

Dear Applicant:

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

**NOTE: This property may be a non-smoking facility in accordance with notice H2010-21 issued by the US Department of Housing and Urban Development (HUD) on September 15, 2010. If this property is designated Smoke Free, smoking is not permitted within the premises or in any apartment dwelling at any time. The rules and regulations are amended to reflect this policy.**

1. Complete the attached Application, Income and Expense Questionnaire, Contact Information Supplement to Application (HUD-92006), Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule **in full**. Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records. **You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

Westminster Company appreciates your interest in our community and look forward to receiving your application. This institution is an equal opportunity provider and employer.

**IMPORTANT – Please visit our website at [www.westminstercompany.com](http://www.westminstercompany.com) and navigate to apartments search. This will show a complete list of properties. The website will provide general information about the property, contact information for site staff, and how to apply for an apartment online. If you complete handwritten documents, they **MUST** be returned directly to the property (or properties) that you are interested in or you may email, fax or mail.**





**Site Name:**  
**Site Address:**  
**City, State, Zip:**

**Phone Number:**

## RENTAL APPLICATION-Subsidy Properties Only

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.

HEAD OF HOUSEHOLD LEGAL NAME (First, Middle Initial, Last)		E-MAIL		PHONE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY		STATE	ZIP
PREFERRED METHOD OF CONTACT:					
CURRENTLY <input type="checkbox"/> RENT <input type="checkbox"/> OWN		DATES OF RESIDENCY		REASON FOR MOVING	
CURRENT LANDLORD NAME		LANDLORD PHONE		CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	
IF BEING ADDED TO A CURRENT HOUSEHOLD, PLEASE LIST CURRENT RESIDENT'S NAME HERE					
<b>PREVIOUS LANDLORD</b>					
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE #		PREVIOUS LANDLORD ADDRESS	
<b>HOUSEHOLD COMPOSITION</b>					
<b>LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT</b>					
IF YOU HAVE NO SOCIAL SECURITY NUMBER, YOU CLAIM YOU ARE EXEMPT BECAUSE ( <b>CHECK ONE</b> ):					
<input type="checkbox"/> YOU ARE AN INELIGIBLE NON-CITIZEN <input type="checkbox"/> YOU WERE 62 AS OF 1/31/10 <b>AND</b> RECEIVING HUD HOUSING ASSISTANCE AS OF 1/31/10					
HEAD OF HOUSEHOLD FULL NAME		SOCIAL SECURITY NUMBER		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #
		SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE			STATE of ISSUE:
NAME		SOCIAL SECURITY NUMBER		US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #
RELATION:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE			STATE OF ISSUE:



NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE of ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
NAME	SOCIAL SECURITY NUMBER	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE or STATE ID #	BIRTHDATE
RELATION:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> WISH TO NOT DISCLOSE		STATE OF ISSUE:	
<b>SOURCES OF INCOME: Employer or other sources of income (Unemployment, Welfare, General Assistance, Social Security, Pension, Etc.) You must include ALL family members, regardless of age</b>				
MEMBER NAME	SOURCE OF INCOME:		ANNUAL GROSS INCOME \$	
MEMBER NAME	SOURCE OF INCOME:		ANNUAL GROSS INCOME \$	
MEMBER NAME	SOURCE OF INCOME:		ANNUAL GROSS INCOME \$	



**ASSET INFORMATION: List all assets (Checking, Savings, IRA, CD, stocks, bonds, real estate, etc.) of ALL family members.**

MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
MEMBER NAME	TYPE OF ACCOUNT:	BALANCE \$
<input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE CASH VALUE \$ _____		REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO   MARKET VALUE IF YES: IF YES, TYPE OF PROPERTY:
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY/ASSETS:		DATE SOLD/DISPOSED OF:

