

## APPLICATION PACKAGE INSTRUCTIONS

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the Waiting List once we have received a complete application. Potential residents must meet certain, verifiable income requirements. It is important that you answer each **question on the application and sign the application and other forms contained with in the application package.**

Please call \_\_\_\_\_ at \_\_\_\_\_ to schedule an appointment.

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**“ADULT” DEFINED: Any person 18 years or older, or an emancipated person.**

When returning the application package, please bring the following forms of identification:

- ◆ Valid identification for all adults.
  - If you are personally delivering the application, copies of identification will be made at the office.
  - If you are mailing the application, please provide a legible copy of valid identification
- ◆ Copies of Social Security cards (or other evidence of number) for all household members.
  - If social security cards or other evidence of number is not available, contact Resident Manager for required forms.
- ◆ Copies of Birth Certificates for all persons under 18.

The application package includes the following forms, which must be filled out completely.

1. **Application (App 1)**, Pages 1 thru 4: Answer *every* question. Be sure to provide complete mailing addresses and accurate telephone numbers. Please sign and date the application.
2. **Supplement to Application (App 1A)**: If there is more than one adult in your household and they have different landlord or professional references, this form must be completed and signed by the adult(s).
3. **Student Certification to Application (App 1B)**: Complete when any member of the household is a student (full or part time) in a non-compulsory institution of higher education (college, technical institutions, trade schools, etc.)
4. **Each adult member** of the household **must complete and sign a separate form** for each of the following documents:
  - **Records Release & Hold Harmless**
5. **Credit & Criminal Report Request**: This form accommodates a Head of Household and Co-Head. If there are more than two adult applicants, complete additional forms.
6. **Landlord Verification**: Please sign this form, which will be used to obtain references from your former landlords. If co-applicants have separate landlord references, the co-applicant(s) must also sign Landlord Verification form(s).
  - a. **Residency References**: If you do not have 5-years’ previous landlord history, please sign the Residency Reference form, which will be used to obtain references from persons who you lived with for the last five years. If co-applicant(s) do not have Landlord references, they, too, must sign Residency Reference form(s).
7. **Application Process Acknowledgement**: The *Resident Selection Policy* is enclosed for your review. Please read this document, then sign the acknowledgement.
  - a. **Form HUD-1141 Fraud Prevention Pamphlet**: Read the pamphlet carefully as it explains information required, and penalties for falsifying records, when applying for Federally-assisted housing.
8. **Child Support and Child Custody Documentation when applicable**: Divorce decree or court order when available.
9. **Citizenship Information Forms**:
  - a. **Owner’s Notice**: Please read this notice. It explains the Federal Government’s limitations for housing assistance if you are an ineligible applicant because of citizenship status.
  - b. **Family Summary Sheet**: List all members of the household on this form.
  - c. **Applicant Declaration Format**: This form must be completed separately for **each person in the household**.
  - d. **Applicant Verification Consent**: Complete for all non-citizens declaring eligible immigration status on Declaration Format (item c).
10. **Race & Ethnic Data Reporting Forms**: At the option of applicant(s), separate forms are to be completed by each adult member of household, and separate forms are to be completed by Guardian or Parent for each child under 18.
11. **Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants (HUD-92006)**: At the option of applicant(s), separate forms are to be completed by each adult member of household. **Even if declining to provide contact information, box must be checked; form must be signed, and returned with application documents.**

The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request, if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant-resident is disabled and is in need of the accommodation because of the disability. Request for accommodation will be promptly processed.

The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position 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 (24CFR, Part 8 dated June 2, 1988). Position: Regional Property Manager, The Housing Company P. O. Box 6943, Boise, ID 83707-0943 Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628





Revised 04/2017

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Requested Bedroom Size: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
 Time: \_\_\_\_\_ Date Occupancy Desired: \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_  
 Resident Manager Signature: \_\_\_\_\_ Unit # - Add on to Existing Household \_\_\_\_\_

Please return this application once all items are complete. **DO NOT LEAVE ANY QUESTION BLANK & DO NOT USE WHITE OUT.** If the section or question does not apply to you, write N/A in the blank. If you make an error and need to make a correction, draw a line through the incorrect information and initial the change. Incomplete applications will not be processed.

