

Office Use Only Application Number: _____

Income level: _____ Category: _____

Date/Time Received: _____ / _____ Received by: _____

LUTHER TOWERS / VILLAGE TENANT APPLICATION

I/We are applying for residence in the following apartment(s) (You may choose any or all. We recommend all.)

Luther Towers I _____ Luther Towers II _____ Luther Towers III _____ Luther Towers IV _____

Luther Village I _____ Luther Village II _____ **Will you accept an efficiency apartment?** Yes No

Name (Head of Household) _____ **M or F**
First Middle Initial Last (Circle One)

Present Address _____ Years of Residence _____

City _____ State _____ Zip _____ Telephone # _____

Social Security # _____ Date of Birth _____

Name (Second Occupant) _____ **M or F**
First Middle Initial Last (Circle One)

Social Security # _____ Date of Birth _____

Relationship to Head of Household _____

REQUESTS FOR ACCOMMODATION

Does any applicant have special needs? Yes No If yes, please explain.

Other requirements: (Reference Paragraph 7 of attached Tenant Selection Plan: "Reasonable Accommodation")

ESTIMATED MONTHLY INCOME:

	Resident #1	Resident #2
Interest on Checking	\$ _____	_____
Interest on Savings	\$ _____	_____
Interest on M.M.	\$ _____	_____
Interest on C.D.	\$ _____	_____
Dividends on Stock	\$ _____	_____
Interest on Bonds	\$ _____	_____
SUB TOTAL	\$ _____	_____
Social Security*	\$ _____	_____
*if Medicare is deducted from your entitlement you must add it back in.		
SSI	\$ _____	_____
Pensions	\$ _____	_____
Annuities	\$ _____	_____
VA Benefits	\$ _____	_____
Salary/Wages	\$ _____	_____
Tax Credits	\$ _____	_____
Other Income	\$ _____	_____
TOTAL INCOME	\$ _____	_____

VALUE OF ASSETS OWNED:

	Resident #1	Resident #2
Checking Account Balance	\$ _____	_____
Savings Account(s)	\$ _____	_____
Money Market Account	\$ _____	_____
Certificate(s) of Deposit	\$ _____	_____
Stocks/Mutual Funds	\$ _____	_____
Bonds	\$ _____	_____
Real Estate (Market Value)	\$ _____	_____
Other Assets	\$ _____	_____
SUB TOTAL	\$ _____	_____
subtract Mortgage Balance	\$ _____	_____
TOTAL ASSETS	\$ _____	_____

Have you given away any assets in the past twenty-four (24) months?
 Yes No



APPLICATION FOR AN APARTMENT-PAGE TWO

Person to contact if for some reason Applicant cannot be reached.

Name: _____
Address: _____
Telephone: _____

Place of residence for the last five years

Present Landlord: from (_____) to (_____)
Name: _____
Address: _____
Telephone: _____

Previous Landlord: from (_____) to (_____)
Name: _____
Address: _____
Telephone: _____

Previous Landlord: from (_____) to (_____)
Name: _____
Address: _____
Telephone: _____

Previous Landlord: from (_____) to (_____)
Name: _____
Address: _____
Telephone: _____

The Information Requested Below is for Federal Reporting Only and is Voluntary.

RACE: (Select One)

American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Pacific Islander White Elect Not to Answer

ETHNICITY: (Select One)

Hispanic or Latino Non Hispanic Elect Not to Answer



APPLICATION FOR AN APARTMENT-PAGE THREE

Have you ever been convicted of a felony? Yes No

If "Yes" What Year? _____ Identify Felony _____

Have you ever been convicted or required to register for a sex offense? Yes No

If "Yes" What year and state? _____

Have you ever been convicted of theft, shoplifting, or crime where you served time and/or probation?

Yes No Identify Crime and date(s) _____

Have you ever been convicted of a violent crime with/without the use of a deadly weapon?

Yes No Identify Crime and date(s) _____

Have you ever been evicted? Yes No

If "Yes" What Year? _____ Reason for Eviction _____

Check all states or US territories that you have resided in.

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
DC
Florida
Georgia
Hawaii
Idaho
Illinois

Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska

Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota

Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Guam
Puerto Rico
American Samoa

List any countries that you have resided in since you were 21:

SIGNATURE: _____ DATE: _____

(Head of Household)

DATE: _____

(Spouse/Second Occupant)



EAH SECTION 214 DECLARATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable - from INS Form I-94, Departure Record) (Country to which you owe legal allegiance- may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here []
If you sign this box, no further information is required.

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here []
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim in temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here []
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here []
If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____

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



EAH SECTION 214 DECLARATION FORM (continued)

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8USC 1253 (h)) [threat to life or freedom]; or
6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
2. Form I-94, Arrival-Departure record, with one of the following annotations:
a. "Admitted as Refugee Pursuant to Section 207"
b. "Section 208" or "Asylum"
c. "Section 243(h)" or "Deportation stayed by Attorney General"
d. "Paroled pursuant to Section 212(d)(5) of the INA"
3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
a. A final court decision granting asylum (but only if no appeal is taken);
b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
c. A court decision granting withholding of deportation; or
d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
7. Form I-152, Alien Registration Receipt Card.

VERIFICATION CONSENT

CONSENT: I, _____ hereby consent to the following:

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. NOTIFICATION: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here [])



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