**PREFERENCES: THE QUALITY HOUSING AND WORK RESPONSIBILITY ACT OF 1998 (QHWRA), GIVES ADMISSION PREFERENCES IN CERTAIN CIRCUMSTANCES. PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY TO YOUR HOUSEHOLD:**

☐ **WORKING:** HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE ARE EMPLOYED AT LEAST 25 HOURS PER WEEK, AND HAVE BEEN FOR AT LEAST 6 CONSECUTIVE MONTHS. THERE CAN BE NO MORE THAN A 30-DAY LAPSE BETWEEN EMPLOYERS. IN THE EVENT OF A LAPSE, EMPLOYMENT WILL BE VERIFIED BY BOTH THE CURRENT AND FORMER EMPLOYERS. PROOF IN THE FORM OF CHECK STUBS, LETTER FROM EMPLOYER ON COMPANY LETTERHEAD, INCOME VERIFICATION, OR OTHER REQUESTED AS NEEDED MUST BE RECEIVED PRIOR TO ASSIGNING THE "WORKING FAMILY" PREFERENCE. YOUR PREFERENCE WILL BE UPDATED EFFECTIVE THE DATE VERIFIED PROOF IS RECEIVED.

☐ **ELDERLY:** THE HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE IS 62 YEARS OF AGE OR OLDER; PROOF OF AGE MUST BE PROVIDED PRIOR TO ASSIGNING PREFERENCE.

☐ **DISABLED:** THE HEAD OF HOUSEHOLD, CO-HEAD OR SPOUSE GET STATE OR FEDERAL BENEFIT PAYMENTS DUE TO BEING UNABLE TO WORK (INCLUDING SOCIAL SECURITY DISABILITY BENEFITS AND SUPPLEMENTAL SECURITY INCOME DISABILITY BENEFITS). PROOF IN THE FORM OF A CURRENT INCOME LETTER FROM THE SOCIAL SECURITY ADMINISTRATION MUST BE RECEIVED PRIOR TO ASSIGNING PREFERENCE;

☐ **I DO NOT QUALIFY FOR ANY OF THE ABOVE PREFERENCES.**

**GENERAL INFORMATION**

WHEN REQUESTED, MODIFICATIONS TO DWELLING UNITS AND COMMON AREAS MAY BE PROVIDED AS A REASONABLE ACCOMMODATION TO TENANTS OR APPLICANTS WITH A DISABILITY.

PLEASE CHECK ALL THAT APPLY. DO YOU, OR A HOUSEHOLD MEMBER HAVE A CONDITION THAT REQUIRES:

- |  |  |
|--|--|
| <input type="checkbox"/> PHYSICAL MODIFICATIONS TO A TYPICAL APARTMENT |  |
| <input type="checkbox"/> A SEPARATE BEDROOM                            | <input type="checkbox"/> UNIT FOR VISION-IMPAIRED  |
| <input type="checkbox"/> A BARRIER-FREE APARTMENT                      | <input type="checkbox"/> UNIT FOR HEARING-IMPAIRED |
| <input type="checkbox"/> ONE-LEVEL UNIT                                | <input type="checkbox"/> BR/BATH ON 1ST FLOOR      |

WILL YOU OR A HOUSEHOLD MEMBER REQUIRE A LIVE-IN AIDE TO ASSIST YOU?

☐ YES      ☐ NO

HOW DID YOU HEAR ABOUT THIS PROPERTY? \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN HOME: \_\_\_\_\_

1. YES ☐ NO ☐ WILL THE UNIT YOU ARE APPLYING FOR BE YOUR PERMANENT RESIDENCE AND DO YOU AGREE NOT TO MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT?
2. YES ☐ NO ☐ HAVE YOU BEEN DISPLACED BY GOVERNMENT ACTION OR A PRESIDENTIALLY DECLARED DISASTER?
3. YES ☐ NO ☐ ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION TO OBTAIN A CERTIFICATE, DEGREE OR OTHER PROGRAM LEADING TO A RECOGNIZED CREDENTIAL?
4. YES ☐ NO ☐ ARE YOU OR ANY HOUSEHOLD MEMBER A CURRENT OR FORMER MEMBER OF THE UNITED STATES MILITARY?  
IF YES, WHICH BRANCH? \_\_\_\_\_
5. YES ☐ NO ☐ ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE?
6. PLEASE LIST ALL STATES THE APPLICANT AND HOUSEHOLD MEMBERS HAVE LIVED IN:
- 
- 