**THE HOUSING COMPANY RESIDENTIAL APPLICATION FORM**

Name of Apartment Complex: \_\_\_\_\_

Applicant Name: (Last, First, Middle Initial) \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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How did you hear about this apartment community? [ ] Flyers/Brochures; [ ] Newspaper; [ ] Yellow Pages; [ ] Website; [ ] Drive By; [ ] Housing Assistance Listing; [ ] Resident Referral (Name of Resident \_\_\_\_\_)

**ETHNICITY: Completing this section is optional.**

The information will only be used for Fair Housing Reporting Requirements. Please check the appropriate space below:

\_\_\_\_ Hispanic      \_\_\_\_ Non-Hispanic      \_\_\_\_ Do not wish to answer

**RACE: Completing this section is optional.**

The information will only be used for Fair Housing Reporting Requirements. Please check the appropriate space below:

\_\_\_\_ White, \_\_\_\_ African American, \_\_\_\_ American Indian or Alaskan Native, \_\_\_\_ Asian or Pacific Islander, \_\_\_\_ Other  
\_\_\_\_ Do not wish to answer

Veteran Status (optional): Are you a veteran of the US Armed Forces? [ ] YES [ ] NO [ ] Decline to Answer

**A. HOUSEHOLD COMPOSITION - Please list all names of those who will occupy the unit, even on a part time basis:**

Name (Last, First, Middle Initial)	Date of Birth	Sex	Social Security #	Relationship to Applicant	Individual is a Full or Part Time Student (Yes or No)

YES NO

1. Are any members of your household U.S. military veterans? If so, who? \_\_\_\_\_ [ ] [ ]

2. Do you have an animal that will be moving with you? ..... [ ] [ ]

**B. RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper):**

Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box at the bottom.

**1. Name of Present Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Address of Present Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_  
 Your Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone of Present Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**2. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_  
 Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**3. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_  
 Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**4. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_  
 Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

Owned Home [ ]

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**C. ELIGIBILITY FOR ALL HOUSEHOLD MEMBERS - \*Note: Members do not need to be related to be members of the household:**

	YES	NO
1. Have you or any member of your household been evicted for non-payment of rent or damages? .....	[ ]	[ ]
2. Are you or any household member(s) currently a user of an illegally controlled substance? .....	[ ]	[ ]
If the answer is YES, has that person successfully completed a controlled substance recovery program or are they presently enrolled in such a program? .....	[ ]	[ ]
3. Have you or any member(s) of your household ever been convicted of illegal manufacture or distribution of a controlled substance? .....	[ ]	[ ]
4. Have you or any member(s) of your household been convicted of a misdemeanor (other than a traffic violation), a felony, sexual offense, dishonesty, fraud or a violent crime? .....	[ ]	[ ]
If YES: In what State? _____; Type of Conviction: _____; Date of Conviction: _____		

5. Have you or any member(s) of your household been evicted from federally assisted housing for drug-related

- criminal activity? .....[ ] [ ]  
**YES NO**
6. Are you or any member(s) of your household required to register as a Sex Offender under any lifetime State sex offender registration program? .....[ ] [ ]
7. Are you or any member(s) of your family currently abusing alcohol? .....[ ] [ ]
8. Is any member(s) of your household currently charged with criminal activity? .....[ ] [ ]
9. Has any member(s) of your household ever been responsible for willful damage of property? .....[ ] [ ]
10. Do you understand that only persons listed on this application may live in the apartment unit, unless you obtain prior written approval from management? .....[ ] [ ]
11. Do you understand that if any false or incomplete information is included on this application, it is grounds for decline of your application or termination of your tenancy? .....[ ] [ ]
12. Do you or any member(s) of your household now live in subsidized housing of any kind? .....[ ] [ ]  
 If **YES**, do you understand that you cannot sign a lease with any other subsidized project until you have moved out of the current subsidized housing project? .....[ ] [ ]

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**D. INCOME INFORMATION - Please list the name of the household member receiving the type of income and circle the correct source. If none, write N/A:**

