

Pre-Application for Affordable Housing

"All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap/disability, national origin, source of income, regardless of sexual orientation, gender identity or marital status."

For Office Use Only

Type of Picture ID Verified:	State Issued By:	ID#:	Expiration Date:
Property Requested:	Date Received:	Time Received:	Initials:

Household Information – Please print clearly in ink – If Co-tenants, please complete separate applications.

List all household members that are applying to live in this apartment with you, (include yourself). The Ethnicity & Racial Data is requested in compliance with HUD regulations and is used for statistical purposes only. It will in no way affect the eligibility of your application. If you choose not to complete the ethnicity & racial data check this box.

Is your request for housing due to the need of temporary housing due to a presidentially-declared disaster? Yes No

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F <input type="checkbox"/> Mark Box if you do not wish to respond	Social Security Number Required for all household members	Date of Birth	U.S. Military Veteran <u>Must</u> Answer Yes or No for each household member	Ethnicity Data Select One Hispanic or Not-Hispanic	Racial Data <u>List all that apply</u> per person Amer.Indian - Alaska Native - Asian - Black - African Amer.- Native Hawaiian - Pacific Islander - White

Current Address: Street Address, City, State & Zip		E-mail Address:	
Daytime Phone: ()		Evening Phone: ()	

Please indicate how you heard about us by checking all that apply.	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	<input type="checkbox"/> Telephone Book
	<input type="checkbox"/> Resident (current or former)	<input type="checkbox"/> Drive By	<input type="checkbox"/> Case Worker
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Housing Organization	<input type="checkbox"/> Religious Organization
	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other: _____

YES	NO	Please answer the following questions considering each member of the household listed above.
<input type="checkbox"/>	<input type="checkbox"/>	If this property is exclusively for persons where at least one member of the household is at least 62 years of age or has a handicap/disability, would your household meet at least one of these eligibility criteria?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next twelve months? If yes, how many are expected?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.)
<input type="checkbox"/>	<input type="checkbox"/>	Are all household members (INCLUDING MINORS) currently a citizen of the United States? Not Required for PRAC's
<input type="checkbox"/>	<input type="checkbox"/>	Are you or any other household members (INCLUDING MINORS) currently a full-time or part-time student enrolled in an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential or expect to be one in the next 12 months? If yes, does one or more of the following apply to your household? Check all that apply.
		<input type="checkbox"/> Household is comprised of a single parent with school age child(ren) that are claimed on your income tax return.
		<input type="checkbox"/> Head and co-head are married and file a joint income tax return.
		<input type="checkbox"/> Household receives TANF or AFDC.
		<input type="checkbox"/> The student is a participant in a Job Training Partnership Act Program (JTPA).
<input type="checkbox"/>	<input type="checkbox"/>	Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child{ren} will be living in unit.)
<input type="checkbox"/>	<input type="checkbox"/>	Will you or any ADULT household member require a live-in care attendant to live independently?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or anticipate having any pets?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application been evicted from a property for drug-related criminal activity?

YES	NO	Please continue to answer the following questions considering each member of the household listed.	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member currently use illegal drugs or abuse controlled drugs or alcohol?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application used another social security number?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application filed for bankruptcy past or present?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application ever left an apartment owing money?	
		If yes, where?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any one named on this application ever been denied housing due to poor housekeeping habits or bed bugs?	
		If yes, explain?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application been INVOLVED IN or CHARGED WITH any of the following? Check all that apply:	
		<input type="checkbox"/>	a felony?
		<input type="checkbox"/>	any illegal drug activity?
		<input type="checkbox"/>	property damage?
		<input type="checkbox"/>	any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member on probation or parole? If yes, who?	
<input type="checkbox"/>	<input type="checkbox"/>	Are you or any other household member subject to any (including lifetime) state sex offender registration program in any state? If yes, who?	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member currently enlisted and on active duty in any branch of the United States Armed Services?	
		If Yes, who?	Branch of Armed Forces (Air Force, Army, Navy, etc.):

Income Information

Program regulations require that all income be disclosed in order to determine eligibility for assistance. Please list each type of income your household receives, the source of the income, and the gross amount anticipated during the next 12 months for all members of the household. (e.g. wages, public assistance, AFDC, TANF, social security, SSI, retirement, pensions, veteran benefits, alimony, unemployment, worker's compensation, child support, self employment, seasonal employment, recurring gifts from family, etc.)

Family Member	Source or Type of Income	Gross Amount Earned

Asset Information

Program regulations require that all assets be disclosed in order to determine eligibility for assistance. Please list all assets for all members of the household to include: checking, savings and direct deposit debit card accounts, IRA's, KEOGH accounts, certificate of deposits, stocks, bonds, trusts, pensions, real estate, etc., and include any assets disposed of during the past two years. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

Family Member	Source or Type of Asset	Value of Asset

Miscellaneous Information

YES	NO	Answering the following questions may entitle you to an additional deduction or accommodation. Please realize your eligibility must be verified. These questions are optional.	
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of the household handicapped or disabled?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you require any special housing needs as a result of the handicap or disability?	
<input type="checkbox"/>	<input type="checkbox"/>	Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit?	
		If yes, would you like to request a wheelchair or handicapped accessible unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Emergency Contact - List someone in the area that is not already on the application

Name	Phone	Relationship

Signature Clause

I/we certify that to the best of my/our knowledge all above information is true and correct. I/we further authorize UNPHC to make inquiries as necessary to verify all information put forth in this application to determine eligibility for a specific program, to include but not limited to credit reports, character reports, criminal reports, rental history, employment history, etc. I/we understand that providing false information or making false statements may be grounds for denial of my/our application. I/we understand that my/our occupancy is contingent on meeting management's resident selection criteria requirements.

All ADULT applicants must sign below:

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

