

For Office Use Only	
Date Received:	_____
Time Received:	_____
Received by:	_____
☐ Original ☐ Updated ☐ Add-on	
If updated, use original date and time stamps.	
HOH Name :	_____
Use to link multiple apps due to add'l adults	

MERCY HOUSING MANAGEMENT HOUSING APPLICATION

PROPERTY NAME: _____ PROPERTY TELEPHONE # _____

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. Anyone who wishes to be admitted to the 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. **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.

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. 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.

MARKETING:

Please let us know how you heard of us:

☐ Newspaper Ad ☐ Drove by ☐ Resident Referral ☐ Web Site ☐ Other: _____

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

Date of Application: _____ Applicant # _____ Name: _____ **Applicant SS#: _____ Applicant Date of Birth: _____ Gender*: _____ Applicant Race*: _____ Applicant Ethnicity*: _____	Unit Size Needed: _____ Applicant # _____ Name: _____ **Applicant SS#: _____ Applicant Date of Birth: _____ Gender*: _____ Applicant Race*: _____ Applicant Ethnicity*: _____
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*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.** This information will not be used in evaluating your application or to discriminate against you in any way.

**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.

 X
I decline to provide my Race and Ethnicity data or Gender

 X
I decline to provide my Race and Ethnicity data or Gender

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

GENERAL INFORMATION	Applicant #	Applicant #
Full Name (First, Middle, Last):		
Mailing Address (Street):		
City, State, Zip:		
County:		
Home/ Mobile Phone #:		
Work Phone #:		
Alternate Phone #:		
Email:		
* Marital Status (check one): *You are not required to furnish this information but are encouraged to do so.	☐ Single ☐ Married ☐ Widowed ☐ Separated; As Of Date _____ ☐ Divorced; As Of Date _____	☐ Single ☐ Married ☐ Widowed ☐ Separated; As Of Date _____ ☐ Divorced; As Of Date _____

Applicant #	Applicant #	
☐ Yes ☐ No	☐ Yes ☐ No	1. Are you a student enrolled in an institute of higher education?
☐ Yes ☐ No	☐ Yes ☐ No	2. 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?
☐ Yes ☐ No	☐ Yes ☐ No	3b. Explain:
☐ Yes ☐ No	☐ Yes ☐ No	4. 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?
☐ Yes ☐ No	☐ Yes ☐ No	4b. Explain:
☐ Yes ☐ No	☐ Yes ☐ No	5. 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	6. 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	7. Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?
☐ Yes ☐ No	☐ Yes ☐ No	8. 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	9. 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	10. Are you or anyone in your household subject to a Nationwide State lifetime Sexual Offender's Registration in any State?
☐ Yes ☐ No	☐ Yes ☐ No	11. Will this apartment be your sole place of residency?
☐ Yes ☐ No	☐ Yes ☐ No	12. Have you been involuntarily displaced by Government Action or Natural Disaster?
☐ Yes ☐ No	☐ Yes ☐ No	13. Are you a U.S. Veteran and/or in Active Duty? <i>(Optional)</i>
☐ Yes ☐ No	☐ Yes ☐ No	14. Do you have an existing Section 8 voucher?

Employment Status: Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter N/A for fields that **do not apply**. If you have been **unemployed over the last year or have never worked**, enter N/A in **ALL** fields.

EMPLOYMENT STATUS	Applicant #	Applicant #
15. Are you currently employed? If yes, where?		
16. If employed, what is your occupation?		
17. If employed, list current wage and frequency:		
18. If unemployed within last year , enter last day worked. Otherwise enter N/A.		
19. If unemployed, did you receive layoff notice?		
20. Are you receiving unemployment benefits?		
21. If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
22. If unemployed, why? (IDAHO only) Otherwise, enter N/A here:		

Income/Cash Benefits: Please enter dollar amounts as **estimated GROSS 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.**

INCOME/CASH BENEFITS	Applicant #	Applicant #
Alimony	\$	\$
Business/Self-Employment - NET	\$	\$
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 Under18	\$	\$
Unemployment Benefits	\$	\$
Veterans Benefits	\$	\$
Other Income	\$	\$
TOTAL MONTHLY INCOME:	\$	\$

Household Assets: List **each** household member (including minors) & indicate assets held for each member 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		
Household Member's Name:	Type of Asset*:	Value of Asset:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Household Composition: In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application.