Household Member Name	Source of Income	Gross Monthly Amount
	<i>Employment</i>	
	<i>Unemployment - Worker's Comp</i>	
	<i>Social Security - SSI - SSD - SSDI</i>	
	<i>Food Stamps - Public Assistance</i>	
	<i>Child Support - Alimony</i>	
	<i>Family Support (Not living in the unit)</i>	
	<i>Veteran's Benefits - Military Pay</i>	
	<i>Cash Assistance (AFDC-TANF-AABD)</i>	
	<i>Student Income (Financial Aid, scholarships, grants)</i>	
	<i>Medicare - Medicaid</i>	
	<i>Pensions - Annuities - Life Insurance</i>	
	<i>Other: Self Employment - Real Estate Rentals - Bank Account Interest</i>	
	<i>Lump sum payments from inheritances, lottery winnings, insurance settlements, capital gains, etc.</i>	

**E. ASSETS - List all assets owned by household members:**

	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Checking Accounts</i>				

Assets (cont.)	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Stocks/Bonds/CDs</i>				
<i>Savings Accounts</i>				
<i>Real Estate</i>				
<i>Pensions/Retirement &amp; Trusts</i>				
<i>Cash</i>				
<i>Personal Property held as an Investment</i>				
<i>Other</i>				

Have you sold or given as gifts any real property or other assets in the past two years? [ ] YES [ ] NO

If YES, please explain: \_\_\_\_\_

**F. AUTOMOBILE:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

**G. List all states in which you have lived or had a license to drive in the last five years:**

\_\_\_\_\_

PLEASE NOTE: This is a preliminary application. Additional information may be requested at a later date to complete the application process. Your signature below certifies that the statements made in this application are true and correct, and gives consent to the Management to verify the information contained in this application, to order credit reports and to request criminal background histories.

TO REMAIN ON THE WAITING LIST YOU MUST CONTACT THE RESIDENT MANAGER AND UPDATE THIS APPLICATION EVERY SIX (6) MONTHS. BY SIGNING BELOW YOU ARE REQUESTING NOTIFICATION (INCLUDING TELEPHONE NOTIFICATION) RELATING TO THE AVAILABILITY OF APARTMENTS UNTIL SUCH TIME YOU ARE REMOVED FROM THE WAITING LIST OR HAVE RECEIVED HOUSING.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APARTMENTS ARE RENTED TO ALL ELIGIBLE APPLICANTS IN ACCORDANCE WITH FAIR HOUSING LAWS**

The Housing Company does not discriminate on the basis of race, color, creed, religion, sex, age, handicap, familial status, national origin or because applicant is a recipient of federal, state or local public assistance.

**REASONABLE ACCOMMODATIONS POLICY STATEMENT**

The Housing Company does not discriminate against persons with disabilities in its housing services and structures. The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant/resident is disabled and is in need of accommodation because of the disability, if need is not readily apparent to management. Requests for accommodation will be processed as quickly as possible.

**SUPPLEMENT TO RENTAL APPLICATION  
TO BE COMPLETED BY CO-APPLICANT**

**CO-APPLICANT NAME:** (Last, First, MI) \_\_\_\_\_

**RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper):**

Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box at the bottom.

**1. Name of Present Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Address of Present Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_

Your Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone of Present Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**2. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_

Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**3. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_

Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

**4. Name of Prior Landlord:** \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Address of Prior Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship:  Landlord  Family  Friend  Other \_\_\_\_\_

Your Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone of Prior Landlord: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_

Owned Home [ ]

**STUDENT CERTIFICATION**

**1. Establishing student eligibility for Section 8 Assistance:**

If a member of the Household is a student (full or part time) at an institution of higher education the following information is required to determine eligibility for Section 8 rental assistance.

*Check "Yes" or "No" to the following question.*

Yes No

Is ANY member of the household a student (part or full time) in an institution of higher education (any form of education beyond K-12)? If "yes", list the names of the student household members: \_\_\_\_\_

**Each student applicant/resident listed must complete a separate addendum. (If a household member is an ineligible student, the entire household is ineligible for rental assistance).**

**Part A:**

Yes No

I am a student who is or will be living with my parents in Section 8 assisted housing.

