

Original Application Date: _____ Time: _____ AM _____ PM _____

Update: _____ Time: _____ AM _____ PM _____



APARTMENT SIZE: _____

HOW DID YOU HEAR ABOUT US? _____

SUBJECT: **APPLICANT FOR RESIDENCY – GOVERNMENT ASSISTED**

COMMUNITY: **500 North Apartments** **PROGRAM:** **Project Based Section 8 & LIHTC**

APPLICANT NAME (FIRST, MIDDLE, LAST): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____

LIST ALL STATES YOU AND ANY OTHER MEMBERS OF YOUR HOUSEHOLD HAVE RESIDED IN:

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBER'S FULL FIRST NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO HOH *	SEX (Optional)	MARITAL STATUS**	DATE OF BIRTH	SOCIAL SECURITY #	STUDENT Y OR N

*(HOH) Head of Household, (CH) Co-Head or Other Adult, (S) Spouse, (D) Dependent, LA (Live-In Aid)

** (S) Single; (M) Married; (SP) Separated, (D) Divorced, (W) Widowed

☐ YES ☐ NO Are any members of the household divorced or separated? If Yes, provide spouses name and full address:

Name: _____

Full Address: _____

☐ YES ☐ NO Are you or any household member currently a student at an institution of higher education?

☐ YES ☐ NO Are you or any household member currently a student at an institution of higher education?

☐ YES ☐ NO Does anyone live with you now who is not listed above? If yes, explain below:

☐ YES ☐ NO Have you, or any member of your household ever used a different name from the above name shown? If Yes, please list names used and dates when such names were used:

☐ YES ☐ NO Will any of the above household members live anywhere except the apartment?

☐ YES ☐ NO Are there any other persons who will live in the apartment on less than a full-time basis

If either question is answered yes, please explain: _____

It MAY be a requirement of eligibility into this housing program that you, your spouse, or head of household fall into one of the following categories. Please check all items that may apply:

Age 62 and over ☐

Disabled ☐

N/A ☐

If any of the above categories were checked, is a reasonable modification required and, if so, what kind?

☐ Apartment with Accessibility Features ☐ Site Impaired Apartment ☐ Hearing Impaired Apartment

Other: _____

☐ YES ☐ NO Are you or any household member now living or have lived in a federally subsidized housing apartment?

If yes: Name of the Community: _____

Full Address: _____

Name of Manager: _____ Phone No.: _____

Move-in Date: _____ Move-out Date: _____

II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the tables below.

Do you, or any member of your household:

YES NO

- ☐ YES ☐ NO Work full-time, part-time, or seasonally?
- ☐ YES ☐ NO Own your own business?
- ☐ YES ☐ NO Expect to work for any period during the next year?
- ☐ YES ☐ NO Work for someone who pays cash?
- ☐ YES ☐ NO Expect a leave of absence from work due to layoff, medical, maternity, or military leave?
- ☐ YES ☐ NO Now receive or expect to receive unemployment benefits?
- ☐ YES ☐ NO Now receive or expect to receive child support?
- ☐ YES ☐ NO Entitled to child support that he/she is not now receiving?
- ☐ YES ☐ NO Now receive or expect to receive alimony?
- ☐ YES ☐ NO Have entitlement to receive alimony that is not currently being received?
- ☐ YES ☐ NO Now receive or expect to receive public assistance (excluding Food Stamps)?
- ☐ YES ☐ NO Now receive or expect to receive Social Security benefits?
- ☐ YES ☐ NO Now receive or expect income from pension or annuity?
- ☐ YES ☐ NO Now receive or expect regular contributions from organizations or from individuals not living in the apartment?
- ☐ YES ☐ NO Receive income from assets including interest from checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- ☐ YES ☐ NO Do you own a property (house, land, mobile home, etc.)?
- ☐ YES ☐ NO Have you sold or given away real property or other assets (including cash) in the past two years?
- ☐ YES ☐ NO Does any member of your household receive money from school-aid, scholarships, or educational grants?

TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	TOTAL WEEKLY WAGES	AFDC MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS MONTHLY	UNEMPLOYMENT BENEFITS BI-WEEKLY	ALL OTHER INCOME

III. ASSETS: Please answer each of the following questions. For each “yes”, provide details in the tables below. List all checking, debit cards, prepaid cards, and savings accounts, including Retirement Accounts, and Certificates of Deposit(s) including balance and interest rate information that is owned by ANY household member:

HOUSEHOLD MEMBER	TYPE OF ASSET	CURRENT BALANCE	INTEREST RATE

List the value of all stocks, bonds, trust, real estate and other assets owned by any household member:

Type of Asset	Current Market Balance

List any value of any assets disposed of for less than their fair market value during the past two years:

Type of Asset	Current Market Balance

V. EXPENSES

☐ YES ☐ NO Do you have expenses for child care of a child aged 12 or younger that allows the HOH to work outside of the home? **If YES**, please provide the name, address, and telephone number of the care provider.

Name: _____ Address: _____

Telephone Number: _____

What is the weekly cost to you of the child care? _____

☐ YES ☐ NO Is the child care expenses paid by DHS?

If yes: Full _____ Partial _____

☐ YES ☐ NO Do you pay a care attendant, or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address, and telephone number.

Name: _____ Address: _____

Phone No.: _____

☐ YES ☐ NO Do you have medical expenses, such as prescriptions, health insurance, glasses, hearing aide, hearing aide batteries, etc. that you pay out-of-pocket, and not reimbursed by insurance?

Check all below that apply:

☐ Health Insurance ☐ Prescriptions ☐ Glasses ☐ Hearing Aide ☐ Hearing Aide Batteries

☐ Other Medical Expenses: _____

VI. RENTAL HISTORY: Please list last 2 Years of residential history for the past 2 Years. Please list the current first:

Head of House	Co-Head or Other Adult Member
A. Current Landlord Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Email Address: _____ Moved-In: _____ (MM/YY) Current Rent: \$ _____ Reason for leaving? _____	A. Current Landlord Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Email Address: _____ Moved-In: _____ (MM/YY) Current Rent: \$ _____ Reason for leaving? _____
B. Past Landlord Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Email Address: _____ Moved-In: _____ Move Out: _____ Rent Amount: \$ _____ Reason for leaving? _____	B. Past Landlord Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Email Address: _____ Moved-In: _____ Move Out: _____ Rent Amount: \$ _____ Reason for leaving? _____

☐ YES ☐ NO Have you or any member of your household ever been evicted or otherwise removed from rental housing?

If yes, please list names, address and dates: _____

☐ YES ☐ NO Has any place where you or any member of your household were living, been destroyed or damaged by fire?

If yes, please list names, addresses, and dates: _____

VII. EMPLOYMENT HISTORY

For: Head of Household	Spouse/Co-Head/Other Adult Member
Current Employer Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Date of Hire: _____	Current Employer Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Date of Hire: _____
Former Employer Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Length of employment: _____ to _____	Former Employer Name: _____ Address: _____ City, State, Zip: _____ Phone No.: _____ Length of Employment: _____ to _____

VIII. EMERGENCY CONTACTS

For HOH:

Name: _____ Relationship: _____

Address: _____ Phone No. _____

City, State, Zip: _____

For Co-Head and Other Adult

Name: _____ Relationship: _____

Address: _____ Phone No. _____

City, State, Zip: _____

IX. VEHICLE REGISTRATION

☐ YES ☐ NO Do you or any household members have a vehicle? If yes, how many? _____

X. OTHER

☐ YES ☐ NO Are all household members U.S. Citizens? If No, list member (s) who are not U.S. Citizens:

☐ YES ☐ NO Is anyone in the household a registered sex offender?

If Yes, please provide the name of the household member and State currently registered:

Name of Member: _____ State: _____

Name of Member: _____ State: _____

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, family composition, or federal preference changes.

APPLICATION CERTIFICATION

I/We 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 to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the housing application.

