

# PINEVIEW HEIGHTS SENIOR APARTMENTS

## APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

APPLICANT NAME \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APPLICATION TIME \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Do you or anyone in your household currently engage in the use of controlled substances?  
 Yes  No If yes, please specify household member \_\_\_\_\_
2. Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders?  Yes  No If yes, please specify household member \_\_\_\_\_
3. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

MEMBER NUMBER	MEMBER'S FULL NAME (INCLUDE MIDDLE NAME)	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE	AGE	SOCIAL SECURITY NUMBER

4. **Race of Head of Household:** Check one (Optional, for statistical purposes only)  
 American Indian/ Alaskan Native  Asian/Pacific Islander  Black or African American  
 Native Hawaiian or Other Pacific Island  White
5. **Ethnicity of Head of Household:** Check one (Optional, for statistical purposes only)  
 Hispanic or Latino  Not Hispanic or Latino
6. Does anyone live with you now who is not listed above?  Yes  No
7. Do you expect a change in your household composition?  Yes  No Explain if you answered yes to either question 6 or 7  
\_\_\_\_\_

8. Does the head of household or spouse meet the following definitions for a person with a disability? (Insert appropriate definition)  Yes  No (For program and unit eligibility purposes only)
9. Please identify any special housing needs your household has \_\_\_\_\_
10. Are you now living in a subsidized housing unit?  Yes  No If no, skip 11 and 12
11. Name of Complex \_\_\_\_\_
12. Name & Phone number of Manager \_\_\_\_\_
13. List all states that ANY household members listed have resided in \_\_\_\_\_  
\_\_\_\_\_
14. Is any household member a student enrolled in an Institute of Higher Education?  
 Yes  No If yes, please list the member(s) \_\_\_\_\_

### **INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each yes answer, provide details in the charts below.

Does any member of your household:

- | <u>YES</u>               | <u>NO</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full time, part time, or seasonally?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays them cash?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity, or Military leave?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Not receive child support that he/she is entitled to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have an entitlement to receive alimony that is not currently being received?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive public assistance (TANF)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive Social Security or disability benefits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive income from a pension or annuity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks, or bonds, or income from rental property? |

YES    NO

14. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
15. Own real estate or any assets for which you receive no income (checking account, cash)?
16. Have real property or other assets (including cash) that she/he has sold or given away in the last two years?

MEMBER NUMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

**ASSETS**

1. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member \_\_\_\_\_

MEMBER NUMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household members \_\_\_\_\_
3. List any assets disposed of for less than fair market value during the past two years \_\_\_\_\_

**EXPENSES**

Yes  No Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address, and telephone number of the care provider.

\_\_\_\_\_

Yes  No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address, and telephone number \_\_\_\_\_

Yes  No What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

**Elderly Families Only**

Yes  No Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

Yes  No Do you have any other type of medical insurance? If yes, provide the name and Address of carrier, policy number, and premium amount \_\_\_\_\_

\_\_\_\_\_

Yes  No Do you have outstanding medical bills? If yes, please list them \_\_\_\_\_

\_\_\_\_\_

What medical expenses do you expect to incur in the next 12 months? \_\_\_\_\_

\_\_\_\_\_

If you use the same pharmacy regularly, please provide the name and address \_\_\_\_\_

\_\_\_\_\_

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PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

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

Telephone No. \_\_\_\_\_  
How Long Have You Lived There? \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_

Name and address of your Former Landlord:

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

Telephone No. \_\_\_\_\_  
How Long Have You Lived There? \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

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

Telephone No. \_\_\_\_\_  
Supervisor's Name? \_\_\_\_\_  
How Long Have You Worked There? \_\_\_\_\_

Name and Address of Spouse's or Co-Head's  
Employer: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_  
Supervisor's Name? \_\_\_\_\_  
How Long Have You Worked There? \_\_\_\_\_

**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.

Signature of Head: \_\_\_\_\_

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

Signature of Spouse/Co-Head: \_\_\_\_\_

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

Signature of Adult Occupant: \_\_\_\_\_

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

Owner/Manager/PHA Representative: \_\_\_\_\_

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>	
<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.

<b>Signature of Applicant</b>	<b>Date</b>

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.

**PINEVIEW HEIGHTS SENIOR APARTMENTS**  
**515 GARST ST. CABOOL MO 65689**  
**Phone: 417-962-5151 Fax: 417-962-5247**

Previous Landlord: \_\_\_\_\_

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

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

\*The housing authority is a federally funded agency assisting qualified tenants with rent subsidies. The above-named person is an applicant for, or participant in, a federally assisted housing program. To determine his/her eligibility and rent payment, we must verify information regarding him/her. Please complete this form and return it to us as soon as possible. Thank you for your assistance. Your prompt return in the enclosed postage paid envelope would be appreciated.

**Representative: Michelle Wright, Administrator Phone: 417-962-5151**

**HOUSEHOLD MEMBER RELEASE**

**TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR PROVIDER IS LEFT BLANK.**

Release: I do 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 \_\_\_\_\_

Current Landlord     Previous Landlord     Other \_\_\_\_\_

Dates of applicant's tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

- a. Is (was) applicant current on rent? \_\_\_\_\_ What is the resident's rent? \_\_\_\_\_
- b. Has (had) he/she ever paid late? \_\_\_\_\_ If so, how late? \_\_\_\_\_ How often? \_\_\_\_\_
- c. Have (had) you ever begun eviction proceedings for nonpayment? \_\_\_\_\_

**2. Caring for Unit**

- a. Will you (did you) keep any of the security deposit? \_\_\_\_\_
- b. Has (had) he/she ever damaged the unit? \_\_\_\_\_ If yes, please describe damages \_\_\_\_\_
- c. Has he/she paid in full for the damages? \_\_\_\_\_
- d. Will you (did you) keep any of the security deposit? \_\_\_\_\_

**3. General**

- a. Does (did) he/she permit persons other than those on the lease to live in the unit? \_\_\_\_\_
- b. Has (had) he/she or family members damaged or vandalized the common areas? \_\_\_\_\_
- c. Does (did) he/she create any physical hazards to the project residents? \_\_\_\_\_
- d. Does (did) the applicant interfere with the rights of quiet enjoyment of the other tenant? \_\_\_\_\_ If yes, explain \_\_\_\_\_

- e. Has he/she ever given false information? \_\_\_\_\_ If yes, describe \_\_\_\_\_  
f. Would you re-admit the applicant? \_\_\_\_\_ If no, why not

\_\_\_\_\_

Completed by:

Landlord signature \_\_\_\_\_ Date: \_\_\_\_\_

Title of person (s) supplying information \_\_\_\_\_

Agency/ Organization \_\_\_\_\_

#### PENALTIES FOR MISUSING THIS VERIFICATION

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 employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent 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 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).





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