



# Rural Housing and Community Programs

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## Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

## Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

## Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

## When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if:  | A complaint may be filed with the owner/management if:   |
|---|--|
| USDA has authorized a proposed rent change.   | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner.         |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.  | The owner violates a lease provision or occupancy rule.  |
| USDA has required a change in the rules and proper notices have been given.   | A tenant is denied admission to the complex.   |
| The tenant is in violation of the lease and the result is termination of tenancy.   |  |
| There are disputes between tenants that do not involve the owner/management.  |  |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment.  |  |

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



## **INSTRUCTIONS**

PLEASE READ CAREFULLY. PRIORITY WILL NOT BE ESTABLISHED ON THE WAITING LIST UNTIL APPLICATION IS COMPLETE. YOU WILL BE NOTIFIED IN WRITING WITHIN TEN DAYS IF YOUR APPLICATION IS INCOMPLETE AND MUST SUBMIT REQUIRED INFORMATION WITHIN TEN DAYS IN ORDER TO REMAIN ACTIVE ON THE WAITING LIST.

1. **COMPLETE ALL AREAS.**

If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.

- a) All sources of earned income must be reported for all household members 18 years and older.
- b) All unearned income and assets must be reported for all household members, including minors.

2. **SIGNATURES** are required by all adult household members 18 and older.

3. **RETURN YOUR APPLICATION TO:** **Faulkner Apartments Phase II**  
**236 Main Street**  
**Baldwin Management Office,**  
**Dansville, NY 14437**  
**(585) 335-5740**  
**TTD Relay Service(711) for Hearing Impaired**

**NOTE:** DOCUMENTATION IS REQUIRED FOR TENANTS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL.

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**Your application is being returned because:**

- o **You did not complete all areas or you did not sign the application.**

**Please return your application along with the information that was missing if you want to be considered for housing.**

*In accordance with Federal civil rights law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

# APPLICATION FOR ASSISTED HOUSING

|              |       |
|--------------|-------|
| Date Recvd   | _____ |
| Time Recvd   | _____ |
| Est. Income  | _____ |
| Income Level | _____ |
| HH ID Number | _____ |

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Baldwin Real Estate Corp., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Baldwin Real Estate Corp. is a management company that provides affordable housing to eligible households, elderly households, single people. Baldwin Real Estate Corp. is not permitted to discriminate against applicants on the basis of their race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). In addition, Baldwin Real Estate Corp. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability.
- A reasonable accommodation is some modification or change Baldwin Real Estate Corp. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability and think you might need or want a reasonable accommodation, or qualify for a disability adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with the management company, that is your right.
- This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**\*\*\*Federal Elderly Housing Communities are exempt from renting to non-elderly families with children\*\*\***

## Household Information

**Household Composition and Characteristics: List all persons who will live in the apartment. List the Head of Household first. Head of Household is an individual who is 18 years of age or older.**

| Full Names<br>First, Middle, Last | Relationship<br>to Head of<br>Household | Date of<br>Birth | Age | Social Security<br>Number | Gender<br>M/F | Full or<br>Part-Time<br>Student<br>(FT or PT) | Race**<br>1,2,3,4,5<br>(see codes<br>below) | Ethnicity<br>H or NH<br>(see codes<br>below) |
|-----------------------------------|---|------------------|-----|---------------------------|---------------|---|---|--|
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |
|                                   |   |                  |     |                           |               |   |   |  |

**Race:** 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

**Ethnicity:** Hispanic or Latino (H) / Not Hispanic or Latino (NH)

\*\*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Housing Credit Program that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

|                  |                    |       |
|------------------|--------------------|-------|
| Current Address: | Home Phone #:      | _____ |
|                  | Cell Phone #:      | _____ |
|                  | Alternate Phone #: | _____ |

**WHAT SIZE APARTMENT ARE YOU APPLYING FOR?**     1BR     2BR     3BR     4BR

## Applicant Information

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Do you require a Barrier Free Unit?   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Do you require any modification to an apartment?<br>Explanation: _____  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Do you believe that you qualify as an elderly household (62 years of age or over or disabled, regardless of age)?                                   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Do you anticipate any additions to the household in the next twelve months?<br>Explanation: _____   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Is there anyone living with you now who won't be living with you at this property?<br>Name and Relationship: _____<br><br>Explanation: _____        |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in unit.) Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 7. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.) Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 8. Does your household have or anticipate having any pets other than those used as service animals?<br>Please specify what kind of pet: _____          |

