



**INTAKE APPLICATION**

|  |                                  |
|--|----------------------------------|
| <b>FOR INTERNAL USE ONLY</b>                 | Current Date/Printed Date: _____ |
| Community Name: Abbington Vista of Henrietta | Received Date: _____             |
| Community Phone: 940-257-7402                | Time Received: _____             |
| Community Fax: 214-748-0301                  | Wait List Number: _____          |

|  |   |
|--|---|
| <b>HOUSEHOLD COMPOSITION</b>   |   |
| <b>Applicant</b>   | <b>Spouse</b>   |
| Name: _____  | Name: _____   |
| Phone: (____) _____  | Phone: (____) _____   |
| Email Address: _____   | Email Address: _____  |
| Driver's License # and State: _____  | Driver's License # and State: _____   |
| Or Government ID: _____  | Or Government ID: _____   |
| Are you a U.S Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>  | Are you a U.S Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>                     |
| DOB: _____ SSN: _____  | DOB: _____ SSN: _____   |
| Student Status: FT <input type="checkbox"/> PT <input type="checkbox"/> NA <input type="checkbox"/>  | Student Status: FT <input type="checkbox"/> PT <input type="checkbox"/> NA <input type="checkbox"/> |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> |   |

| Other Occupants |              |     |                |                        |        |
|-----------------|--------------|-----|----------------|------------------------|--------|
| Name            | Relationship | DOB | Student Status | SSN/Alien Registration | Gender |
|                 |              |     | FT PT NA       |                        |        |
|                 |              |     | FT PT NA       |                        |        |
|                 |              |     | FT PT NA       |                        |        |
|                 |              |     | FT PT NA       |                        |        |
|                 |              |     | FT PT NA       |                        |        |
|                 |              |     | FT PT NA       |                        |        |

|   |          |                      |
|---|----------|----------------------|
| <b>ADDITIONAL HOUSEHOLD INFORMATION</b>   |          |                      |
| Do all above household members reside in the household 100% of the time?                  | YES / NO | <i>If no:</i> _____  |
| Are there any anticipated change in household size within the next 12 months?             | YES / NO | <i>If yes:</i> _____ |
| Are there any anticipated change in the number of students within the next 12 months?     | YES / NO | <i>If yes:</i> _____ |
| Are any of the household members listed above Foster Children?                            | YES / NO | <i>If yes:</i> _____ |
| Is any adult household member subject to state or federal lifetime sex offender registry? | YES / NO | <i>If yes:</i> _____ |

|   |  |
|---|--|
| <b>RENTAL HISTORY (3 Years rental history required)</b> |  |
| <b>Current Residence</b>                                | <b>Previous Residence</b>                  |
| Address: _____  | Address: _____                             |
| City/St/Zip: _____                                      | City/St/Zip: _____                         |
| Current Rent: \$ _____                                  | Current Rent: \$ _____                     |
| Current Owner/Landlord: _____                           | Current Owner/Landlord: _____              |
| Landlord Phone #: _____                                 | Landlord Phone #: _____                    |
| Date Moved In: _____                                    | Date Moved In: _____ Date Moved Out: _____ |
| Reason For Moving: _____                                | Reason For Moving: _____                   |

|   |  |
|---|--|
| <b>ADDITIONAL INFORMATION</b>   | Have you, your spouse or any occupant listed in this application ever:   |
| Y N   | Been evicted or asked to move out?   |
| Y N   | Moved out of a dwelling before the end of the lease term without the owner's consent?  |
| Y N   | Been sued for rent?  |
| Y N   | Been sued for property damage?   |
| Y N   | Been charged, detained or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision or pretrial diversion? |
| Y N   | Been charged, detained or arrested for a felony or sex related crime that has not been resolved by any method?   |
| <i>Please indicate the year, location and type of each felony or sex related crime other than those resolved by dismissal or acquittal:</i> |  |
| _____   |  |



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| EMPLOYMENT INFORMATION  |   |
|---|---|
| Applicant   | Spouse  |
| Current Employer: _____<br>Address: _____<br>City/St/Zip: _____<br>Employer Phone: _____<br>Supervisor Name: _____<br>Date you Began this Job: _____<br>Position: _____<br>Gross Monthly Income: _____                                    | Current Employer: _____<br>Address: _____<br>City/St/Zip: _____<br>Employer Phone: _____<br>Supervisor Name: _____<br>Date you Began this Job: _____<br>Position: _____<br>Gross Monthly Income: _____                                    |
| Previous Employer: _____<br>Address: _____<br>City/St/Zip: _____<br>Employer Phone: _____<br>Supervisor Name: _____<br>Date you Began this Job: _____<br>Date you Ended this Job: _____<br>Position: _____<br>Gross Monthly Income: _____ | Previous Employer: _____<br>Address: _____<br>City/St/Zip: _____<br>Employer Phone: _____<br>Supervisor Name: _____<br>Date you Began this Job: _____<br>Date you Ended this Job: _____<br>Position: _____<br>Gross Monthly Income: _____ |