*If you answered "yes" sign and date the form. If you answered "no" proceed to Part B.*

**Part B: Eligibility – Please check all that apply.**

<b>Primary Eligibility:</b> If you check at least one of these items a. through e. you meet HUD's definition of an eligible student under the Section 8 program rules. Information must be verified.		
a.	<input type="checkbox"/>	I am 24 years old
b.	<input type="checkbox"/>	I am a veteran of, or am currently serving in, the US Military. <i>(If checked, you must provide a copy of your discharge or service documentation)</i>
c.	<input type="checkbox"/>	I am married. <i>(If checked, you must provide a copy of your marriage license)</i>
d.	<input type="checkbox"/>	I have legal dependents other than a spouse. <i>(If checked, you must provide a tax return or birth certificate for dependents.)</i>
e.	<input type="checkbox"/>	I am a person with a disability and was receiving rental assistance as of November 30, 2005.
f.	<input type="checkbox"/>	My parents are receiving or eligible to receive Section 8 Assistance.
<b>Secondary Eligibility:</b> If you did not answer yes to any questions above, you may still be eligible.		
g.	<input type="checkbox"/>	I will be 24 by December 31 <sup>st</sup> of the year in which I am requesting assistance.
h.	<input type="checkbox"/>	I am or was an orphan, in foster care, or ward of the court after the age of 13;(If checked, you must provide legal documentation to verify your situation)
i.	<input type="checkbox"/>	I am, or was immediately prior to the age of majority, an emancipated minor or in legal guardianship. <i>(You must provide a copy of marriage license or certificate)</i>
j.	<input type="checkbox"/>	I am a graduate or professional student; <i>(If checked, a third-party Verification of Student Status must be secured prior to determining your eligibility)</i>
k.	<input type="checkbox"/>	I meet the definition of an unaccompanied youth, at risk of homelessness and self-supporting. <i>(documentation required, ask the property manager for details)</i>
l.	<input type="checkbox"/>	None of the above applies. I can, however, provide documentation from a financial aid administrator that I meet the independence rule by reason of other unusual circumstances.

Yes No

Do your parents claim you as a dependent on tax returns?

**Part C: Verifications:** *In addition to the specific documentation listed in Part B, please provide copies of the following.*

- \_\_\_\_\_ List of previous addresses for at least the last year (see application)
- \_\_\_\_\_ Copy of Income Tax Return for previous year
- \_\_\_\_\_ Verification of income from parents (INC 15) even if there is no financial support provided (not required if claiming independent status under Part B: items h, i, or k.)

**2. Financial Assistance to be included in income:**

I understand that unless I am over 23 and have dependent child(ren) or I am a student living with my parents, the calculation of annual income on which rent is calculated will include all financial assistance (exclusive of loans) received in excess of tuition. *(Applicant/Resident must provide the name of the institution of higher learning; evidence of all financial assistance; and an official statement of tuition fees, all of which will be verified). Financial assistance means grants, scholarships, financial assistance from family members or other persons, financial assistance from any federal, state or local agency, work study, etc.)*

3. If you are ineligible for rental assistance because of student status, you and your household are prohibited from participating in the Section 8 program and may not move into a Section 8 assisted apartment.

I hereby certify that all of the above questions have been answered truthfully, and that I understand when financial assistance will be included in the calculation of annual income, which determines the amount of rent I will pay. I also understand that if any member of my household is ineligible for assistance because of student status, the household is prohibited from moving into a Section 8 assisted apartment, and that should any member of the household become an ineligible student after initial occupancy, the household will no longer be eligible for rental assistance and rent will be increased to market rent.

\_\_\_\_\_  
**Applicant/Resident**

\_\_\_\_\_  
**Date**

**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 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 \$5000. 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 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





## RECORDS RELEASE AND HOLD HARMLESS

I, the undersigned, hereby authorize the management and authorized representatives of the The Housing Company to contact any agencies, police departments, including the Idaho State Police, or any other organization for the purposes of obtaining background information to assist in determining whether or not I will be suitable as a tenant in the Apartments. I hereby grant The Housing Company authority to request such background information including but not limited to criminal records, specifically to include felony convictions, history of violent crimes or behavior, injury to persons or damage to property, production and sale of illicit drugs, and sexual offenses. Further, I hereby authorize such agencies and police departments to release such records to the Apartments' management and/or authorized representatives.

I hereby hold harmless and indemnify The Housing Company, its owners, management, employees and authorized representatives from any and all liability associated with the obtaining, using and retaining of all information released hereunder pursuant to review of my eligibility as a tenant in the complex, or subsequently during my tenancy, if such tenancy is approved. I further authorize that all information provided below be verified.