## Previous Housing Information

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Are you currently living in subsidized housing?  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Do you have a Section 8 Voucher or any other type of housing assistance voucher?                               |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Have you been served a Notice to Quit or been asked to leave by a previous landlord ?                          |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Have you been served with lease violations from a previous landlord?   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Have you ever been evicted?  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Has any household member ever been evicted from federally assisted housing for drug-related criminal activity? |

***If you checked "YES" in any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.***

## Criminal Background Disclosure

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Has any household member ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?<br><br>List all states, other than the one that you reside in now, in which you have lived in during the last seven years?<br><br>_____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Have you or anyone else named on this application ever been convicted of a felony offense?  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs?<br>Explanation: _____   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Have you or anyone else named on this application ever been convicted of property damage?<br>Explanation: _____   |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Have you or anyone else named on this application ever been convicted of criminal trespass?<br>Explanation: _____   |

## Housing References

List the past **FIVE** years of housing references. *(If additional space is required, use a separate sheet of paper)*

|          | Current Landlord's Name/ Address/Phone | Your Address | Own/Rent                      | Dates      |
|----------|--|--------------|-------------------------------|------------|
| Name:    | _____                                  | _____        | <input type="checkbox"/> Own  | _____ From |
| Address: | _____                                  | _____        | <input type="checkbox"/> Rent | _____ To   |
| Phone:   | _____                                  | _____        |                               |            |

|          | Previous Landlord's Name/ Address/Phone | Your Address | Own/Rent                      | Dates      |
|----------|---|--------------|-------------------------------|------------|
| Name:    | _____                                   | _____        | <input type="checkbox"/> Own  | _____ From |
| Address: | _____                                   | _____        | <input type="checkbox"/> Rent | _____ To   |
| Phone:   | _____                                   | _____        |                               |            |

|          |       |       |                               |            |
|----------|-------|-------|-------------------------------|------------|
| Name:    | _____ | _____ | <input type="checkbox"/> Own  | _____ From |
| Address: | _____ | _____ | <input type="checkbox"/> Rent | _____ To   |
| Phone:   | _____ | _____ |                               |            |

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

|                   | Tag/License Plate # | State Issued | Make/Model/Year |
|-------------------|---------------------|--------------|-----------------|
| <b>Vehicle #1</b> | _____               | _____        | _____           |
| <b>Vehicle #2</b> | _____               | _____        | _____           |

## Emergency Contact

List someone in the area that is not already on the application.

|          |       |                    |                   |
|----------|-------|--------------------|-------------------|
| Name:    | _____ |                    |                   |
| Address: | _____ |                    |                   |
| Phone:   | _____ | Relationship _____ | Years Known _____ |

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit (example; SSI Benefits), it is counted for all household members including minors.

**Do YOU or ANYONE in your household receive OR expect to receive income from:  
(Include all income anticipated for the next 12 months - All questions must be answered).**

|                          |     |                          |    |  |                        |
|--------------------------|-----|--------------------------|----|--|------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Employment wages or salaries? <i>(Gross income before taxes or other deductions and include overtime, tips, bonuses, commissions and payments received in cash)</i> |                        |
|                          |     |                          |    | <b>- Household Member</b>  | <b>Name of Company</b> |
|                          |     |                          |    | <b>Gross Amount</b>  |                        |
|                          |     |                          |    | _____  | _____                  |
|                          |     |                          |    | _____  | _____                  |
|                          |     |                          |    | _____  | _____                  |

|                          |     |                          |    |  |                         |
|--------------------------|-----|--------------------------|----|--|-------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Self-employment? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i> |                         |
|                          |     |                          |    | <b>Household Member</b>  | <b>Type of Business</b> |
|                          |     |                          |    | <b>Amount</b>  |                         |
|                          |     |                          |    | _____  | _____                   |
|                          |     |                          |    | _____  | _____                   |
|                          |     |                          |    | _____  | _____                   |

|                          |     |                          |    |   |                   |
|--------------------------|-----|--------------------------|----|---|-------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Social Security, SSI, or any other payments from Social Security Administration? <i>(This is the gross amount before any deductions for medical insurance or any other deductions)</i> |                   |
|                          |     |                          |    | <b>Household Member</b>   | <b>SSA Office</b> |
|                          |     |                          |    | <b>Amount</b>   |                   |
|                          |     |                          |    | _____   | _____             |
|                          |     |                          |    | _____   | _____             |
|                          |     |                          |    | _____   | _____             |

|                          |     |                          |    |   |               |
|--------------------------|-----|--------------------------|----|---|---------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. NYS OTDA State Supplement Program? <i>(State amount you used to receive with your SSI payment)</i> |               |
|                          |     |                          |    | <b>Household Member</b>   | <b>Office</b> |
|                          |     |                          |    | <b>Amount</b>   |               |
|                          |     |                          |    | _____   | _____         |
|                          |     |                          |    | _____   | _____         |
|                          |     |                          |    | _____   | _____         |

