

- HUD Tenant File (Copy)
- LIHTC Tenant File (Original)



**APPLICATION/CERTIFICATION
(For New Applicants)**

Property: _____ Full Name: _____ Unit #: _____

Phone Number: _____

The information on this form is needed in order to certify your household. Please complete the entire form and do not leave any blanks.

- Single
- Married
- Divorced
- Widowed

PART I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List ALL individuals who are living or plan to live with you in your apartment:

HH Mbr	Full Name	Sex	Age	Relationship to Head of Household (HoH)	Student	If Student: Full Time (FT) or Part Time (PT) Student
1				HoH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members temporarily absent? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you listed any household members who will be permanently absent from the unit? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime registration requirement under a state sex offender registration program?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member used a name other than the one you are using now? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member used a social security number other than the one you are using now? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone live with you now who is not listed above? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone plan to live with you who is not listed above? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Could your household benefit from a handicapped accessible unit? If yes, identify any special housing needs your household has:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been convicted of a criminal offense? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been convicted for the manufacture of methamphetamines on the premises of a federally assisted unit? If yes, please explain:

Yes No		PART I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS (continued)	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household currently have any criminal charges pending which have not been resolved? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any household member been evicted from any type of housing? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member owe money to a landlord for damages or non-payment of rent? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a vehicle? If yes, provide the following: Make: _____ Model: _____ License #: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are all members of your household U.S. citizens?	
<input type="checkbox"/>	<input type="checkbox"/>	Have all members of your household complied with the Selective Service Act?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any pets that will be residing at this residence? If yes, describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	If the tenant or co-tenant is under the legal age of 18, have they provided proof of emancipation?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employment status of any household member changed? Description: _____	

PART II. HOUSEHOLD INCOME INFORMATION				
Yes	No	Does your household receive or expect to receive income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Retirement Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Black Lung Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Severance Pay	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Medical Care Insurance Payments: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Educational Funds <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds (Railroad, etc.)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities: Locality	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unearned income from family member(s) age 17 or under (examples: social security, trust fund disbursements, etc.). If yes, please explain:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Support Payments (Attach Divorce Decree)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally entitled to receive alimony and/or spousal support and currently making efforts to collect alimony and/or spousal support owed to you? Describe efforts to collect alimony/spousal support:	\$	

PART II. HOUSEHOLD INCOME INFORMATION (continued)

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Child Support State: _____ County: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally entitled to receive child support payments and currently making efforts to collect child support owed to you? Describe efforts to collect child support:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Employment (full-time, part-time, seasonally) (wages, salaries, tips, commission, bonuses) Locality: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Expect a leave of absence from work due to lay-off medical, maternity, or military leave? If yes, date:		
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment (If yes, attach previous year income tax return)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Work for someone who pays you cash?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (excluded food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Ownership of a business?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Inheritance When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lottery Winnings When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlement When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Receive income under Title V of the Older Americans Act? If yes, select all that apply and verify: <input type="checkbox"/> RSVP <input type="checkbox"/> Green Thumb <input type="checkbox"/> Senior Aides <input type="checkbox"/> Older American Community Service <input type="checkbox"/> Foster Grandparents		
<input type="checkbox"/>	<input type="checkbox"/>	Receive or expect to receive income from a training or work study program?	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Long-term medical care insurance payments? Provider:	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic Trust Payments Locality: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate or Personal Property	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Has your income changed from the previous year? If yes, please explain: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Other income not listed above? Description: _____	\$	

PART III. HOUSEHOLD ASSET INFORMATION

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Funds. If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____

PART III. HOUSEHOLD ASSET INFORMATION (continued)

Yes No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/> <input type="checkbox"/>	Trusts. If yes, list locality. Is the trust nonrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Individual Retirement Account (IRA) 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Keogh Account 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Capital Retirement Account-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Stocks 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Bonds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Annuity-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Certificate of Deposit (CD/TIS)-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Personal Property held as an Investment 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Life Insurance-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Cash on-hand (COH)-Cash Value \$	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Safety Deposit Box – Contents of the Box? 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Treasury Bills-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Real Property suitable for Occupancy? Current Status/Intentions: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure <input type="checkbox"/> Jointly Owned 1) _____ 2) _____ Address _____ Address _____		_____ _____ _____ _____
<input type="checkbox"/> <input type="checkbox"/>	Mortgage-Locality: 1) _____ 2) _____		
<input type="checkbox"/> <input type="checkbox"/>	Holiday Fund-Locality: 1) _____	\$ _____	_____

