	\$	\$	\$
25. Have you worked sporadically or seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Name of Manager:			
27. Phone # or email of Manager:			

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Address: The Resident Selection Criteria or Tenant Selection Plan for this property will outline the provisions that will be evaluated to determine prior history as a tenant. Tell us about where you have been living. Add more pages if you need to list more residences.

Questions	Current Residence	Previous Residence
28. Address of residence:		<input type="checkbox"/> Mark if previous
29. Dates of Occupancy (mm/yy - mm/yy):		
30. Do you:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No Cost	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No Cost
31. If you rent, name of Landlord or Apt building:		
32. If you rent, Ph# or Email of Provider/Landlord:		
33. If you rent, what is the rent amount?		
34. Where you evicted or is eviction pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If so, why?	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

35. Below, please provide a complete list of all states in which you or any other household member has resided. You:

Other HHMBRs:

Background: The Resident Selection Criteria or Tenant Selection Plan for this property will outline the background provisions that will be evaluated.

- ☐ Yes ☐ No 36. Have you ever been convicted of a felony or do you have a criminal history?
 a. If yes, please explain:

- ☐ Yes ☐ No 37. Are you or anyone in your household subject lifetime registration requirement under a State Sex Offender Registration Program?
- ☐ Yes ☐ No 38. Have you been evicted in the last three years from federally-assisted housing for drug related criminal activity?
- ☐ Yes ☐ No 39. 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 40. Do you 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 41. Has your behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

VOLUNTARY Reasonable Accommodation Requests: We are committed to ensuring that our residents and applicants have equal access to use and enjoy your apartment and related facilities. 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.

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☐ Yes ☐ No 42. Would you or a household member like to request a disability related special accommodation or would you or a household member need accessible features in your unit?

a. If yes, what accommodations do you need, or would you like us to make?

☐ Service/Assistance Animal
 ☐ Live in Aide
 ☐ Part time/overnight caregiver
 ☐ Parking space
☐ ADA Unit
☐ Grab Bars
☐ Other:

b. If you are requesting a live in aide, please provide the name of the person who will serve as the live in aide:

43. **VOLUNTARY Emergency Contact Information:** You may update, remove, or change the information you provide on this form at any time. Management will remind you to update this form annually at your recertification. You are encouraged to list at least one emergency contact but you may add additional pages for additional contacts.

Emergency Contact - Permission to Enter Unit: ☐ Yes ☐ No

Name: _____	Relationship to Household: _____
Contact Address: _____	City, State, Zip: _____
Cell Phone #: _____	Home Phone #: _____
Work Phone #: _____	Email Address: _____

Please contact this person for the following issues:

☐ Medical Emergencies
 ☐ Unable to contact household members

ADDITIONAL DOCUMENTATION PROVIDED TO APPLICANT HOUSEHOLD:

<input type="checkbox"/> Resident Selection Criteria/ RSC/TSP Addendum <input type="checkbox"/> Notice of Occupancy Rights Under VAWA <input type="checkbox"/> Notice of Reasonable Accommodation Modification <input type="checkbox"/> Tenant Eligibility Certification- Questionnaire (for all move ins, adult add-ons, transfers or ARs)	<input type="checkbox"/> Demographics Collection Forms (as applicable) <input type="checkbox"/> Pricing Sheet/Welcome Letter <input type="checkbox"/> Grievance Policy
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DISCLOSURES AND 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

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of this application. The information obtained will be used for management purposes only and will be held in confidence.

APPLICATION ACKNOWLEDGMENT:

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

I am 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

APPLICATION CLARIFICATION NOTES: This section is to be used only to clarify items listed on the application itself.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office or by emailing:

504 Coordinator
Mercy Housing Management Group, Inc.
504adacoordinator@mercyhousing.org
Fax: 877-245-7121
303-830-3300
TTY: 1-800-877-8973 or 711

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*

