

# Tenant Application Form



Property Name: Hillcrest Commons  
 Property Address: 1011-C Hill Street  
 City/State/Zip: Philipsburg, PA 16866  
 Phone #: (814) 342-1538 Fax #: (814) 342-5130

**For Office Use Only**

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Received By:** \_\_\_\_\_

This application automatically expires in one (1) year unless you contact our office to renew.  
 Complete the following information for each household member that will occupy the unit at time of move-in:

**Unit Size Requested:**  
 1 BR       2 BR       3 BR

Name	Relationship to Head of Household	Sex	Birth Date	Social Security Number

**Current Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 \_\_\_\_\_  
**Primary Phone:** (    ) \_\_\_\_\_ **Additional Phone:** (    ) \_\_\_\_\_

**Race of Head of Household:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
*(The U.S. Department of Housing and Urban Development authorizes the gathering of race and ethnic data in assisted housing programs. There is no penalty for persons who choose not to complete this section)*

**Additional Information:** Do you currently have a Housing Choice Voucher that provides housing assistance?  Yes  No  
 List all states that the applicant and members of the applicant's household have resided: \_\_\_\_\_  
 If you or any household member did not disclose or do not have a Social Security number, do you qualify for one of the following exemptions:  
 Are you an ineligible, non-citizen member who does not contend eligible immigration status?  Yes  No  
 Were you age 62 or older as of January 31, 2010, and whose initial determination of eligibility began before January 31, 2010?  Yes  No  
 The household member is under the age of six (6) and has not been assigned a Social Security number.  Yes  No  
*(A SSN must be provided within 90 days after admission)*  
 Have you been displaced by government action or a presidentially declared disaster?  Yes  No  
 Are you or any member of your household enrolled as a student at an institution of higher education?  Yes  No  
 If YES, who? \_\_\_\_\_

<b>Landlord Reference:</b>  <b>Current Landlord's Name:</b> _____ <b>Landlord Address:</b> _____ _____ <b>Landlord Phone:</b> _____ _____  <b>Former Landlord's Name:</b> _____ <b>Landlord Address:</b> _____ _____ <b>Landlord Phone:</b> _____ _____	<b>Resident From:</b> _____ <b>to</b> _____  <b>Your Address:</b> _____ _____  <b>Resident From:</b> _____ <b>to</b> _____  <b>Your Address:</b> _____ _____
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**Household Information:**

1. Are you or any household member subject to a State lifetime sex offender registration in any state?  
 Yes  No
2. Have you or any household member ever been convicted of a felony?  Yes  No  
 If YES, explain: \_\_\_\_\_ Conviction Date: \_\_\_\_\_
3. Have you or any household member been convicted of possession, manufacture, sale or distribution of a controlled substance?  Yes  No  
 If YES, explain: \_\_\_\_\_ Conviction Date: \_\_\_\_\_
4. Have you or any household member ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  
 Yes  No If YES, explain \_\_\_\_\_
5. Have you or any household member been evicted in the last three years from federally assisted housing for drug-related criminal activity?  Yes  No
6. Are you currently living in subsidized housing?  Yes  No
7. Do you own any pets?  Yes  No If YES, explain \_\_\_\_\_
8. Do you or any household member own a vehicle?  Yes  No If YES, explain \_\_\_\_\_
9. How did you hear about us? \_\_\_\_\_

**Income Information:**

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No  
*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount:</u> <small>Monthly / Hourly / Weekly / Biweekly ?</small>

2. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>

3. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
4. Unemployment benefits or worker's compensation?  Yes  No
- | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |
5. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No
- | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |
6. Child Support or Spousal Support (alimony)?  Yes  No
- | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |
7. Regular payments from a severance package?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
8. Regular payments from any type of settlement? *(For example, insurance settlements)*  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
9. Disability, death benefits or life insurance dividends?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
10. Regular gifts or payments from anyone outside of the household?  Yes  No  
*(This includes anyone supplementing your income or paying any of your bills.)*
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
11. Regular payments from rental property or other types of real estate transactions?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
12. Any other income sources or types not listed above?  Yes  No
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
13. Do you or any other household member expect any change in income in the next 12 months?  Yes  No  
 If YES, explain: \_\_\_\_\_

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes  No If YES, who? \_\_\_\_\_

**Asset Information:**

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks or Bonds?  Yes  No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?  Yes  No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Available cash, personal property held as an investment or safe deposit box containing contents of monetary value?  Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of life insurance policies which are available to the policy holder before death?  Yes  No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings?  Yes  No

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the last two years?  Yes  No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>

Explanation: \_\_\_\_\_

**Expense Information:**

1. Do you or any household member anticipate any unreimbursed medical expenses?  Yes  No  
*(Complete ONLY if the head, spouse, or co-head is at least 62 years old or is a person with disabilities)*

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

2. Do you or any household member have any anticipated expenses for the care of children under age 13 that are necessary to enable a family member to work, seek employment or further his/her education?  Yes  No

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

3. Do you or any household member have any anticipated costs for attendant care and/or auxiliary apparatus associated with a household member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable a family member 18 years of age or older, who may or may not be the member who is a person with disabilities, to be employed?  Yes  No

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

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

An **“Existing Tenant Search”** will be performed at the time of processing an application to determine if the applicant or any household member is currently residing at another Multifamily Housing or Public and Indian Housing Location. This query will be performed prior to move-in to verify that an applicant has successfully been moved out and removed from rental assistance at another location. Under no circumstances may the applicant move in and/or receive rental assistance if it is discovered that they are still residing in or receiving active rental assistance at another assisted housing facility.

**Signature Clause:**

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I hereby grant this property owner the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.