Name (First / Last)	Gender * M / F	Birth Date	Age	Grade in School	Do you have full custody?	If no, list percentage of custody	**SS Number REQUIRED	Race (See pg1)	Ethnicity (See pg1)
a.					☐ Yes ☐ No	%			
b.					☐ Yes ☐ No	%			
c.					☐ Yes ☐ No	%			
d.					☐ Yes ☐ No	%			
e.					☐ Yes ☐ No	%			
f.					☐ Yes ☐ No	%			

Include total number of household members, to include members who may be listed on an additional application.
Please also include any "unborn" children.

TOTAL # of HH MEMBERS INCLUDING MEMBERS ON PAGE 1	
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*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign below if they're declining to provide this information.)

Household Member: a. _____, b. _____, c. _____, d. _____, e. _____, f. _____

****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.

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.

Name of Emergency Contact	Relation to Household	Phone Number

Special Needs (Optional): Please answer the following questions

- ☐ Yes ☐ No 23. Are you or another household member disabled?
- ☐ Yes ☐ No 24. Do you or a household member require a special accommodation in your unit or need accessible features in the unit? *If yes, select applicable accessibility needs below:*
25. ☐ Yes ☐ No ☐ N/A Wheelchair Accessible
26. ☐ Yes ☐ No ☐ N/A Walker/Cane Accessible
27. ☐ Yes ☐ No ☐ N/A Other Mobility Impairment Accessible
28. ☐ Yes ☐ No ☐ N/A Other Vision Impairment Accessible
29. ☐ Yes ☐ No ☐ N/A Other Hearing Impairment Accessible
30. ☐ Yes ☐ No ☐ N/A Other Permanent Disability Accessible
31. ☐ Yes ☐ No ☐ N/A Accessible Parking Space
32. ☐ Yes ☐ No ☐ N/A Live-in Attendant; If yes- Attendant Name: _____

If an attendant is needed, please give name of attendant as well as the ordering physician's name and contact information.

Name of Ordering Physician

Physician's 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.

EXPENSES	Applicant #	Applicant #
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	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____	\$ _____

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.

RESIDENTIAL HISTORY		
	Applicant #	Applicant #
33. Name of CURRENT Housing Provider OR Property:		
34. List Affiliation (Check one)	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
35. Provider Mailing Address (Full):		
36. Applicant Mailing Address (if different):		
37. County:		
38. Provider/ Property Phone #:		
39. Dates of Occupancy (Month/ Year)	____/ ____/ ____ to ____/ ____/ ____	____/ ____/ ____ to ____/ ____/ ____
40. Did you pay rent? If so, how much per month?		
41. Were you evicted or is eviction pending? If so, why?		
	Applicant #	Applicant #
42. Name of PREVIOUS Housing Provider OR Property:		
43. List Affiliation (Check one)	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
44. Provider Mailing Address (Full):		
45. Applicant Mailing Address (if different):		
46. County:		
47. Provider/ Property Phone #:		
48. Dates of Occupancy (Month/ Year)	____/ ____/ ____ to ____/ ____/ ____	____/ ____/ ____ to ____/ ____/ ____
49. Did you pay rent? If so, how much per month?		
50. Were you evicted or is eviction pending? If so, why?		
	Applicant #	Applicant #
51. Name of PREVIOUS Housing Provider OR Property:		
52. List Affiliation (Check one)	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
53. Provider Mailing Address (Full):		
54. Applicant Mailing Address (if different):		
55. County:		
56. Provider/ Property Phone #:		
57. Dates of Occupancy (Month/ Year)	____/ ____/ ____ to ____/ ____/ ____	____/ ____/ ____ to ____/ ____/ ____
58. Did you pay rent? If so, how much per month?		
59. Were you evicted or is eviction pending? If so, why?		

State / Counties Residential History: Please list all states and counties you, and all household members, have resided in:

STATE / COUNTIES		
Household Member's Name:	State	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policy Statement 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 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:

1. Signature of Applicant # _____	Resident Printed Name _____	Date _____
2. Signature of Applicant # _____	Resident Printed Name _____	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 Group. 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 Group may be required to take steps that could result in eviction.

 Initials for Applicant #

 Initials for Applicant #

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, Subject:

Item, Subject:

Item, Subject:

Item, Subject:

Item, Subject:

Item, Subject:

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

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.***