7. YES ☐ NO ☐ I OR A HOUSEHOLD MEMBER AM RELATED TO OR HAVE A PERSONAL RELATIONSHIP WITH AN EMPLOYEE OF WESTMINSTER COMPANY AND/OR THE SITE AT WHICH I AM APPLYING FOR RESIDENCE. IF YES, PLEASE DISCLOSE RELATIONSHIP BELOW:

EMPLOYEE  
NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

- ❖ OWNERS SHALL ACCOMMODATE PERSONS WITH DISABILITIES WHO, AS A RESULT OF THEIR DISABILITIES, CANNOT UTILIZE THE OWNER'S PREFERRED APPLICATION PROCESS BY PROVIDING ALTERNATIVE METHODS OF TAKING APPLICATIONS.
- ❖ AN ALLOWANCE FOR DISABLED HOUSEHOLDS IS AVAILABLE UPON REQUEST.

*In consideration for being permitted to apply for this apartment, I Applicant do represent all this information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial, and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise, and forever discharges from any action whatsoever, in law any equity all owners, managers, and employees or agents, both of landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a bureau contracted with the apartment community.*

APPLICANT'S SIGNATURE
CO-APPLICANT'S SIGNATURE
DATE SIGNED

RECEIVING SITE STAFF SIGNATURE:	
DATE SIGNED	
DATE RECEIVED	TIME RECEIVED

**IF YOU WOULD LIKE A COPY OF OUR APPLICANT SCREENING GUIDELINES, REQUEST A COPY OF THE RESIDENT SELECTION PLAN AT THE TIME OF SUBMISSION OF YOUR APPLICATION.**



## Income, Assets, and Expense Questionnaire

*Please print clearly in blue or black ink only.*

Property Name:		Resident/Applicant Name:	
Apartment #:		Date:	
Home Phone #:		Work Phone #:	
Cell Phone #:		May we contact you electronically? (text or email) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Language Spoken in Home:		Email Address:	

**PLEASE NOTE:** When you provide us with a wireless telephone number or landline number, you are giving Westminster Company or our representatives your prior express consent to call that number.

<p><b>To Be Completed by Office Staff Only.</b></p> <p>2024 Asset Threshold \$50,000 2025 Asset Threshold \$51,600</p> <p><i>Verification must be collected for amounts higher than the current year asset threshold.</i></p>	<p style="text-align: center;"><b>Assets</b></p> <p><input type="checkbox"/> 1<sup>st</sup> year (Traditional Verification)  <input type="checkbox"/> 2<sup>nd</sup> year (Self Certification)  <input type="checkbox"/> 3<sup>rd</sup> year (Self Certification)  <input type="checkbox"/> Not applicable</p>	<p style="text-align: center;"><b>Fixed Income</b></p> <p><input type="checkbox"/> 1<sup>st</sup> year (Traditional Verification)  <input type="checkbox"/> 2<sup>nd</sup> year (Self Certification)  <input type="checkbox"/> 3<sup>rd</sup> year (Self Certification)  <input type="checkbox"/> Not applicable</p>
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**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and all other people who live in the unit.

	Family Member Name	Birth Date	Occupation	Driver's License or State ID #	Student (Full or Part Time)?
1	(Head of Household):				<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO
5					<input type="checkbox"/> YES <input type="checkbox"/> NO
6					<input type="checkbox"/> YES <input type="checkbox"/> NO
7					<input type="checkbox"/> YES <input type="checkbox"/> NO
8					<input type="checkbox"/> YES <input type="checkbox"/> NO
9					<input type="checkbox"/> YES <input type="checkbox"/> NO
10					<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expect any changes in your family size during the next year? ☐ YES ☐ NO  
If yes, please explain.