I understand that The Housing Company through its management, including the resident manager, may receive inquiries from police or other law enforcement officers concerning information about me and/or other household members residing with me or my guests. I agree that The Housing Company through its representatives may provide information regarding identification, work and residence addresses and telephone numbers, and information directly related to a law enforcement agency's criminal investigation, or in case of emergency as determined by such law enforcement or emergency agency. I understand that, other than the release of this specific information for an emergency or criminal investigation, my files or information contained therein will be released only if a subpoena is presented for such information. I agree to hold harmless and indemnify The Housing Company, its directors, management, employees, and authorized representatives from any and all liability associated with release of information in the event of a criminal investigation or emergency or if released in response to a subpoena.

NAME OF APPLICANT: \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENT MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **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 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 \$5000. 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 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



### CREDIT & CRIMINAL REPORT REQUEST

COMPLEX: \_\_\_\_\_

RESIDENT MANAGER: \_\_\_\_\_

I/we hereby authorize The Housing Company to access my/our credit profiles and criminal history from any or all credit repositories and criminal data sources.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Spouse/Co-Applicant

\_\_\_\_\_  
Date Signed

**APPLICANT NAME:** (please print)

\_\_\_\_\_  
(First Name) (MI) (Last Name)

Social Security Number \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different than Current Street Address)

Previous Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPOUSE/CO-APPLICANT:** (please print)

\_\_\_\_\_  
(First Name) (MI) (Last Name)

Social Security Number \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different than Current Street Address)

Previous Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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 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 \$5000. 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 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



LANDLORD VERIFICATION

Date: \_\_\_\_\_

To Former Management Company or Landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information, Supplied by an Applicant, for Housing Assistance.

Name of Applicant: \_\_\_\_\_ Applicant's Former Address: \_\_\_\_\_

Information Being Requested: \_\_\_\_\_

- 1. How long was tenancy: Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_
- 2. Was Proper Notice Given: Yes ( ) No ( ) Was Lease fulfilled? Yes ( ) No ( )
- 3. Was deposit returned? Yes ( ) No ( ) How was unit left at move-out? \_\_\_\_\_
- 4. Amount of Monthly Rent \$ \_\_\_\_\_ Paid on time? Yes ( ) No ( )
- 5. How many times was rent late? \_\_\_\_\_ How many NSF checks? \_\_\_\_\_
- 6. Did Tenant maintain the housing safe, clean, and in good condition? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 7. Did Tenant have unauthorized person or pet at any time? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 8. Did Tenant have a history of violating rental agreement? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 9. Did Tenant or household members cause destruction/damage to housing? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 10. Did Tenant have a history of violence or harassment to neighbors? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 11. Was there any knowledge of drug related or criminal activity? Yes ( ) No ( )  
Explain: \_\_\_\_\_
- 12. Would you rent to this Tenant again? Yes ( ) No ( )  
Explain: \_\_\_\_\_

Information Provided By:

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

**PENALTIES FOR MISUSING THIS CONSENT:**

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**RESIDENCEY REFERENCE**  
**(Family, Friends, Other)**

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this verification to the person listed here**

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name of Applicant: \_\_\_\_\_

**Information Being Requested**

1. Please list the dates of residency that the individual named above resided with you during the last five years:

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

2. What is your relationship to the individual named above? \_\_\_\_\_

3. How long have you known the Applicant? \_\_\_\_\_

4. Doe the Applicant keep their portion of the residence clean and in good condition? YES( ) NO( )

Comments: \_\_\_\_\_

6. To your knowledge does this applicant have a history of drug related or criminal activity? YES( ) NO( )

Explain: \_\_\_\_\_

7. If you were a Landlord would you rent to this Applicant? YES( ) NO( )

Comments: \_\_\_\_\_

8. Are there any other comments that you would like to make about this applicant?

**Information provided by:**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Time

**PENALTIES FOR MISUSING THIS CONSENT:**

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## APPLICATION PROCESS ACKNOWLEDGEMENT

RE: Resident Selection Plan,  
HUD-1141 *Fraud Prevention Pamphlet*.

I have been given the opportunity to read a copy of the **Resident Selection Plan** for \_\_\_\_\_ Complex, and also have been given a copy of the U.S. Department form **HUD-1141 *Fraud Prevention Pamphlet***.

**Please check one of the following:**

I have read and understand the Resident Selection Plan.

I have declined the opportunity to read the Resident Selection Plan.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident Manager Signature)

\_\_\_\_\_  
(Date)

Resident Manager: Forward this Acknowledgement to the main office with application.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

