

<b>Office Use Only</b>	Application Number: _____
Income level: _____	Category: _____
Date/Time Received: _____ / _____	Received by: _____

# LUTHER TOWERS **UNDER 62** HANDICAPPED 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 \_\_\_\_\_

**Will you accept an efficiency apartment?**    Yes     No

**Name (Head of Household)** \_\_\_\_\_ M or F  
(Click or Circle One)

First                      Middle Initial                      Last

Present Address \_\_\_\_\_ Years of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Name (Second Occupant)** \_\_\_\_\_ M or F  
(Click or Circle One)

First                      Middle Initial                      Last

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")

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**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	\$ _____	_____
<b>SUB TOTAL</b>	\$ _____	_____
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	\$ _____	_____
<b>TOTAL INCOME</b>	\$ _____	_____

**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	\$ _____	_____
<b>SUB TOTAL</b>	\$ _____	_____
subtract Mortgage Balance	\$ _____	_____
<b>TOTAL ASSETS</b>	\$ _____	_____

Have you given away any assets in the past twenty-four (24) months?

Yes     No



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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: \_\_\_\_\_

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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.**

<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Alaska
<input type="checkbox"/>	Arizona
<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	DC
<input type="checkbox"/>	Florida
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Hawaii
<input type="checkbox"/>	Idaho
<input type="checkbox"/>	Illinois

<input type="checkbox"/>	Indiana
<input type="checkbox"/>	Iowa
<input type="checkbox"/>	Kansas
<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Louisiana
<input type="checkbox"/>	Maine
<input type="checkbox"/>	Maryland
<input type="checkbox"/>	Massachusetts
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	Minnesota
<input type="checkbox"/>	Mississippi
<input type="checkbox"/>	Missouri
<input type="checkbox"/>	Montana
<input type="checkbox"/>	Nebraska

<input type="checkbox"/>	Nevada
<input type="checkbox"/>	New Hampshire
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New Mexico
<input type="checkbox"/>	New York
<input type="checkbox"/>	North Carolina
<input type="checkbox"/>	North Dakota
<input type="checkbox"/>	Ohio
<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	Oregon
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	South Dakota

<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Texas
<input type="checkbox"/>	Utah
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Washington
<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Guam
<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	American Samoa

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

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Head of Household)

\_\_\_\_\_  
 (Spouse/Second Occupant) DATE: \_\_\_\_\_





# 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 USC 1160 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 (8 USC 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 \_\_\_\_\_

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

Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.







**VERIFICATION OF DISABILITY**

DATE:

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Luther Towers of Dover  
Admissions Director  
430 Kings Hwy Dover, DE 19901

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

SUBJECT: Verification of Disability for Individual listed below:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

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**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

*"Providing a Home for Seniors"*



1.  YES  NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2.  YES  NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - (1) Self-care,
    - (2) Receptive and expressive language,
    - (3) Learning,
    - (4) Mobility,
    - (5) Self-direction,
    - (6) Capacity for independent living, and
    - (7) Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3.  YES  NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
 NAME AND TITLE OF PERSON  
 SUPPLYING THE INFORMATION

\_\_\_\_\_  
 FIRM/ORGANIZATION

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**Public reporting burden** for this collection is estimated to average 12 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 is 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. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

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**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

**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 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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

