



# Housing Application

Property Name: **Mountain View Apartments**Address: 550 Main Street  
Slatington PA 18080**All applications must be returned by mail or fax to us:**Alliance for Building Communities  
532 W. Walnut Street  
Allentown PA 18101

Telephone: (610) 439-7007

Fax: (610) 439-7888

Reference #: \_\_\_\_\_

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

Interviewer: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Action: \_\_\_\_\_

Preference: \_\_\_\_\_

Bedroom: \_\_\_\_\_

*For Office Use Only*

## Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Please initial the top right hand corner of all pages in this application. Applications will **not** be considered unless they are **fully completed**.

*For financial information, please use pages 8 and 9 to write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use the backs of the pages to record additional information if there isn't enough room for an entry.*

*Before we offer you a unit we will give you a **Consent Form** ("Authorization for Release of Information"); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the **Consent Form** to use, we cannot offer you a unit.*

## General Family Information

*Complete this information once for the entire family.*

1.) Name of Head of Household: \_\_\_\_\_

2.) What is your present address? \_\_\_\_\_  
\_\_\_\_\_Telephone Number: \_\_\_\_\_ Is this your phone? ☐ Yes ☐ No

Work Telephone: \_\_\_\_\_ Message/Emergency Phone: \_\_\_\_\_

3.) Do you have any pets? ☐ Yes ☐ No

If Yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

4.) Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No

If Yes, where? \_\_\_\_\_

When? From \_\_\_\_\_ To \_\_\_\_\_



In the past three years were you ever evicted from a subsidized housing facility? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

If Yes did you owe rent? ☐ Yes ☐ No If Yes, how much did you owe? \$ \_\_\_\_\_

5.) How many vehicles does the family own? \_\_\_\_\_

List make, color, year, license plate number and state for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant: \_\_\_\_\_

Name and address of doctor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7.) How many people live in your household now? \_\_\_\_\_

Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you expect any of the above to change in the future? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8.) If you are now renting, who is your landlord?

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

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

Telephone Number: \_\_\_\_\_

Current Rent:\$ \_\_\_\_\_ Security Deposit:\$ \_\_\_\_\_

If you are not renting, please explain your current living arrangements: \_\_\_\_\_

\_\_\_\_\_

If you have moved within the past five years, give the name, address, and phone number of ALL previous landlords and the dates you lived there. Use the back of the page if you need more space.

Name of Landlord	Address	Phone	Dates you lived there <u>From</u> <u>To</u>

You and your household **must** report ALL states you have resided in the space below, if you need more space please use the back of this page:

State	From	To	Last Street Address in this State	City	County

9.) Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than traffic violations? Yes ☐ No ☐ If Yes, please explain: \_\_\_\_\_

10.) Are you, or any member of your household required to be listed on the lifetime sex offender registry? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

11.) Do you or any member of your household use an illegal drug or illegal controlled substance? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

12.) Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

13.) Is there reasonable cause to believe that behavior of any member of the household from abuse or pattern of abuse of alcohol may interfere with the health, safety and right to peaceful enjoyment by other Tenants? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

14.) Have you or any member of your household ever-used different names from the names given on this application? ☐ Yes ☐ No If Yes, give name(s) and explain: \_\_\_\_\_



15.) Have you or any member of your household ever used social security numbers different from those listed in this application: ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

16.) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

17.) How did you hear about this rental property, e.g., newspaper, word of mouth, etc.?

18.) Please give three (3) references other than family members. Use the back of this page if you need more space.

**Name**

**Address**

**Phone**

20.) Please check any categories below that apply to you and your family. If you check any of the categories, you must include verification with this application, e.g., a letter from a government agency indicating unfit housing. Without this information, you will not be able to qualify for a Federal Preference.

*We have been forced to leave our home because of:*

- ☐ A disaster such as fire or flood
- ☐ A government action
- ☐ Action by a private owner that I, the tenant, could not control or prevent (does not include a rent increase).

## Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

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

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, and which they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

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

We have read and understand the information in this application, in particular the information in the Instructions for *Head of Household* on page 1, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before we can be offered a unit.

**WARNING: Section 1001 of Title 16 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

Signature of Head of Household	Date	Signature of Co-applicant	Date
Signature of Spouse or Co-applicant	Date	Signature of Co-applicant	Date
Signature of Co-applicant	Date	Signature of Co-applicant	Date



## Member Information

Please list each member who will live in the unit. The bottom of the page explains what is to be put in each column.

Member Name (Last, First, Initial)	Social Security Number	Date of Birth		Relationship to Head	Sex (M/F)	Race (See below)	Hispanic (Y/N)	Occupation	Full-Time Student (Y/N)	Pregnant/Adopting/ Legal Guardianship (Y/N)	Handicap/ Disabled (Y/N)
		And Age	Age								
				Head of Household							
1.	2.	3.		4.	5.	6.	7.	8.	9.	10.	

### Explanation of columns:

**Member's Name:** Enter the last name, first name, and then the middle initial.

**Social Security Number:** If a member has a social security number, you must enter it if the member is age 6 or older or if the member has any income. If a member does not have a social security number, but has an alien number, enter the alien number. If a member has neither a social security number nor an alien number, write *None*.

