



## 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 handicaps 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 an 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

<b>For Office Use Only</b>	
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 #: \_\_\_\_\_

**Student Status:**(circle one)  
 Full-time  
 Part-time  
 Not a student

Co-Applicant Name \_\_\_\_\_  
 Driver's License # \_\_\_\_\_  
 SS # \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Alternate #: \_\_\_\_\_

**Student Status:**(circle one)  
 Full-time  
 Part-time  
 Not a Student

Were any household members who do not have a SSN age 62 or older as of January 31, 2010? YES  NO

If YES, were they receiving HUD rental assistance at another location on January 31, 2010? YES  NO

If YES, what location? \_\_\_\_\_

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

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

### 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.

<b>Present Address</b>	Street Address:				From: __/__/__	Landlord Name:		
	City:	County/Parish:	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.

<b>Previous Address</b>	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:	
<b>Previous Address</b>	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:	
<b>Previous Address</b>	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:	
<b>Previous Address</b>	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:	

	<u>YES</u>	<u>NO</u>
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? If 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 \_\_\_\_\_

Make/Model/Year/Color: \_\_\_\_\_ License Plate Number \_\_\_\_\_

### OTHER INFORMATION

\*Note: All applicants moving 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 into the apartment.

## CRIMINAL BACKGROUND CHECK

This property's eligibility criteria, excludes housing to individuals with household members 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:**

Have you or any member of your household ever been evicted?

From Where?

When?

Why?

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Have you or any member of your household ever been evicted from federally assisted housing or drug-related criminal activity?

From Where?

When?

Why?

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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).

From Where?

When?

Why?

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Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?

To Whom?

How much?

\$



**Eligibility Questions**

**YES**

**NO**

**If "YES" you must answer the following:**

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?

Explain:

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Is any household member required to comply with any state sex offender registration requirements, specifically any state lifetime sex offender registration?

Explain:

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**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		Co-Applicant's Current Employer	
Employer's Name:		Employer's Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone #	Fax #	Phone #	Fax #
Supervisor's Name:		Supervisor's Name:	
Anticipated Gross Annual Income: \$		Anticipated Gross Annual Income: \$	
Applicant's 2 <sup>nd</sup> Employer		Co-Applicant's 2 <sup>nd</sup> Employer	
Employer's Name:		Employer's Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone #	Fax #	Phone #	Fax #
Supervisor's Name:		Supervisor's Name:	
Anticipated Gross Annual Income: \$		Anticipated Gross Annual Income: \$	

## Other Sources of Income

### Applicants Other Income

<u>Source</u>	<u>(Circle One)</u>		<u>Gross Amount Received:</u>
SS/SSA	NO	YES	\$
Alimony	NO	YES	\$
Child Support	NO	YES	\$
ADFC/TANF or Assistance with utilities (Do not include Food Stamps)	NO	YES	\$
Retirement/Pensions	NO	YES	\$
Unemployment	NO	YES	\$

<u>Source</u>	<u>(Circle One)</u>		<u>Gross Amount Received</u>
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 numbers:



**CO-Applicant's Other Income**

<u>Source</u>	<u>(Circle One)</u>		<u>Gross Amount Received:</u>
SS/SSA	NO	YES	\$
Alimony	NO	YES	\$
Child Support	NO	YES	\$
ADFC/TANF or Assistance with utilities (Do not include Food Stamps)	NO	YES	\$
Retirement/Pensions	NO	YES	\$
Unemployment	NO	YES	\$
<u>Source</u>	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 numbers:

## 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) <b>NO</b> <b>YES</b>	<b>If yes, please check off which person and list the type of asset and name of institution below:</b>	
	<b>Type of Asset</b>	<b>Name of Institution</b>
<input type="checkbox"/>	<b>Applicant</b>	
<input type="checkbox"/>	<b>Co-Applicant</b>	
<input type="checkbox"/>	<b>Child</b>	

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:

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## 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):** Bi-weekly    Weekly  
 City, State, Zip \_\_\_\_\_ Semi-Monthly    Monthly    Other:  
 Phone #                                      Fax #

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

	(Circle One)		If paid, monthly amount:
Medicare Benefits	NO	YES	\$ _____
Medical Assistance through the Welfare Department	NO	YES	\$ _____
Medical Insurance/hospitalization (i.e. Blue Cross)	NO	YES	\$ _____
Is medical insurance/hospitalization a payroll deduction?	NO	YES	\$ _____
Do you take prescription medications on a regular basis?	NO	YES	\$ _____
Do you anticipate any health care related expenses in the next twelve (12) months which are not covered by health insurance?	NO	YES	If yes, please explain: _____

## EMERGENCY CONTACT

Provide the name of the person we should contact in case of emergency:

Name:				
Phone #:	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? (Circle One)*

Signage/  
Flyer

Drive By  
Location

Social Media/ Online Ad

Newspaper Ad

Friend/Referral

Name of person who  
referred you:

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## 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 Housing at Goodwill Acadiana Property Management.

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. Copies of birth certificates and social security cards will be required on all household members at the time of the application. Picture identification will be required for all household members 18 years of age or older.

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 are posted on the bulletin board 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**

\_\_\_\_\_