Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Property Name: | **North Fork Heights** | Telephone: | **814-849-0814** |
| Address: | **22 Spruce Street Brookville PA 15825** | Fax: | **814-849-8799** |
| Address 2: |  | TTD/TTY: | 711 National Voice Relay |
| Property Web Site | **www.wrc.org** | Email |  |

**For Office Use Only:**

Date application received

(Please return this form to the above address)

Time application received

By

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Applicant Name |  | | | |
| Gender | | O Female O Male | | | |
| Current Address | |  | | | |
| Address Line 2 | |  | | | |
| City, State, Zip | |  | | | |
| Home Phone | |  | | | |
| Cell Phone | |  | | | |
| Email address | |  | | | |
| Work Phone | |  | | | |
| May we contact you at work? | | | | O Yes | O No |
| Birth date | | |  | | |
| Social Security Number | | |  | | |
| If you have no Social Security Number, you claim you are exempt because  O You are an ineligible non-citizen  O You were 62 as of 1/31/20 10 and receiving HUD housing assistance as of 1/31/2010 | | | | | |
| Is the Head-of household, co-head/spouse 62 or older? | | | | O Yes | O No |
| Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military? | | | | O Yes | O No |
| Are you a victim of a recent presidentially declared disaster? | | | | O Yes | O No |
| http://www.clker.com/cliparts/7/1/c/a/12428121541383173175Wheelchair_symbol.svg.hi.png  Are you currently receiving housing assistance from HUD or a PHA? | | | | O Yes | O No |



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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been asked to sign a repayment agreement to return money to HUD? | | | O Yes | O No |
| Have you ever been convicted of a crime? | | | O Yes | O No |
| If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. | O Felony | O Misdemeanor | | |
| Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? | | | O Yes | O No |
| Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? | | | O Yes | O No |
| If yes, when | | |  | |

Please provide a complete list of states where you have lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

Please place a check next to each state where you have lived. Please include Washington, D. C. if you have lived in Washington, D.C.

O Alabama O Alaska O Arizona O Arkansas O California O Colorado OConnecticut O Delaware O Florida O Georgia O Hawaii O Idaho

O Illinois O Indiana O Iowa O Kansas O Kentucky O Louisiana O Maine O Maryland O Massachusetts O Michigan O Minnesota O Mississippi O Missouri O Montana O Nebraska O Nevada O New Hampshire O New Jersey O New Mexico O New York O North Carolina O North Dakota O Ohio O Oklahoma O Oregon O Pennsylvania ORhode Island O South Carolina O South Dakota O Tennessee O Texas O Utah O Vermont Virginia O Washington O West Virginia O Wisconsin O Wyoming O Washington D.C.

**PREFERENCES**: The owner/agent places household on the waiting list based on the date and time the completed application is received.

****





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**RENTAL HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Present Landlord |  | | |
| Address |  | | |
| Address |  | | |
| City, State, Zip |  | | |
| Contact Name (if known) |  | | |
| Phone Number |  | | |
| How long did you live at this address |  | | |
| Reason for leaving |  | | |
| Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control?  *(Includes roaches, bed bugs, rodents, etc.)* | | O Yes | O No |
| Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord? | | O Yes | O No |
| Are you currently receiving housing assistance from HUD? | | O Yes | O No |
| Have you ever been asked to sign a repayment agreement to return money to HUD?  Have you given this landlord notice that you will be moving? | | O Yes  O Yes | O No  O No |
| Have you been evicted or is this landlord attempting to evict you or another person living with you? | | O Yes | O No |

|  |  |
| --- | --- |
| Previous Landlord #1 | |
| Address | |
|  | Address |
| City, State, Zip |
| Contact Name (if known) | |
| Phone Number | |
| How long did you live at this address Reason for leaving | |





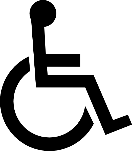
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|  |  |  |
| --- | --- | --- |
| Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)* | O Yes | O No |
| Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord? | O Yes | O No |

# **Other Members**

|  |  |
| --- | --- |
| Will anyone else live in the unit with you? O Yes O No | |
| If yes, please note that all adults must complete their own application. | |
|  | |
| **Household member's full name** | **Relationship to Head of Household** |
|  | O *Head of Household*  O *Co-head/Spouse*  O *Child*  O *Other adult*  O *Foster adult/child*  O *Live-in Aide*  O *None of the Above* |
| SSN: | |





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**Unit Size:**

All apartments at North Fork Heights are one bedroom.

The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

**Unit Size** **Special Features**

|  |  |
| --- | --- |
| O 1 Bedroom Unit | |
|  | |
|  | |
|  |  | |

|  |  |
| --- | --- |
| O Mobility Accessible Unit | |
| O Communication Accessible Unit (Hearing) | |
| O Communication Accessible Unit (Visual) | |
| O Special features: Please list below: |  |

**Pets & Assistance/Companion Animals:** Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? O Yes O No

If No, please move on to the next section. If yes, please provide the following information.

|  |  |  |  |
| --- | --- | --- | --- |
| ANIMAL TYPE  *(I.E. DOG, CAT, TURTLE, ETC)* | BREED *(IF APPLICABLE)* | HEIGHT *(MEASURED AT WITHERS IF APPLICABLE)* | WEIGHT |

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household

member (e.g. companion animal or service animal)? O Yes O No



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**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

|  |  |  |
| --- | --- | --- |
| Are you employed? | | O Yes O No |
| If yes, please provide the name and address of your present employer below. | | |
| Employer #1 |  | |
| Address |  | |
| Address 2 |  | |
| City, State, Zip |  | |
| Phone |  | |
| How much employment income do you expect to receive in the next 12 months? $ | | |