**Date of Birth:** Enter the month, day, and year. Example: 6/13/55.

**Relationship to Head:** Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.

**Sex:** Enter *M* for Male or *F* for Female.

**Race:** Enter one of the following:

1. White
2. Black
3. Asian/Pacific Islander
4. American Indian/Alaskan Native

(This information is for statistical purposes only; you are not required to answer, nor does your answer affect your position on our waiting lists or your chances of getting a unit.)

**Hispanic:** Enter *Yes* or *No*. (This information is for statistical purposes only; you are not required to answer, nor does your answer affect your position on our waiting lists or your chances of getting a unit.)

**Occupation:** Enter the occupations of the Head, Spouse, and all members over age 18.

Examples: Clerk, Nurse, Truck driver. If an adult member does not work, enter *N/A*.

**Full-Time Student:** Answer this only for members who are ages 18 and older. Enter *Yes* if the member is a full-time student and *No* if the member is not. If you answer *Yes*, provide the required information on the *Verification Information* sheet.

**Pregnant/Adopting/Legal Guardianship:** If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption or legal guardianship. Typically if someone is pregnant or adopting, you would answer 1; you would answer 2 if a person were pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do enter a number, complete the corresponding information on the *Verification Information* sheet.

**Handicapped/Disabled:** You don't have to claim handicapped/disabled status for any member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the *Verification Information* sheet.

Head of Household's Initial: \_\_\_\_\_

**Verification Information**

Complete this page for each individual who will live in the unit who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page apply to any Household Member, it is not necessary to complete this page. Simply enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

**Full-Time Student Information**

Member Name (Last, First, Initial)	Name and Address of the School or Vocational Facility

**Pregnancy or Adoption Information**

Member Name	Name and Address of Doctor or Organization who can Verify Information

**Handicap or Disability Information:** This information is voluntary. However, there are certain program benefits, which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Handicap or Disability (optional) (If claiming, select definition from below)	Does any member have special housing needs, which require any of the following? (Check applicable items)	Name and address of Doctor or Organization which can verify Information
		<input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> One-level unit <input type="checkbox"/> Br/Bath on 1 <sup>st</sup> Floor <input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> Unit for mobility impaired <input type="checkbox"/> Other (please specify) _____	

**Explanations:**

**Handicapped:** A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is such that the person's ability to live independently could be improved by more suitable housing conditions.

**Chronic Mental Illness:** A severe and persistent mental or emotional impairment that seriously limits the ability to live independently and that could be improved by more suitable housing conditions.

**Disabled, USC:** A physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services.

**Disabled, SSA:** A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.



**Financial Information**

*Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary.*

**Income:** List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Security Income (Gold Check), IRA, Keough, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income and Who Pays It	Est. Total Income (Circle One)	Address of Income Source	Contact Person Name and Telephone
		\$ _____ Per wk mo		
		\$ _____ Per wk mo		
		\$ _____ Per wk mo		
		\$ _____ Per wk mo		

**Assets:** List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, land, real estate (Include your home, if you own it), and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate or Annual Income	Bank/Credit Union/Appraiser	Address



**Financial Information (Continued)**

**Expenses:** List any medical, handicap, or child-care expenses that are paid because of this household member. (For example, list child-care expenses for the child who needs the child-care, not the person who pays for the care).

Name (Last, First, Initial)	Type of Expense M (Medical) H (Handicap)	Type of Expense C (Child-care) (Circle One)	Est. Total Expense (Circle One)	Name and Address of Doctor or Provider who can verify information
		1. Working 2. Looking for work 3. School	\$ _____ Per wk mo	
		1. Working 2. Looking for work 3. School	\$ _____ Per wk mo	
		1. Working 2. Looking for work 3. School	\$ _____ Per wk mo	
		1. Working 2. Looking for work 3. School	\$ _____ Per wk mo	
		1. Working 2. Looking for work 3. School	\$ _____ Per wk mo	

Have you disposed of any assets for less than fair market value within the last two years? Circle one: YES or NO If you answered YES, please list below.

Description of Assets Disposed Of	Date Disposed Of	Fair Market Value	Closing Costs (e.g., Realtor, CD or Penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent or Appraiser who can Verify

Do you expect any changes in your income, assets, or expenses during the next twelve (12) months: ☐ Yes ☐ No  
If Yes, please explain (use the back if necessary): \_\_\_\_\_

The Family Summary Sheet – Property Name \_\_\_\_\_ MOUNTAIN VIEW APARTMENT

MEMBER NO.	LAST NAME OF FAMILY MEMBER	FIRST NAME OF FAMILY MEMBER	RELATIONSHIP TO HOH	SEX: M/F	Age	DATE OF BIRTH
1 - HEAD						
2						
3						

**DECLARATION LEGEND:**

- 1 = Citizen/national
- 2 = Non-citizen tenant 62 or older
- 3 = All other non-citizens
- 4 = Not contending eligibility

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<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: _____
<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.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410