

Please read the information below before completing this application. *ONLY return the application if you qualify.*

HERITAGE HOUSE APARTMENTS SCREENING CRITERIA

In order to be considered at Heritage House Apartments, a household must meet the minimum screening criteria with regard to credit and criminal history and acceptable landlord references. Our criteria is as follows:

- ◆ Applicant must be 18 years of age.

OCCUPANCY STANDARD

Applicant Household must meet our Occupancy guidelines of:

- ◆ One Bedroom-Maximum of 2 persons

CREDIT

- ◆ Collections/Judgments: Applicants with outstanding (unpaid) collections or judgments will be accepted only if there is no history of Eviction Actions (UD) or outstanding collections or judgments for unpaid rent.

- ◆ Bankruptcy: Applicants with bankruptcy on their records, which is two years old or newer, will be denied. Extenuating circumstances will be considered in the event of medical catastrophe. These circumstances must be adequately explained.

- ◆ Consistent Late Payment of Obligations: Households with a consistent history of late payment of their rental obligations will be denied.

CRIMINAL HISTORY

- ◆ Applicants with a criminal conviction record of any kind will be denied residency.

- ◆ Applicants with arrest activity for burglary, theft, rape, assault, prostitution or drugs will be denied residency.

- ◆ Applicants with children in the household with a record of the offenses listed above will be denied.

LANDLORD REFERENCES

- ◆ Applicants must provide at least one verifiable rental landlord reference of at least one-year duration with a written contract.

- ◆ Applicants must have acceptable landlord references.

- ◆ Applicants with a history of late payments will be denied.

- ◆ Households with verified housekeeping problems or with a history of disturbing the peace will be denied.

Heritage House Apartments does not discriminate against any person/household because of race, color, religion, creed, sex, disability, familial status, marital status, national origin or status with regard to public assistance.



**Rental Application
Section 8/236**

Initial Date/Time Rec'd _____
 Recertification

Project Name _____
Address _____ Unit # _____ # of Bedrooms _____
Manager or Representative: _____
Applicant's Home Tel.# _____ Applicant's Work Tel. # _____ Emergency Contact Name _____ Tel.# _____

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.
Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

| Member's Full Name | Relationship | Date of Birth | Social Security # |
|--------------------|--------------|---------------|-------------------|
| | Head | | |
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The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household White Black Asian/Pacific Islander American Indian/Native American
Ethnicity of Head of Household Hispanic Non Hispanic
Are you a Non-Citizen Student Yes No
Are you a United States Citizen? Yes No
If no, are you a Non-Citizen with eligible alien status? Yes No

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

CURRENT HOUSING STATUS

Address _____ City _____ State _____ Zip _____
Name of Landlord: _____ Phone #: _____
Landlord's Address: _____
How long have you resided at your current address: From _____ To: _____

Previous Housing
If less than 3 years provide additional information on an additional sheet.

Address _____ City _____ State _____ Zip _____
Name of Landlord: _____ Phone #: _____
Landlord's Address: _____
How long have you resided at your current address: From _____ To: _____

HOUSEHOLD EMPLOYMENT INFORMATION
(Use additional sheets if necessary)

| | |
|--|----------------------------------|
| Household Member's Employer _____ | Phone #: _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Starting Date _____ | Position _____ Supervisor _____ |
| Salary: \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | |
| Household Member's Employer _____ | Phone #: _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Starting Date _____ | Position _____ Supervisor _____ |
| Salary: \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | |

HOUSEHOLD INCOME INFORMATION
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

| DO YOU RECEIVE OR EXPECT TO RECEIVE: | Yes | No | Monthly Amount |
|---|--------------------------|--------------------------|----------------|
| 1 Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2 Does any member work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3 Regular pay for a member of the armed forces? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4 Welfare or disability benefits (Examples: MFIP, SSI, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5 Worker's compensation? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6 Unemployment benefits, or severance pay? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 7 Child support? (If court ordered, include even if it is not being received) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 8 Alimony? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 9 Social Security payments (include unearned income of minor children)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 10 Pensions (PERA, railroad, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 11 Retirement benefits? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 12 Death benefits? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 13 Annuities or life insurance dividends? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 14 Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 15 Net income from rental property? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 16 Regular cash contributions or gifts from individuals not living in the unit? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 17 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 18 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 19 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 20 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 21 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 22 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 23 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 24 Other (list)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

HOUSEHOLD ASSETS
(All information will be verified)

| DO YOU HAVE MONEY HELD IN | Yes | No | Current Balance | | | Yes | No | Current Balance |
|---------------------------|--------------------------|--------------------------|-----------------|----|---------------------------|--------------------------|--------------------------|-----------------|
| 1 Checking Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 9 | 401K* | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2 Savings Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 10 | IRA/KEOGH Accounts | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3 Stocks | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 11 | Certification of Deposits | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4 Capital Investments | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 12 | Pension/retirement Funds | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5 Bonds | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 13 | Money Market Funds | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6 Trusts* | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 14 | Treasury Bills | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 7 Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 15 | Safety Deposit Box | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 8 Insurance Settlements | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | 16 | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

| | Yes | No | Value |
|---|--------------------------|--------------------------|----------|
| 17 Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 18 Do you hold a contract for deed? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 19 Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 20 What assets are held jointly with another person? List person and asset(s). _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

List below all items from above that were checked "YES"

| # from Above | Name of company, financial institution or source | Mailing address of company financial institution or source | Phone Number of company, financial institution or source |
|--------------|--|--|--|
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Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

| Household Member | Asset & Estimated Amount | Date sold/disposed | Amount Received |
|------------------|--------------------------|--------------------|-----------------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

HOUSEHOLD ALLOWANCE INFORMATION
(All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

| DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES: | Yes | No | Amount |
|--|--------------------------|--------------------------|----------|
| 1 Child care, which enables you or another household member to work, go to school or to seek employment? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2 Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3 Medicare premiums? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4 Other medical insurance premiums? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5 Outstanding medical bills on which you are currently paying> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6 Cost of assistive devices for a handicapped or disabled household member? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 7 Do you receive medical assistance through a public assistance agency/program? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 8 Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. **Write** either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- _____ Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
 - _____ Do you or anyone else in your household qualify for housing because of a handicap or disability?
 - _____ Will anyone else live in the unit on either a full-time or part-time basis?
 - _____ Do you have sole legal and physical custody of your children? If no explain: _____
 - _____ Are you now living or have you lived in a government-subsidized development? If yes, when: _____
Name of Development: _____
Address: _____ State: _____ Zip Code: _____
 - _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____
 - _____ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
 - _____ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
 - _____ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
 - _____ Do you or any member of your household use an illegal drug or other illegal controlled substance?
 - _____ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
 - _____ Have you or any member of your household ever used different names from the names given in this application?
 - _____ Have you or any member of your household ever used social security numbers different from those listed in this application?
 - _____ Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones?
- Explanation: _____
How did you hear of this housing development? _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: _____ Date: _____
Applicant'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, 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 the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

