

Office Use Only

Date: _____ Time: _____ AM/PM RECEIVED Application # _____

Updated-

Complete application package received by _____, Manager

Notes-

**Graceworks Housing Services
APPLICATION FOR HOUSING**

Applicant Name _____ Phone Numbers _____ / _____

Current Address _____

City, State, Zip Code _____

List Information Below For Two Relatives or Friends Who Generally Know How to Contact You:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone # _____ Phone # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household & all other household members who will be living in the assisted unit. Give the relationship of each family member to the head of household.

Member's Full Name	Relation	Birth Date	Birth Country	Age	Sex (not required)	**Social Security # (report on separate page if an exception is needed)	U.S. Military Veteran (Y or N)
	Self						

*For statistical purposes
And not required
Check appropriate boxes.*

Race of Head of Household:

White	Black	Am. Indian	Asian	Native Hawaiian or Pacific Islander	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race of Co-Head/ of Household
Or Other:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic		Non-Hispanic			

Ethnicity of Head of Household:

Ethnicity of Co-Head of Household

Or Other:

Elderly Family where Head Co-Head or Spouse is at least 62 years of age - **Enter the Letter E** _____

Family Member who is disabled - **Enter the Letter H** _____

Household member who is a full-time student and at least 18 years of age as of the effective date of this certification and whom is not the Head Spouse or Co-Head? **Enter the letter S** _____

Family member who is a US Military Veteran – **Enter the letter M** _____

Person being housed temporarily pursuant to the guidance in HUD Handbook 4350.1 Chapter 38 See MAT Guide Chapter 4 - **Enter the letter P** _____

CURRENT HOUSING SITUATION

Please circle the correct response to the following questions:

1. Do you own or rent the home where you currently live? Own Rent Other

2. How long have you lived here: _____.

3. If you have rented any time in the past 5 years, please complete the following information. Otherwise, leave blank.

Current Landlord: _____ Phone Number _____

Landlord Address: _____ How long there _____

Previous Landlord: _____ Phone Number _____

Landlord Address: _____ How long there _____

4. Does anyone live with you now who are not listed above? Yes No

If yes, explain: _____

5. Do you plan to have anyone living with you in the future that are not listed above? Yes No

If yes, please explain _____

6. How many people live in your household now? _____ How did you hear about us? _____

7. Why do you want to move? _____

8. Are you seeking housing due to a presidentially declared disaster or government action? Yes No

9. Are you now being evicted? Yes No If yes, please attach. explanation to this application.

10. Have you ever been evicted? Yes No If yes, please attach. explanation to this application.

11. What is your current rent? \$ _____ How much are your monthly utility costs (except phone)? \$ _____

12. Are you now living, or have you ever lived, in a government-subsidized unit in the last year? This is housing like Section 8 where your rent is based on your income. Yes No

13. Have you lived in assisted housing on or prior to January 31, 2010? Yes No
14. Unit Size Requested Studio One Bedroom Either
15. Do you have a need for an accessible unit? Yes No If Yes what special features will you require?

16. List all other states beyond the one on the address on Page 1 of this application where any household member has ever lived -

ELIGIBILITY INFORMATION

1. Are you a part-time or full-time student at an institution for higher learning? Yes No
2. Is any household member subject to state lifetime sex offender registration? Yes No
3. Is anyone in your household pregnant? Yes No

INCOME AND ASSET INFORMATION

For each type of income that your household receives, give the source of the income & the amount of income that is expected from that source during the next 12 months.

Family Member	Source of Income - Type of Income	Annual Income Amount

List all checking and savings accts and investments. (including IRA's, Keogh accts. & Certificates of Deposits) of all household members, including amounts disposed of during the past 2 years.

Family Member	Financial Institution	Account Number	Est. Current Balance

1. List all stocks, bonds, trusts, pension contributions, or other assets, and their current estimated value:

2. Do you own a home or any other real estate? Yes No If yes, please explain _____

3. Have you sold or given away real property or any other assets worth over \$1,000 in the past two years?

Yes No

If yes, what is the current market value of these assets? \$ _____

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Section 8 assistance and that admission to this site is conditional upon eligibility criteria set by federal law, rules set by this site's Tenant Selection Plan, and payment of any applicable security deposit in advance of move-in. I/we agree to sign authorizations so that Graceworks Housing Services may obtain and review credit and criminal history.

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 to appropriate Federal, State, or local agencies.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution under Federal law.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Applicant Representative: _____ Date: _____

Privacy Act Notice; The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.) by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19).

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 the 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).

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

****You must provide all of the information requested by the owner, including all social security numbers for all members of the applicant's household, except those members who do not contend eligible immigration status and from applicants who were 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. Knowing this info is needed to verify if the applicant qualifies for the exemption from disclosing and providing verification of a SSN. If a child under the age of 6 years was added to the assistance applicant's household within the 6-month period prior to the household's admission date, the assistance applicant may become a participant, so long as the documentation necessary is provided to the processing entity within 90 calendar days from the date of admission into the program. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.**