I/We understand that before acceptance, a credit report, current and previous landlord verification, and background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, family composition or federal preference changes.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish the following information, please initial below.

APPLICANT:

RACE/ETHNIC:

- ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black or African American
☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____
☐ Yes ☐ No Ethnicity: ***Hispanic*** ☐ I do not wish to furnish this information
SEX: ☐ Female ☐ Male

CO-APPLICANT:

RACE/ETHNIC:

- ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black or African American
☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____
☐ Yes ☐ No Ethnicity: ***Hispanic*** ☐ I do not wish to furnish this information
SEX: ☐ Female ☐ Male

OTHER ADULT APPLICANT:

RACE/ETHNIC:

- ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black or African American
☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____
☐ Yes ☐ No Ethnicity: ***Hispanic*** ☐ I do not wish to furnish this information
SEX: ☐ Female ☐ Male

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Family Member 18 years or older

Date

Signature of Management

Date

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, sexual assault and/or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived sexual orientation, gender identity, marital status, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



SUBJECT: APPLICANT/RESIDENT AUTHORIZATION FOR THE RELEASE OF INFORMATION

COMMUNITY NAME: 500 North Apartments

ADDRESS: 500 North Street

CITY/STATE/ZIP: Natchitoches, LA. 74157

PHONE NUMBER: (318) 352-3343 FAX NUMBER: (318) 483-6658

APPLICANT/RESIDENT: _____

ADDRESS: _____

I authorize the release of any information (including documentation and other material(s) pertinent to eligibility for residency.

Information inquiries about:

Credit History
Household Composition
Identity and Marital Status
Residences and Rental History

Criminal Activity
All Household Income and Assets
Social Security Numbers

Individuals or Organizations That May Release Information:

Banks and Other Financial Institutions
Law Enforcement Agencies
Employers, Past and Present
Schools and Colleges
U.S. Department of Veterans Affairs
Welfare Agencies
Providers of:

Courts
Credit Bureaus
Landlords
Social Security Administration
Utility Companies

Alimony, Child Support, Credit, Handicapped Assistance, Pensions, Annuities, any Household Income

I agree that the photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my application for residency may be denied or terminated.

Applicant/Resident Signature Date

Applicant/Resident Signature Date

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Applicant/Resident Signature Date

I certify that the above-named individual has read this document fully, or that I have read it to him/her. I have explained the contents and answered any questions to the best of my ability, and he/she understood the significance of this document at the time of the signing.

Management Signature Date





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ADDRESS: 500 North Street

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Welfare Agencies
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Management Signature Date





500 North Street, Natchitoches, LA. 71457
p: (318) 352-3343 | f: (318) 483-6658 | TTY: 711
www.500northla.com
info@500northla.com

PREFERENCE CERTIFICATION

I, _____, hereby certify that I qualify for the preference(s) checked below. I understand that the verification of the preference(s) for which I am certifying may be required.

☐ **VAWA Preference**

Applicants who are in need of housing due to being a victim of domestic violence, dating violence, sexual assault, and/or stalking.

☐ **Veteran Preference**

Applicants who are either current military or honorably discharged retired military personnel.

☐ **Disabled Preference**

Applicants who may have a physical or mental impairment which may need to be verified by a medical professional.

☐ **Elderly Preference**

Applicants age 62 or older

☐ **Homeless Preference**

Applicants who are living on the streets, in shelters, or temporarily living in someone else's home due to lack of stable housing.

☐ **Single Parent Preference**

Applicants who are raising a child or children without a partner living in the same household.

☐ **No Preference**

Applicants that do not fit any of the above.

There is only a maximum of one preference point per household even if the household qualifies for more than one preference. All preferences are equal in importance. Units will be offered to families who qualify for the appropriate bedroom size using the above preferences, before those families with no preferences.

The date and time of the application will be noted and utilized to determine when the household with the above preferences will be offered a unit, if the household meets all other qualifications.

Applicant Signature

Date

Printed name

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, sexual assault and/or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived sexual orientation, gender identity, marital status, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



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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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.