Has your immigration status changed from eligible or non-eligible citizen? ☐ YES ☐ NO

Are there any Live-In Care Attendants who are part of the household? ☐ YES ☐ NO

Will all the above family members live in the apartment full-time? ☐ YES ☐ NO  
If not, please explain.

Are you or any other household members subject to a lifetime registration requirement under a State Sex Offender Registration program?  
☐ YES ☐ NO If yes, list state(s): \_\_\_\_\_

Do you wish to change your alternative contact information on HUD Form 92006? ☐ YES ☐ NO

## SELF-CERTIFICATION OF INCOME INFORMATION

**Please list the TOTAL amount of income received for all members of your household below. In accordance with HUD regulations governing the gross income for all sources, I certify that:**

Employer			
Address			
City, State, Zip			
Supervisor's Name	email		
Phone	Fax		
How much employment income did you receive in the last 12 months?		\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?		\$	<input type="checkbox"/> NA

Employer			
Address			
City, State, Zip			
Supervisor's Name	email		
Phone	Fax		
How much employment income did you receive in the last 12 months?		\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?		\$	<input type="checkbox"/> NA

Income That is Not Fixed Income					
Income from Gig Source ( <i>Lyft, Door Dash, Rover, etc.</i> )	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Child Support	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Alimony	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Contributions from organizations	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Contributions from family, friends, or other organizations for rent, childcare, and other bills.	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Financial Aid to Pay for School	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Contributions to <b>Your</b> Crowdfunding Account ( <i>GoFundMe, etc.</i> )	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Unemployment Benefits – Regular	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Contributions from a Crowdfunding Account	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Other Income?					<input type="checkbox"/> None
Other Income?					<input type="checkbox"/> None
<b>Total of All Non-Fixed Income Received in last 12 months</b>					\$



Fixed Income					
Social Security	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
SSI	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Social Security Dual Entitlement	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
SS/SSI for someone else (e.g., Representative Payee).	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	\$
Name of beneficiary.	<input type="checkbox"/> NA or				
Retirement Benefits including RMD	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	\$
If receiving Retirement Benefits...	<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually (RMD)	
Regular Periodic Payments from a pension	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
Regular Periodic Payments from an Annuity	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
VA Benefits (Not Aid & Attendance)	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
VA Aid & Attendance	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
Public Assistance (TANF/WORKFIRST)	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> Minors	<input type="checkbox"/> None
Amount received in the last 12 months	\$				
Assistance with Utilities (Other than HUD)	<input type="checkbox"/> HOH	<input type="checkbox"/> Co-Head/Spouse	<input type="checkbox"/> Other Adults	<input type="checkbox"/> None	
Amount received in the last 12 months	\$				
<b>Total of All Fixed Income Received in last 12 months</b>	<b>\$</b>				

☐ True ☐ False The income sources listed above are the only income sources for the members listed and any minor who is under the custody of the member of the household.

☐ True ☐ False All members understand that he/she must report changes to income within 10 calendar days.

☐ True ☐ False This household understands that **all adult household members are responsible** when *failure to report changes, as required* results in an improper subsidy payment utility allowance payment. All members will be held responsible and required to return any improper payment to HUD.

☐ Yes ☐ No May we contact you and send notifications electronically?

☐ Yes ☐ No Do you currently have renter's insurance? If yes, please list the company's name below.

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**SELF-CERTIFICATION of ASSET INFORMATION**

An asset, as defined by HUD, is cash or something that you own that can be converted to cash. Personal property, such as clothes, wedding rings, personal vehicles, etc. are not counted as assets. Retirement accounts and Irrevocable trusts are not to be included as an asset.