|                          |     |                          |    |  |                             |
|--------------------------|-----|--------------------------|----|--|-----------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Regular pay as a member of the Armed Forces/Military? |                             |
|                          |     |                          |    | <b>Household Member</b>                                  | <b>Base Name and Branch</b> |
|                          |     |                          |    | <b>Amount</b>  |                             |
|                          |     |                          |    | _____  | _____                       |
|                          |     |                          |    | _____  | _____                       |
|                          |     |                          |    | _____  | _____                       |

|                          |     |                          |    |   |                    |
|--------------------------|-----|--------------------------|----|---|--------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Unemployment benefits or workman's compensation? <i>(Gross Weekly amounts before any deductions)</i> |                    |
|                          |     |                          |    | <b>Household Member</b>   | <b>Case Worker</b> |
|                          |     |                          |    | <b>Amount</b>   |                    |
|                          |     |                          |    | _____   | _____              |
|                          |     |                          |    | _____   | _____              |
|                          |     |                          |    | _____   | _____              |

YES  NO

7. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?  
(Do not include food stamps)

| Household Member | Case Worker and Case No. | Amount |
|------------------|--------------------------|--------|
| _____            | _____                    | _____  |
| _____            | _____                    | _____  |
| _____            | _____                    | _____  |

YES  NO

8. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO

9. a) Child Support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)*

| Household Member | Case Worker | Amount |
|------------------|-------------|--------|
| _____            | _____       | _____  |
| _____            | _____       | _____  |

b) How is the child support received? (Check all that apply)

Child Support Enforcement Agency      Name of Agency: \_\_\_\_\_

Court of Law      Name of Court: \_\_\_\_\_

Directly from individual      Name of Person: \_\_\_\_\_

Other      Explain: \_\_\_\_\_

YES  NO

c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

YES  NO

10. Regular payments from a severance package?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO

11. Regular payments from any type of settlement? (for example, insurance settlements.)

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO

12. Regular payments or gifts or payments from anyone outside of household? (this includes anyone supplementing your income or paying any of your bills which includes cash contributions or direct payments from family members or friends, etc. )

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |



YES  NO 13. Regular payments from inheritance or lottery winnings?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO 14. Regular payments from rental property or other types of real estate transactions?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO 15. Student Financial Aid Assistance or Grants from any government, public or private sources?  
*(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance)*

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO 16. Any other sources of income not listed?

| Household Member | Source of Benefit | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO 17. Do you or any other household members expect any changes to your income in the next 12 months?  
Explanation: \_\_\_\_\_

**Child Care Expenses**

**Complete for children 12 years old and younger**

Weekly cost you pay for Child Care \$ \_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the Children's Names that are in child care: \_\_\_\_\_  
 \_\_\_\_\_

**Expense Information (Elderly and Disabled Households only)**

|                          |     |                          |    | Monthly Amount         |       |
|--------------------------|-----|--------------------------|----|------------------------|-------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Health Insurance       | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Doctor/Hospital Bills  | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Prescriptions, etc.    | _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Handicapped Assistance | _____ |

## Asset Information

Assets are counted for all household members, including members under 18 years of age. Include all assets that you have and the income derived from the asset. (attach additional pages if necessary).

**Do YOU or ANYONE in your household have any of the below assets: (all questions must be answered)**

YES     NO    1. Savings Account? *(This includes a Benefit Direct Express Debit card issued by Social Security, Unemployment, Child Support Enforcement, Public Assistance, etc.)*

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES     NO    2. Checking Account?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES     NO    3. CD's, money market accounts, Savings Bonds or treasury bills?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES     NO    4. Stocks, bonds, or securities?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES     NO    5. Trust Accounts? *(Including burial accounts)*

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES     NO    6. Pensions, IRAs, 401(k)'s Keogh or other retirement accounts?

| Household Member | Financial Institute | Amount |
|------------------|---------------------|--------|
|                  |                     |        |
|                  |                     |        |

YES  NO 7. Whole life or universal life insurance policy? (Do not include term life insurance)

| Household Member | Insurance Carrier | Amount |
|------------------|-------------------|--------|
| _____            | _____             | _____  |
| _____            | _____             | _____  |
| _____            | _____             | _____  |

YES  NO 8. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

| Household Member | Address of Property | Amount |
|------------------|---------------------|--------|
| _____            | _____               | _____  |
| _____            | _____               | _____  |
| _____            | _____               | _____  |

YES  NO 9. Personal property held as an investment? (this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)

| Household Member | Description of Property | Amount |
|------------------|-------------------------|--------|
| _____            | _____                   | _____  |
| _____            | _____                   | _____  |
| _____            | _____                   | _____  |

YES  NO 10. Safe deposit box?

| Household Member | Financial Institute | Description/ Amount |
|------------------|---------------------|---------------------|
| _____            | _____               | _____               |
| _____            | _____               | _____               |
| _____            | _____               | _____               |

YES  NO 11. Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years?