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|  |  |  |
| --- | --- | --- |
| How much do you expect to receive in other income in the next 12 months?  ***Please write in 0.00, NA or None if you will receive no income from these sources.***  ***THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.*** | | |
| Monthly Social Security? O Check O Direct Deposit O Pre-paid Debit Card | | $ |
|  | Monthly Retirement Benefits? O Check O Direct Deposit O Pre-paid Debit Card | $ |
| Monthly VA Benefits? O Check O Direct Deposit O Pre-paid Debit Card | $ |
| Monthly Unemployment Benefits? O Check O Direct Deposit O Pre-paid Debit Card | | $ |
| Are you entitled to Child Support? O Check O Direct Deposit O Pre-paid Debit Card | | O Yes O No |
| Monthly Child Support Amount | | $ |
| Are you entitled to Alimony? | | O Yes O No |
| Monthly Alimony Amount | | $ |
| Monthly Public assistance? O Check O Direct Deposit O Pre-paid Debit Card | | $ |
| Income from a pension or annuity or other asset? | | $ |
| Regular contributions from organizations or from individuals not living in the unit? | | $ |
| Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? | | $ |
| Contributions from family for rent, child care or other bills. | | $ |
| Any lump sum amounts from delay of payments for SSI or VA Disability | | $ |
| Do you receive financial aid for education assistance? | | O Yes O No |
| Annual amount of education assistance. | | $ |
| **Other?** | |  |
| **Other?** | |  |
| **Other?** | |  |
| **Other?** | |  |



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# **Assets**

|  |  |  |
| --- | --- | --- |
| Do you have a savings account? | O Yes | O No |
| Current Balance - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you have cash that is not deposited in an account? | O Yes | O No |

|  |  |  |
| --- | --- | --- |
| Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years? | O Yes | O No |
| Have you given any money to charities in the past two years? | O Yes | O No |
| Are any benefits deposited in to a Direct Express Debit Card account? | O Yes | O No |
| Do you have a checking account? | O Yes | O No |
| *If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.* | | |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you have a 401K or other employment savings account? | O Yes | O No |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you own an IRA or other retirement account? | O Yes O No | |
| Current Value - Please write in 0.00, NA or None if the asset value is zero.. | $ | |
| Do any of your retirement accounts have a Required Minimum Distribution? | O Yes O No | |
| Amount | $ | |
| Do you own a home or other property? | O Yes O No | |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you have business income? | O Yes O No | |
| Current Value of Business - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you own stocks/bonds/certificates of deposit (CD)? | O Yes O No | |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |



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|  |  |  |
| --- | --- | --- |
| Do you own a life insurance policy? | O Yes | O No |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you own an annuity? | O Yes | O No |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Is there a trust fund in your name or have you established a trust fund for someone else? | O Yes | O No |
|  |
| Current Value - Please write in 0.00, NA or None if the asset value is zero. | $ | |
| Do you have a safety deposit box? | O Yes | O No |
| Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc. | O Yes | O No |
| Do you have access to any other assets, property, insurance policies, businesses, etc.? | O Yes | O No |
| If yes, please provide a description of the asset(s) and the current asset value below: | | |



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**DEDUCTIONS:** Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Households in which the head-of-household, co-head of household or spouse are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

|  |  |  |
| --- | --- | --- |
| Health Insurance - 1- annual premium | $ | |
| Health Insurance - 1- annual deductible | $ | |
| Health Insurance - 2 - annual premium | $ | |
| Health Insurance - 2 - annual deductible | $ | |
| Dr. visit/medical treatments - annual out-of-pocket expense | $ | |
| Prescription Drugs - annual out-of-pocket expense | $ | |
| Do you have an HMO, a medical plan, or health insurance policy, which pays all or part of the cost of your medications? | O Yes | O No |
| If yes, please give the name of the HMO, plan, or insurance company.  What amount (or percentage) of the cost must YOU pay?  If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?  If yes, who reimburses you?  http://www.clker.com/cliparts/7/1/c/a/12428121541383173175Wheelchair_symbol.svg.hi.png | $  O Yes | %  O No |

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|  |  |
| --- | --- |
| Over-the-counter medical expenses to treat a specific medical condition -  annual out of pocket expense  *(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)* | $ |
| Personal use items annual out-of-pocket expense *(i.e. glasses, incontinent supplies, hearing aids)* | $ |
| Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense | $ |
| Mileage to and from medical appointments | $ |
| Other | $ |
| Other | $ |
| Are there any other medical expenses, which you pay, that we should consider when calculating your rent? | |
| **Other?** | **$** |
| **Other?** | **$** |
| **Other?** | **$** |
| **Other?** | **$** |

How did you hear about the apartment complex?

O Newspaper O Radio O Brochure O Other

Referred to North Fork Heights by who

I also understand that a Credit check, Criminal Background Check and Sex Offender check will be completed prior to tenancy as stated in the North Fork Heights Tenant Selection Plan. Criminal Background Checks will 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.

Applicant Date

Co-Applicant Date



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PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA or 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).

**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, 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. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statement made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

O No O Yes O Paper copy O Electronic copy

Applicant Name (please print)

Signature Date

*North Fork Heights 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, part 8 dated June 2, 1988)*

**NORTH FORK HEIGHTS**

**22 Spruce Street**

**Brookville PA 15825**

**814-849-0814**

*See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4 for information about the requirements to include this information.*



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