

**165/175 Market Street**

**Charleston, South Carolina 29401**

**Telephone: (843) 723-5553; FAX: (843) 577-5397**

Thank you for your interest in the Canterbury House. To apply for residency, the following information is required to complete your application:

- Application
- Financial Declaration
- Release of Info for Housing Consideration
- Supplement to Application for Federally Assisted Housing
- Consent of Advocate Form
- Picture I.D.
- Birth Certificate
- Social Security Card
- Medicare Card/Medicaid Card (if applicable)
- Annual Social Security Benefit Letter
- Last six (6) months of your bank statements (all accounts)
- Verification of all other income

If you are applying for the East House (Section 8 Subsidy), you must provide copies of all out-of-pocket medical expenses that you paid last year or expect to pay during the current year. Returned completed applications are processed according to the date and time they are received except for displaced or disabled persons. All admissions are subject to background/credit checks. For further information, please call: (843) 723-5553.

**\*Canterbury House is a smoke-free environment\***

# Canterbury House

## Application for Admission

### Eligibility Requirements:

- Single persons 62 years of age or older
- Married couples provided head of household is 62 or older
- Annual income limit must meet the current requirements set by HUD
- Be able to live independently
- Have an approved Criminal Background Check

*No applicant meeting the above requirements shall be refused occupancy or otherwise discriminated against on the basis of race, color, religion, sex, disability, national origin or familial status.*

**Date of Application:** \_\_\_\_\_

### **Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Supplemental Health Insurance: \_\_\_\_\_

Marital Status: Married: \_\_\_ Widowed: \_\_\_ Divorced: \_\_\_ Single: \_\_\_

Spouse's Name, if living: \_\_\_\_\_

Present Employment: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Religion: \_\_\_\_\_ House of Worship: \_\_\_\_\_

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Do you have a Power of Attorney? \_\_\_\_\_ Healthcare POA? \_\_\_\_\_

Do you have a will? \_\_\_\_\_ Where is it located? \_\_\_\_\_

Please list children & next of kin's names, addresses & telephone #s:

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**Occupancy Information:**

Choice of Apartment: One Bedroom \_\_\_\_\_ Alcove \_\_\_\_\_ Efficiency \_\_\_\_\_

What is your desired move-in date?: \_\_\_\_\_

Will you need a parking space? \_\_\_\_\_ If yes, make & model of car: \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

*Note: A \$200. refundable deposit & proof of vaccines are required*

**References:**

Must list names, addresses and phone #s of three (3) persons, other than relatives, who we may contact for additional information. If renting, this must include your landlord:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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## Canterbury House Financial Declaration

**Applicant's/Resident's Name:** \_\_\_\_\_

Income Sources (gross/before taxes)	Monthly	Annually
Social Security	_____	_____
Supplemental Security Income	_____	_____
Retirement/Pension	_____	_____
Employment	_____	_____
Interest/Dividends	_____	_____
Rental Income	_____	_____
Alimony	_____	_____
Family Assistance	_____	_____
Other	_____	_____

**Total of Income Sources:** \_\_\_\_\_

*Please provide copies of all documents that verify your income. Depending on your sources of income this will be: current year's Social Security Benefit Letter; employment wages' W-2; pension income 1099, etc.*

I do have \_\_\_\_\_ I do not have \_\_\_\_\_ a checking/savings account

Have you disposed of major assets for less than fair market value within the last (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state what the asset was, date of disposal and amount received: \_\_\_\_\_

I hereby certify that the above information is a true, accurate and a complete summary of my income.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of Information for Housing Consideration

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

I authorize the Charleston Police Department or any other Law Enforcement Agency to release to the Housing Authority of Charleston, or its representatives, any and all records on file. I understand that the information may prove unfavorable to me. I agree not to hold any of these agencies or the City of Charleston Housing Authority responsible for any incorrect information reported but request assistance to rectify the problem. I release all persons and agencies from any liability resulting from the request of my background records check.

The Charleston Police Department or any of the agencies involved in this process are not responsible for placing or denying housing. Placement lies with the applicable office where the application originates.

Applicant's Name/Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL/ID# \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Present Address/Phone: \_\_\_\_\_

Housing Facility Address/Phone: \_\_\_\_\_

Additional Family Member (14 years old and above) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL/ID# \_\_\_\_\_

Additional Family Member (14 years old and above) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL/ID # \_\_\_\_\_

Additional Family Member (14 years old and above) \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL/ID# \_\_\_\_\_

Have you or any members of your household family composition ever been arrested or charged in a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain including charges and approximate dates (use back if necessary)

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

I do hereby affirm that the above information is correct and true to the best of my knowledge. I also understand that giving false information in regards to any part of this application will constitute grounds of denial of placement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing/Interviewer Signature: \_\_\_\_\_

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: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## CONSENT OF ADVOCATE

Resident Name: \_\_\_\_\_ Apartment # \_\_\_\_\_

### Consent of Advocate:

To reside at Canterbury House, every resident must have an Advocate. An Advocate may be a family member or friend who can be called on in the event of an accident, serious illness or other emergency situation.

**These are things for the resident and advocate to remember following an illness, injury or accident.** Canterbury House is not incorporated as a nursing home or rehabilitation facility, but rather as an independent living home for the elderly. Applications for residency state that "applicants must be of acceptable physical condition and able to care for themselves."

Canterbury House is not an appropriate place to recover from a fractured hip or a stroke, or any major surgery.

When released from the hospital, required therapy and recovery must be accomplished at another facility rather than Canterbury House. The return to Canterbury must be arranged in advance and accompanied by a physician's evaluation as to whether the resident has the ability to live independently. As long as a resident can live independently, Home Health Care, Hospice and other certified agencies may be obtained for follow-up care.

Residents are accordingly reminded that in the event they undergo hospital or nursing home care, it is necessary to advise the Executive Director of the facts concerning the resident's condition and doctor's evaluation before returning to Canterbury House.

### The Advocate must have the ability to

- Make sound decisions for the resident. In the event the resident, because of physical or mental health changes, is unable to continue living independently at Canterbury House, the Advocate is responsible for arranging and helping transfer the resident to a facility appropriate for his/her medical care.
- The Advocate is also responsible for the removal of the resident's property from the apartment.

The Advocate agrees to accept these responsibilities and likewise, acknowledges that he or she understands that being an advocate for the resident is a condition for the resident to live at Canterbury House.

Advocate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Advocate's Signature: \_\_\_\_\_