☐ I/we do not have any assets at this time. (If this is the case, continue to page 5 and answer questions about disposed assets)

**My/our assets include:**

Non-necessary Personal Property						
Type of Asset	Owned by	Current Balance	*Cash Value	Interest %	Annual Income (Interest x Current Balance)	
Checking Account		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Checking Account		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Savings Account		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Savings Account		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Peer-to-peer Payment Account (e.g., Venmo, PayPal, Apple Pay, etc.)		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Peer-to-peer Payment Account (e.g., Venmo, PayPal, Apple Pay, etc.)		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Money Market Account		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Debit Card including Direct Express Card or Other Benefit Card		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Crypto Currency (e.g., Bitcoin, Altcoins, Crypto coins, etc.)		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Sport vehicle or other like Non-necessary Personal Property		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Collection or other like Non-necessary Personal Property		\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Cash (Safety Deposit Box)		\$	\$	0%	\$0	
Deed of Trust/Loan (you have loaned someone money and they are paying you back with or without interest)		\$	\$		\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Other		\$	\$		\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None

Non-necessary Personal Property							
INVESTMENT ACCOUNTS							
Account Type	Owned By	Current Face Value	Penalties to Liquidate	*Cash Value	Interest %	Annual Income	
Annuity		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Is the annuity making regular periodic payments?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		\$ Amt. received		
Certificate of Deposit		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Crowd Funding Account (e.g., GoFundMe, Kickstarter, etc.);		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Other Education Savings Account		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Insurance		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Investment Accounts (stocks, bonds, and other like investments)		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Investments in Precious Metals including Gold, Silver, Copper, etc.		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None
Revocable Trust		\$	\$	\$	%	\$ <input type="checkbox"/> Unknown	<input type="checkbox"/> None



## Non-necessary Personal Property

## INVESTMENT ACCOUNTS

Account Type	Owned By	Current Face Value	Penalties to Liquidate	*Cash Value	Interest %	Annual Income	
Special Needs Trust		\$	\$	\$	%	<input type="checkbox"/> Unknown <input type="checkbox"/> None	
Other		\$	\$	\$	%	<input type="checkbox"/> Unknown <input type="checkbox"/> None	

*\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.*

## REAL PROPERTY

Does Any Family Member Own...		For Sale?	Market Value	Cost to Sell	*Cash Value
<input type="checkbox"/> No <input type="checkbox"/> Yes A Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Rental Property - Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in.		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> NA	Annual Expenses \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes Real Estate not used for a business when the family has legal authority to sell such property		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Real Estate used for a business when the family has legal authority to sell such property		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$

*\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.*

Member Name			
<input type="checkbox"/> No <input type="checkbox"/> Yes Have you received a tax credit or tax refund in the last year?	If Yes, total amount.	\$	
What did you do with those funds?	<input type="checkbox"/> NA <input type="checkbox"/> Gave it away <input type="checkbox"/> Spent It <input type="checkbox"/> Deposited in		

Member Name			
<input type="checkbox"/> No <input type="checkbox"/> Yes Have you received a tax credit or tax refund in the last year?	If Yes, total amount.	\$	
What did you do with those funds?	<input type="checkbox"/> NA <input type="checkbox"/> Gave it away <input type="checkbox"/> Spent It <input type="checkbox"/> Deposited in		

Assets Disposed of for Less Than Fair Market Value

☐ I have not disposed of any assets for less than fair market value. Or

During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated below:

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.)	<input type="checkbox"/>		\$
Property sold for less than fair market value (this identifies property that was given away or sold for <u>substantially less</u> than current real estate market would bear such as a Quit Claim)	<input type="checkbox"/>		\$
Trust/Savings/Investment Accounts opened for another person	<input type="checkbox"/>		\$
Transfer of Assets for Free or For Less Than Market Value (for example, giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit)	<input type="checkbox"/>		\$



**EXPENSE INFORMATION**

Are you currently paying either of the following so that you or another adult member of your household can work, look for work, or attend school?

