

II. Eligibility Criteria

Disability HIV-Symptomatic HIV-Asymptomatic AIDS

Assigning preferences to applicants who meet certain criteria is a method intended to provide housing opportunities to applicants based upon household circumstances. Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change an owner's right to adopt and enforce tenant screening criteria.

1. Household is currently living in transitional housing or leaving home without an alternative situation.
 Yes No If yes, please explain _____
2. Household consists of a single parent with dependent child or children
 Yes No
3. Household is living over-crowded (more than two persons per bedroom) or substandard conditions.
 Yes No If yes, please explain _____

III. Rental History

If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the date you lived there (include temporary & transitional housing). Use an additional sheet if you need more space.

Address of last location	Name of Landlord	Telephone	Lived - from (MM/DD/YY)	to (MM/DD/YY)

Please answer each of the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. Do you or a member of your household need a unit with accessibility features?
If yes, please describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you, or any co-applicant currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any pets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If a live-in-aid attendant is required for an elderly, handicapped, or disable member, please enter the information requested:
Name of attendant: _____
Name and Address of Doctor: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you, or 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 reasons?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 9. Do you live or have ever lived in subsidized housing?
If Yes, where? _____
When? From: _____ To: _____
Where you evicted?
If yes, did you owe rent?
If yes, how much did you owe? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you as an individual or your family have either a Section 8 Certificate or Voucher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you or spouse/co-applicant ever used different names from the names given in this application?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you or any members of your household ever used social security numbers different from those listed in this Application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does any member of your household receive or expect to receive General Relief assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does any member of your household receive or expect to receive Social Security or VA Payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is any member of your household employed full-time, part-time or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does any member of your household expect to work for any period during the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does any member of your household work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does any member of your household receive or expect to receive unemployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does any member of your household receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is any member of your household on leave of absence from work due to layoff, medical, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you expect any changes in your income, assets, or expense during the next twelve (12) months?
If Yes, please explain (use additional sheet if necessary) _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. How did you hear about this housing facility? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Financial Information

FINANCIAL INFORMATION - Complete this page for each member who will live in the unit who has any income or assets. You do not need to complete this page for a live-in-attendant. For financial information, please write the names addresses of people who can verify the information you provide. (For example: income, write your employer's address; for a pension write the name and address of the agency). Please use an additional sheet of paper to record additional information if there isn't enough room for entry.

INCOME: List all employment and non-employment income for all household members. Include Social Security, Salary, Wages, SSI, IRA, Keoghs, V.A. Pension, annuities, general assistance, and any other source of income.

Member Name	Type of Income?	Estimated Total Income	Address of Income Source	Contact Person Name & Telephone
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		

Total amount of household income \$ _____ week/month

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

Member Name	Account No.	Type of Asset	Current Value of Asset	Interest Rate Bank/Credit Union Address

List any assets that YOU have disposed of, transferred, given away, or sold for less than the market value during the last 2 years. (E.g. a house, car or cash)

Description of Asset	Date Disposed of	Fair Market Value	Divesture Cost (e.g., penalty, realtor)	Amount Received	Name & Address of Bank Institution, Realtor, or Appraiser that can verify

List family members and address for emergency purpose only.

Name	Address	Phone Number	Relationship

V. Supportive Services

Briefly describe all supportive services (medical, mental health, case management, support groups, recovery services, etc.) you are currently receiving: _____

Application Signature & Certification

I/We request, authorize and consent to TELACU Property Management (TPM) thorough investigation of whether I/we have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. TPM has advised me that its criminal background check will focus on conviction and that a criminal record will disqualify me from renting.

Initials: Applicant

Adult Household Member
Signature

Adult Household Member
Signature

Adult Household member
Signature

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

I/We request, authorize and consent to TELACU Property Management (TPM) to conduct a thorough investigation of whether I/we have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means.

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

This authorization is limited to use regarding this facility.

I/We have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I/we understand that it is a criminal offense, punishable by \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

For HUD Subsidized Facilities:

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

Applicant Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