PART III. HOUSEHOLD ASSET INFORMATION (continued)

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Other Retirement Funds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Disposed of any asset for less than Fair Market Value in the past 2 years? If yes, please complete the Divestiture of Asset Form.		
<input type="checkbox"/>	<input type="checkbox"/>	Asset(s) owned jointly with a person who is NOT a member of the household? If yes, describe: _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Assets not listed above (excluding personal property i.e., car, boat, jewelry, coins, etc.)? If yes, please list: _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Accounts not listed above 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do your assets total \$100,000 or more?		

PART IV. HOUSEHOLD EXPENSES

Yes	No	Expense(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of an elderly or disabled household? If yes, please list all current out-of-pocket medical expenses for your household (Medicare, dental, hearing, pharmacy, etc.): _____ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, and premium amount: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?	
<input type="checkbox"/>	<input type="checkbox"/>	If employed, is childcare paid as a result of work or looking for work? Locality _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are there childcare expenses paid in order for you to continue your education?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Foster Children or Foster Adults who are part of the household?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Live-In Care Attendants who are part of the household?	

PART V. STUDENT STATUS

Yes	No	Student(s)
<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in the household be, or have been, full-time students during five calendar months of this year; or, plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been a full-time student during the past 12 months? If yes, give the names and dates:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member attended school in this calendar year? If yes, give the names and month/dates(mo/yyyy):

PART V. STUDENT STATUS (continued)

If you answered yes to any of the previous questions, are you:

<input type="checkbox"/>	Married and filing a joint tax return?
<input type="checkbox"/>	Enrolled in a job-training program receiving assistance under the Workforce Investment Act?
<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (TANF)?
<input type="checkbox"/>	Single parent with child(ren), and the parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other <i>than their parents</i> ?
<input type="checkbox"/>	A person previously under the care and placement of a state agency (foster care)?

PERSONAL

Please provide the name, address, and phone number of two personal references.

1. _____ 2. _____

Please provide the name, address and phone number of your Primary Physician and Social Worker.

1. _____ 2. _____

Nearest relative NOT living with you: Name: _____
Address: _____
Relationship: _____
Phone Number: _____

Person to be contacted if you become incapacitated:

Name _____
Address: _____
Relationship: _____ Phone Number: _____

Please list all states where you, and all members of the household, have resided: _____

PREVIOUS RENTAL HISTORY

Have you lived or are you now living in a federally subsidized housing unit? _____ Yes _____ No

Name of Complex: _____

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 did you live there? _____

Reason for leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer: _____

_____ Telephone No: _____

Supervisor's Name: _____ How long have you been employed there? _____

Name and Address of Spouse's or Co-Head's Present Employer: _____

_____ Telephone No: _____

Supervisor's Name: _____ How long have you been employed there? _____

How did you learn about this housing complex?

_____ Newspaper Advertisement _____ Radio Advertisement _____ Other - Please Identify _____
_____ From a Present Tenant _____ From a Social Service Agency _____ Flyer

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 Management to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which 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 making false statements or providing false information is punishable under Federal law. I/we understand that making false statements or providing false information can result in rejection of my/our application or termination of my/our lease at the time the false information or statements are discovered.

It is your responsibility to verify that all information on any form you sign is correct. If any information is not correct, it should be brought to the attention of Management. If Management does not correct the information, do not sign the incorrect paperwork and immediately contact: Claudette Karr, Management Agent, 1369 Stewartstown Road, Morgantown, WV 26505, or (304) 296-8223 ext. 1021 (TDD Relay 1-800-982-8771).

I UNDERSTAND THAT I MUST IMMEDIATELY REPORT ANY CHANGE IN INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT I CAN MAKE THESE UPDATES EITHER IN PERSON AT THE OFFICE OR BY TELEPHONING THE OFFICE. I UNDERSTAND THAT THERE IS A TENANT SELECTION PLAN POSTED IN THE OFFICE FOR REVIEW WHICH IS AVAILABLE TO ME UPON REQUEST.

Signature of Head

Date

Signature of Spouse or Co-Head

Date

Signature of Housing Manager

Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Privacy Act Statement. 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).

HRDE, Inc./Unity Housing, Inc./Unity Housing Apartments, LP, does not discriminate on the basis of handicapped/disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.