

UNITED APARTMENT GROUP

Application Assistance and Information Statement

It is the policy of this community to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

In the event that you have a disability or have difficulty completing this application, please advise us of your needs and we will be happy to assist you. Appropriate assistance will be provided in a confidential manner and setting.

NOTE: All answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to: (1) determine your eligibility or (2) determine your need for special housing features. Family members with handicapped or disabilities may be entitled to certain deductions from income that affect rent.

We do provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

If you or a member of your family have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission in writing to the on-site office. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- * Making alterations to the apartment so it could be used by a family member with a wheelchair;*
- * Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member;*
- * Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family community where dogs are not usually permitted;*
- * Making large type documents or a reader available to a vision impaired applicant during the application process;*
- * Making a sign language interpreter available to a hearing-impaired applicant during the interview;*
- * Permitting an outside agency to assist an applicant with a disability to meet the community's resident screening criteria.*

However, we are not required to take any action that results in a fundamental alteration in the nature of this program or service. In addition, we are not required to take any action if the change would result in an undue financial and administrative burden on the community.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.



RESIDENTIAL APPLICATION

For Office Use Only	
Date: / /	Time: :
Unit Size: _____	
Program Type: _____	
Owner/Agent: _____	

INSTRUCTIONS TO APPLICANT

- Each household member 18 years of age or older must complete a separate application. However, an adult who will be named as co-resident may complete the specified portion of this application.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Selection Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria, posted in the Management Office.

HOUSEHOLD INFORMATION

Applicant's Name _____ Driver's License # _____ SS # _____ DOB: _____ Phone #: _____ Alternate #: _____	Co-Applicant Name _____ Driver's License # _____ SS # _____ DOB: _____ Phone #: _____ Alternate #: _____
Student Status: (circle one) Full-time Part-time Not a student	Student Status: (circle one) Full- Part-time Not a Student

List Only children who are legal dependent(s) of persons listed on this application, first and last name:

Name:	SS #:	DOB:	Age:	Circle Student Status
_____				F/T P/T <u>Not Student</u>
_____				F/T P/T <u>Not Student</u>
_____				F/T P/T <u>Not Student</u>
_____				F/T P/T <u>Not Student</u>
_____				F/T P/T <u>Not Student</u>

NOTE: If you are an applicant who was age 62 or older as of 1/31/10 and you do not have a social security number but were receiving HUD rental assistance as of 1/31/10, you are exempt from the requirement to provide a social security number. In addition, if you are not claiming eligible immigration status, you are exempt from the requirement to provide a social security number.

CURRENT RESIDENCE

Please give us information on where you presently live. If the co-applicant resides in another location, please specify and provide residency history

Present Address	Street Address: _____				From: ____/____/____		Landlord Name: _____	
	City: _____	County: _____	State: _____	Zip: _____	To: ____/____/____		Landlord Phone: _____	
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>				Landlord Street Address: _____			
	Is this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$ _____	City: _____	State: _____	Zip: _____

ACCESSIBLE UNIT STATUS

Would you or any family member qualify for a dwelling available only to persons with handicaps or to persons with a particular type of handicap?
YES NO

If Yes, please specify accessible need: _____

RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the **past three (3) years**. If the co-applicant has resided in other locations, please specify and include required information. Use an additional sheet if necessary.

Previous Address	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>						Landlord Street Address:		
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
Previous Address	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>						Landlord Street Address:		
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
Previous Address	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>						Landlord Street Address:		
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
Previous Address	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>						Landlord Street Address:		
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Will any of the household members live anywhere except in your apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you plan to have anyone living with you in the future who is not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does anyone live with you now who is not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your household qualify for a statutory preference due to being displaced by government action or the President declared a disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is anyone in your household a veteran of the US Military? Is yes, please indicate who:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you answered "YES" to any question above, please explain: _____ | | |

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make/Model/Year/Color: _____ License Plate Number _____

OTHER INFORMATION

*Note: All applicants move in are subject to having their personal belongings inspected for bed bugs or other infestations prior to move in. Should an infestation be discovered, applicant may not be permitted to move such furniture in to the apartment.