TYPE of EXPENSE	AMOUNT (\$)	Per Week, Per Month
Child Care Expense <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> WK <input type="checkbox"/> MO
Care of Disabled Person <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> WK <input type="checkbox"/> MO

Child Care Providers Name	
Child(ren) Name(s)	
Provider Address	
City, State, Zip	
Phone	

**Health & Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Medical expenses for all family members are included when determining the Medical Expense Deduction.

☐ I do not wish to provide medical expense information at this time.

**Please provide copies of receipts, prescription print outs, mileage information, etc.**

<input type="checkbox"/> Health Insurance <i>(amount you pay out of pocket each year) Please bring receipts</i>	\$
<input type="checkbox"/> Dr. visit/medical treatments <i>(amount you pay out of pocket each year) Please bring receipts</i>	\$
<input type="checkbox"/> Prescription Drugs <i>(amount you pay out of pocket each year) Please bring receipts or prescription print out from the pharmacy</i>	\$
<input type="checkbox"/> Over-the-counter medical expenses to treat a specific medical condition <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis) (amount you pay out of pocket each year) Please bring receipts</i>	\$
<input type="checkbox"/> Expenses to maintain a service/companion animal <i>(food, grooming, veterinary bills, etc. Do not include toys, treats or clothes) (amount you pay out of pocket each year)</i>	\$
<input type="checkbox"/> Medical personal use items <i>(amount you pay out of pocket each year) Please bring receipts</i>	\$
<input type="checkbox"/> Mileage to and from medical appointments	
<input type="checkbox"/> Other <i>(amount you pay out of pocket each year) Please bring receipts</i>	\$
<input type="checkbox"/> One-time medical expenses that have been paid in full such as costs for glasses, surgery, dental work, etc. <i>(amount you paid) Please bring paid receipt</i>	\$

**Attendant Care & Auxiliary Apparatus Expense:** Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? <i>e.g., costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		



**ALL HOUSEHOLDS** must answer **all** questions below. If you answer “YES” to any of the questions, the additional information must also be completed.

Additional Expense Information		Monthly Cost	Source of Income Used for Expense	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have internet at home?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you subscribe to cable or online streaming video sources?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have a cell phone or landline?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you receive SNAP/WIC or other state funds to pay for food?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you own or operate a vehicle?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you pay for Auto Insurance?	\$		
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you pay for gas expenses?	\$		
Automobile Make	Model	Year	Color	License Tag and State

#### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 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 \$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 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). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

*Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate.*

HOH

Date

Member

Date

Member

Date

Member

Date



## Questionnaire for Student Household (to be completed by all household members age 18 and older)

To be a student household, you must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. All information provided will be verified.

**Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Institutes of higher education include post-secondary vocational institution; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify.*

Check the box that applies for each question below		YES	NO
1.	Are you a Full/Part Time student at an institution of higher education? (If you answered No, <b>STOP</b> and sign/date below)		
2.	Do you live in the household with your parent(s) or guardian(s) who receive Section 8 assistance? (If you answered Yes, <b>STOP</b> and sign/date below)		
<b>If you answered YES to #1 or NO to #2, check the box that applies for each question below</b>		<b>YES</b>	<b>NO</b>
3.	Are you or will you turn 24 years old or older on/or before December 31 <sup>st</sup> of the year assistance is requested?		
	Were you an orphan, in foster care, or a ward of the court at any time from 13 years of age or older?		
	Are you now, or were you an emancipated minor or in a legal guardianship as determined by a court?		
	Are you a Veteran of the US Military or currently serving on active duty in the military for other than training purposes?		
	Were you disabled and receiving assistance as of November 30, 2005?		
	Are you married?		
	Do you have legal dependents other than a spouse? If yes, please list names and ages:		
	Are you a graduate or professional student? (Majoring in professional degrees such as Medicine, Veterinarian Medicine, Law, Master's Program)		
	Are you a homeless youth or at risk to become homeless, and self-supporting?		
	Are you a student for whom a financial aid administrator has determined independence by reason of other unusual circumstances?		
<b>If you answered NO to all questions in #3 above, please complete the following question:</b>		<b>YES</b>	<b>NO</b>
4.	For the past year, have you maintained a separate household from your parents/legal guardians, and you are NOT claimed as a dependent on your parent's tax return? (Must provide a copy of parent(s) most recent tax return)		
<b>If you answered NO to #4 continue to next questions</b>		<b>YES</b>	<b>NO</b>
5.	Are your parents eligible for Section 8 Assistance? (If yes, complete PM-470)		
6.	Do you receive educational financial support (grants, scholarships, educational entitlements, work/study programs, etc.) (If yes, sign PM-508)		