| ANNUAL INCOME SOURCES                  |  |           |                   |                     |                        |        |
|--|--|-----------|-------------------|---------------------|------------------------|--------|
| Income Source                          | Yes / No   | Applicant | Spouse or Co-Head | Other Adult Members | Child and/or Dependent | Totals |
| Salary                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Overtime Pay                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Commissions and Fess                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Tips and Bonuses                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Interest/Dividends                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Net Business Income                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Social Security                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Supplement Security Income             | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Disability Death Benefit               | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Pension Retirement Income              | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Annuities Income                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Income from Rental Property            | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Recurring Monetary Gifts               | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Short/Long Term Care Payments          | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Alimony                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Child Support:                         |  |           |                   |                     |                        |        |
| • Anticipated                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| • Voluntary                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| • Court Ordered                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| TANF / Cash Aid / Welfare              | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Periodic Lottery Payments              | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Unemployment Benefits                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Workman's Compensation                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Educational Scholarships/Grants        | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| Other Income                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |                   |                     |                        | \$     |
| If other income, please explain: _____ |  |           |                   |                     |                        |        |
| <b>TOTAL: \$</b>                       |  |           |                   |                     |                        |        |



**INTAKE APPLICATION**

| <b>ASSETS</b>                         |  |                |              |           |
|---------------------------------------|--|----------------|--------------|-----------|
| Asset Type                            | Yes / No   | Value of Asset | Asset Income | Bank Name |
| Checking Account                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Savings Account                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Direct Express Card                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Certificate of Deposits*              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Mutual Funds/Stocks/Bonds*            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Money Market Funds                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Treasury Bills                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| IRA/401K/Keogh*                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Retirement/Pension Funds*             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Annuities*                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Whole Life Insurance (cash value)*    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Personal Property Held for Investment | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Cash Held in Safe Deposit Boxes, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Mortgage or Deed of Trust             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Land/Real Estate*                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Trust Fund (revocable)*               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |
| Other                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |           |

*\*When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the assets to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "value" column.\**

| <b>LUMP SUM PAYMENTS</b>               |  |                |              |                 |
|--|--|----------------|--------------|-----------------|
| Lump Sums                              | Yes/No   | Value of Asset | Asset Income | Lump Sum Source |
| Inheritances                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| Lottery or Other Winnings              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| Workers Compensation Settlements       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| Social Security Disability Settlements | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| VA Disability Settlements              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| Capital Gains                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| Other                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |              |                 |
| If other assets, please explain: _____ |  |                |              |                 |

| <b>ADDITIONAL ASSET INFORMATION</b> |   |
|-------------------------------------|---|
| <b>Y N</b>                          | Other than Foreclose <i>or</i> Bankruptcy, have you disposed of any assets for less than its worth in the last 2 years?<br><i>If yes, please explain:</i> _____ |
| <b>Y N</b>                          | Has anyone in your household owned real estate or land in the last 2 years?   |

| <b>HOUSING ASSISTANCE</b>                  |  |        |               |
|--|--|--------|---------------|
| Assistance Type                            | YES / NO   | Amount | Date Received |
| Federal Emergency Management Agency (FEMA) | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |
| Small Business Administration (SBA)        | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |
| Housing and Urban Development (Section 8)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |
| Tenant Based Rental Assistance (TBRA)      | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |
| Insurance (Homeowners)                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |
| Other                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |               |

*If other, Please Explain:* \_\_\_\_\_

| <b>PREFERENCES</b>   |  |
|--|--|
| Victim of Domestic Violence/Dating Violence/Stalking/Sexual Assault (VAWA) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Need of an accessible unit   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In house Transfer  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Senior Exemption (Senior Community only)                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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**SIGNATURE & ACKNOWLEDGEMENT**

**APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.**

Warning: 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 or 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 as 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)

|   |                    |               |
|---|--------------------|---------------|
| _____<br>Applicant/Resident Printed Name        | _____<br>Signature | _____<br>Date |
| _____<br>Co-Applicant/Resident Printed Name     | _____<br>Signature | _____<br>Date |
| _____<br>Adult Member Printed Name              | _____<br>Signature | _____<br>Date |
| _____<br>Management Representative Printed Name | _____<br>Signature | _____<br>Date |

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Par 8 dated June 2, 1988)

Rob Dryman  
10670 N. Central Expressway, Suite 500 | Dallas, TX 75231  
Office 214-265-7227 | TTY 800-735-2989