CRIMINAL BACKGROUND CHECK

This property's eligibility criteria will exclude housing to individuals with household with specific types of criminal activity in their history. HUD requires criminal background and state sex offender registry checks to be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household have resided. You are required to report ALL states you have resided in since the age of 18, and the last address in each state, it is not necessary to repeat the addresses listed above. All applicants 18 or over are required to report this information. Use additional pages if necessary.

I have never lived in any state except the one I currently reside in

State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:
State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:
State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:
State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:
State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:
State:	From:	/ /	To:	/ /	Last Street Address in that State:	City:	Household member:

Eligibility Questions

Yes

No

If 'Yes' you must answer the following:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Have you or any member of your household ever been evicted? □ □ | | <p>From Where? _____</p> <p>When? _____</p> <p>Why? _____</p> |
|---|--|---|
- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? □ □ | | <p>From Where? _____</p> <p>When? _____</p> <p>Why? _____</p> |
|--|--|---|
- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Have you or any member of your household ever been convicted of a felony? (NOTE: A felony conviction is not automatic grounds for denial; application will be screened according to Resident Selection Criteria) □ □ | | <p>From Where? _____</p> <p>When? _____</p> <p>Why? _____</p> |
|--|--|---|
- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? □ □ | | <p>To Whom? _____</p> <p>How Much? \$ _____</p> |
|--|--|---|
- | | | |
|---|--|------------------------------------|
| <ul style="list-style-type: none"> • Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? □ □ | | <p>Explain: _____</p> <p>_____</p> |
|---|--|------------------------------------|
- | | | |
|--|--|------------------------------------|
| <ul style="list-style-type: none"> • Is any household member required to comply with any state sex offender registration requirements, specifically any state lifetime sex offender registration? □ □ | | <p>Explain: _____</p> <p>_____</p> |
|--|--|------------------------------------|

RENTERS INSURANCE

We recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:			Street Address:		
City:	State:	Zip:	Policy Number:		

EMPLOYMENT INCOME

You **must** report income from **ALL** sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Applicant's Current Employer

Employer's Name _____
 Street Address: _____
 City, State, Zip _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

Co-Applicant's Current Employer

Employer's Name _____
 Street Address: _____
 City, State, Zip _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

Applicant's 2nd Employer

Employer's Name _____
 Street Address: _____
 City, State, Zip _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

Co-Applicant's 2nd Employer

Employer's Name _____
 Street Address: _____
 City, State, Zip _____
 Phone #: _____ Fax #: _____
 Supervisor's Name: _____
 Anticipated Gross Annual Income: _____

OTHER SOURCES OF INCOME

Applicant's Other Income

<u>Source:</u>	(circle one)		<u>Gross Amount Received:</u>
SSI/SSA	NO	YES	\$ _____
Alimony	NO	YES	\$ _____
Child Support:	NO	YES	\$ _____
AFDC/TANF or Assistance with utilities (do not include food stamps)	NO	YES	\$ _____
Retirement/Pensions:	NO	YES	\$ _____
Unemployment:	NO	YES	\$ _____
Recurring Contributions	NO	YES	\$ _____
VA Benefits	NO	YES	\$ _____
Military Service Income	NO	YES	\$ _____
Other: (please list)	NO	YES	\$ _____

If you are receiving benefits under Dual Entitlements, please list your Benefit Claim number: _____

Co-Applicant's Other Income

<u>Source:</u>	(circle one)		<u>Gross Amount Received:</u>
SSI/SSA	NO	YES	\$ _____
Alimony	NO	YES	\$ _____
Child Support:	NO	YES	\$ _____
AFDC/TANF or Assistance with utilities (do not include food stamps)	NO	YES	\$ _____
Retirement/Pensions:	NO	YES	\$ _____
Unemployment:	NO	YES	\$ _____
Recurring Contributions	NO	YES	\$ _____
VA Benefits	NO	YES	\$ _____
Military Service Income	NO	YES	\$ _____
Other: (please list)	NO	YES	\$ _____

If you are receiving benefits under Dual Entitlements, please list your Benefit Claim number: _____

ASSET INFORMATION

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)? If you receive benefits on a debit card, please specify that as well.