**If you are a person with a handicap or disability, please contact us so that we can determine whether there are mitigating circumstances that should be considered in your case, or whether reasonable accommodations would allow us to continue processing your application.**

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated. WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**I do hereby swear and attest that all the information given above is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

This applicant: ☐ **QUALIFIES** as a student household and is eligible for assistance. ☐ **DOES NOT QUALIFY** as a student household and is not eligible for assistance.  
☐ **N/A** – Applicant/Resident is not a student household.

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

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**Signature**

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**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant/Resident Name: \_\_\_\_\_

☐ I choose not to complete this form.

1. Please check all that apply. Do you, or does any member of your family have a condition that requires:

- |  |  |
|--|--|
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Unit for Vision-Impaired  |
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> BR/Bath on 1st floor      |
| <input type="checkbox"/> One-level unit                                |  |

2. Can you and all your family members go up and down stairs unassisted?

☐ Yes ☐ No

If No, please indicate how we should accommodate your family: \_\_\_\_\_

\_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?

☐ Yes ☐ No

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. \_\_\_\_\_

\_\_\_\_\_

5. What is the name of the family member who needs the features identified above?

\_\_\_\_\_

6. What health professional should be contacted to verify your need for the features you have identified above?

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.

## WORKING PREFERENCE RULE

Effective 08/01/2017

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

The Quality Housing and Work Responsibility Act of 1998 (QHWRA), gives admission preferences in certain circumstances. Please check **all** of the following that apply to your household:

- ☐ One or more of the following household members (Head of Household, Co-Head or Spouse) are employed at least 25 hours per week, and have been for at least 6 consecutive months. There can be no more than a 30-day lapse between employers. In the event of a lapse, employment will be verified by both the current and former employers. Proof in the form of check stubs, letter from employer on Company Letterhead, income verification, or other requested as needed must be received prior to assigning the "Working Family" preference. Your preference will be updated effective the date verified proof is received;
- ☐ The Head of Household, Co-Head or Spouse is 62 years of age or older; [Proof of age via birth certificate or drivers license must be provided prior to assigning preference.](#)
- ☐ The Head of Household, Co-Head or Spouse get State or Federal benefit payments due to being unable to work (including Social Security Disability Benefits and Supplemental Security Income Disability Benefits). Proof in the form of a current income letter from the Social Security Administration must be received prior to assigning preference;
- ☐ I do not qualify for any of the above preferences.

In order to be eligible for priority admission, I understand that I must qualify for one of the above preferences at the time of application, interview and move-In. I further understand that if any information provided above is found to be false at time of Interview or Move In, my position on the waiting list may change.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Westminster Company Agent Signature

\_\_\_\_\_  
Date

If your circumstances change and you find you are not qualified for any of the above or you find out that you are qualified for the above, please let us know immediately, as this will affect your status on the waiting list.

OFFICE USE ONLY

\_\_\_\_\_  
Date Preference Verification(s) Received