If yes, type of asset (e.g., money/land/house) \_\_\_\_\_  
Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_  
Date of transaction \_\_\_\_\_

## Applicant Status

The following questions pertain to specific eligibility requirements:

YES  NO 1. Are you or any other ADULT household members claiming zero income?

Household member: \_\_\_\_\_

Explanation: \_\_\_\_\_

YES  NO 2. Will you or any other ADULT household members require a live-in care attendant to live independently?

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

Relationship (if one): \_\_\_\_\_

YES  NO 3. Is your household eligible for any housing preference?

Please identify preference:

\_\_\_\_\_ Natural Disaster Displacement

\_\_\_\_\_ Public Action Displacement

\_\_\_\_\_ Letter of Priority Entitlement (USDA, RD only)

YES  NO 4. Is your household entirely comprised of **ALL** full-time students?

YES  NO 5. Are you or any other household members (INCLUDING MINORS) currently a full-time or part-time student or expect to be one in the next 12 months?

List Household Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE IF YOU ARE A FULL-TIME OR PART-TIME STUDENT YOU MAY NOT BE ELIGIBLE FOR RENTAL ASSISTANCE AND/OR OCCUPANCY\*\*\*\*\***

**Signature Clause**

I understand that management is relying on this information to prove my household's eligibility for one or more of the following programs USDA Rural Development Housing, US Dept of Housing and Urban Development or the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the specific housing program requirements for this community.

I/We understand that **Faulkner Apartments Phase II** will be conducting a credit check, criminal check and landlord reference check in determining my eligibility for residency. Credit, criminal and landlord reference checks will be run on all applicants 18 years of age and older.

**All ADULT (18 years of age and older) household members must sign below:**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

**The attached Criminal & Sex Offender Background Information Sheet must be completed for all applicants who are 18 years or older.**

## Please sign ALL black checkmarks

### Authorization

I/we do hereby authorize **Faulkner Apartments Phase II** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

### Signatures

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

-----  

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### Signatures

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

-----  

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### Signatures

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Faulkner Apartments Phase II

### CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires Faulkner Apartments Phase II to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do so, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Faulkner Apartments Phase II will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity? YES \_\_\_ NO \_\_\_
2. Do you currently use illegal drugs or abuse alcohol? YES \_\_\_ NO \_\_\_
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES \_\_\_ NO \_\_\_
4. Have you been convicted of any drug related crime? YES \_\_\_ NO \_\_\_
5. Have you been convicted of any felony? YES \_\_\_ NO \_\_\_
6. Have you been convicted of any crime involving fraud or dishonesty? YES \_\_\_ NO \_\_\_
7. Have you been convicted of any crime involving violence? YES \_\_\_ NO \_\_\_
8. Are you currently charged with any of the above-mentioned criminal activities? YES \_\_\_ NO \_\_\_
9. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:  
\_\_\_\_\_
10. Have you ever used or been known as another name? YES \_\_\_ NO \_\_\_  
If yes, please list names used: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **Faulkner Apartments Phase II** to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to **Faulkner Apartments Phase II**, to an agency contracted by **Faulkner Apartments Phase II** to conduct criminal background checks.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
(Please Print)

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

## Faulkner Apartments Phase II

### CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

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Faulkner Apartments Phase II will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

11. Have you been evicted from a federally assisted site for drug related criminal activity? YES\_\_\_NO\_\_\_
12. Do you currently use illegal drugs or abuse alcohol? YES\_\_\_NO\_\_\_
13. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES\_\_\_NO\_\_\_
14. Have you been convicted of any drug related crime? YES\_\_\_NO\_\_\_
15. Have you been convicted of any felony? YES\_\_\_NO\_\_\_
16. Have you been convicted of any crime involving fraud or dishonesty? YES\_\_\_NO\_\_\_
17. Have you been convicted of any crime involving violence? YES\_\_\_NO\_\_\_
18. Are you currently charged with any of the above-mentioned criminal activities? YES\_\_\_NO\_\_\_
19. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:  
\_\_\_\_\_
20. Have you ever used or been known as another name? YES\_\_\_NO\_\_\_  
If yes, please list names used:\_\_\_\_\_

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APPLICANT'S NAME \_\_\_\_\_  
(Please Print)

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