(circle one) NO YES

If yes, please list the type of asset and name of institution below.

Applicant Co-Applicant Child

Type of Asset Name of Institution

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has anyone in your household sold or disposed of any asset(s) for less than fair market value in the last twenty-four (24) months:

(circle one) NO YES

If yes, please explain: _____

UNUSUAL EXPENSES

Do you pay for child care due to employment/looking for work /going to school? (circle one) NO YES

If yes, please answer the following:

Provider's Name _____ **Total Cost:** \$ _____

Street Address _____ (circle one)

City, State, Zip _____ Bi-weekly Weekly Semi-Monthly

Phone # _____ Fax # _____ Monthly Other (explain) _____

MEDICAL EXPENSES

Medical Expenses: Do you receive or pay any of the following?

Medicare Benefits	Yes	If paid, monthly amount:	_____
Medical Assistance through the welfare department	Yes	If paid, monthly amount:	_____
Medical Insurance/hospitalization (i.e. Blue Cross)	Yes	If paid, monthly amount:	_____
Is medical insurance/hospitalization a payroll deduction?	Yes	If paid, monthly amount:	_____
Do you take prescription medications on a regular basis?	Yes	If paid, monthly amount:	_____
Do you anticipate any health care related expenses for the next twelve (12) months which are not covered by health insurance?	Yes	If yes, please explain:	_____

EMERGENCY CONTACT

Provide the name of the person we should contact in case of an emergency.

Name: _____				
Phone No: _____	Relationship to you: _____	City: _____	State: _____	Zip: _____

MARKETING

It is important to know how we are doing. Please let us know how our marketing efforts are working.

How did you hear about our community?

Newspaper Ad Signage Drive by Magazine Publication (please specify which one: _____)

Referral (please let us know who referred you: _____)

APPLICANT CERTIFICATION

It is the policy of this community to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, handicap, and regardless of sexual orientation, gender identity, or marital status or any other federal, state, or local protected class.

This apartment community does not discriminate on the basis of handicapped status in the admission or accessibility to, or treatment or employment in, its federally assisted programs and activities. The person designated to coordinate compliance with nondiscrimination against persons with disabilities is the Director of Compliance at United Apartment Group.

This application and the information contained therein must be updated if the information is more than 120 days old at the time the apartment is offered.

A credit and criminal report and verification investigation will be conducted prior to initial occupancy. Picture identification will be required for all household members 18 years of age or older. Proof of age and social security cards may be required on all household members at the time of the application. If social security card is not available, please see management for other options.

By checking this box, I am acknowledging that I have been given the opportunity to receive a copy of the Resident Selection Criteria. I understand that the criteria is posted in the office if I choose to review it a later date.

I/We (the applicant(s)) agree to give the management agent the authority to investigate my credit rating, my current and past rental records, and all other information necessary to determine eligibility. I/We understand that any misrepresentation on this form will disqualify me from consideration for leasing. I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

I/We (the applicant(s)) acknowledge by signing below that this application and the information contained herein are subject to third party verification and investigation. If I provide incomplete, misleading or false information, I understand that my application will be rejected. Furthermore, if after my family occupies an apartment dwelling, should management learn that any information contained on this application was incorrect, I understand that management will initiate legal action to terminate the lease and pursue civil, criminal, and administrative remedies, which include, but are not limited to: reimbursement of overpaid subsidies, termination of housing assistance, eviction from the apartment and cooperating with federal agencies regarding prosecution.

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 uses 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 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

Applicant Signature Date

Co-Applicant Signature Date

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.