

RENTAL HOUSING APPLICATION

Oakwood Manor – A **smoke-free complex**
300 N. Mill Veedersburg, Indiana 47987
Phone 217-442-8133 Fax 217-442-3715
TTY - 711
Email: sandymorgan1320@yahoo.com

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence, and I will not maintain a separate subsidized rental unit in a different location. The information on this form is needed to qualify & certify your household. Please complete this entire form and leave no blanks. If there are questions that you do not understand, please call the apartment manager.

Mbr #	Full legal name	SS #	Relationship	Birth date	Student Status
1	_____	_____	_____	_____	FT PT NA
2	_____	_____	_____	_____	FT PT NA

Were any of the applicants 62 years of age or older before January 31, 2010 and who do not have a SSN, receiving HUD rental assistance at another location on January 31, 2010? YES/NO If yes which applicant? _____

Do you expect any additions/subtractions to the household within the next 12 months which are NOT listed above?

If yes, please explain: _____

Current Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Monthly rent:** _____

Present Landlord's Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **How long:** _____

Reason for wanting to move? _____

Prior Landlord's Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **How long:** _____

Reason for moving? _____

Has your residence had any insect, parasite, rodent or other infestations in the last year? YES ___ NO ___

List all state(s) where you and/or adult members of your household have previously lived/resided:

Name: _____ Other states: _____

Name: _____ Other states: _____

Name: _____ Other states: _____

What is your preferred method of contact for communication? ___Email ___Phone Call ___Text ___Mail

Email address: _____

****Some notices are required to be delivered to the unit in accordance with applicable HUD requirements, including but not limited to, instances where certain information may not be sent by email or text in accordance with such requirements.**

The information solicited on this application is requested by the apartment owner to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to provide 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.

HEAD OF HOUSEHOLD

(Check as appropriate)

Race

☐ White
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian / Alaskan Native
☐ Other

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Marital Status

☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Single

Sex

☐ Male
☐ Female

Have you used any other names, aliases, or a maiden name: _____

Have you, or any member of the household ever:

Been evicted?	Yes _____	No _____
Have you been evicted from federal housing?	Yes _____	No _____
Filed for bankruptcy?	Yes _____	No _____
Willfully or intentionally refused to pay rent? Why? _____	Yes _____	No _____
Had a criminal record, if yes explain: _____	Yes _____	No _____
Been convicted for use, manufacturing, or trafficking drugs?	Yes _____	No _____
Been or are an alcohol or drug abuser?	Yes _____	No _____
Currently living in subsidized housing?	Yes _____	No _____
Lived in a subsidized complex before and had tenancy or assistance terminated for fraud, non-payment of rent or failure to cooperate with the re-certification procedures?	Yes _____	No _____
Been a sex offender requiring lifetime registration?	Yes _____	No _____
Had a bedbug infestation?	Yes _____	No _____

Do you/are you, or any member of the household:

Do you use marijuana in any form?	Yes _____	No _____
What form? Smoke _____ Edibles _____ Drops _____ Vape _____		
Do you have a medical marijuana card?	Yes _____	No _____
Does anyone in your household have pets?	Yes _____	No _____
If yes, how many? _____ What type? _____		
Do you request consideration for an income adjustment based on a disability?	Yes _____	No _____
Do you need special accommodation or modifications to the living unit based on a disability?	Yes _____	No _____
An elderly household is a tenant or co-tenant who is 62 years of age or older, disabled or handicapped.		
Do you qualify as an elderly household?	Yes _____	No _____
Are you a U.S. citizen?	Yes _____	No _____
Are you displaced due to a presidentially declared disaster or by government action?	Yes _____	No _____
Is any member of your household a U.S. military veteran? YES/NO	If yes whom? _____	
Are you or is anyone in your household disabled? YES/NO	If yes, whom? _____	

Do you understand there is NO smoking in the apartment for ANY reason?	Yes _____	No _____
Do you understand if you are found to be smoking IN the unit you WILL be evicted?	Yes _____	No _____

I acknowledge that Management will rely heavily on the information which I/We have supplied. I/We certify that the information presented in this form, to be true and accurate and authorize Management to verify any information that I have provided. I/We specifically authorize Management to investigate as to my qualifications to reside in the apartment applied for, to obtain My/Our criminal and rental history. In the event any information contained herein is false, Management may reject this application or, if this application has been accepted, may immediately terminate my tenancy. I hereby certify that if I am applying for a subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Signature _____

Signature _____

Date _____

Date _____

You may receive a deduction for any out-of-pocket childcare expenses incurred for children ages 12 and under living in your household which will enable you to work or go to school. Will you be claiming this as an expense? Yes _____ No _____

INCOME

Income Source	Member	Amount	Employer	Address & Telephone
Gross Wages/Sal				
Gross Wages/Sal				
Social Security				
Social Security				
Pension				
SSI/SSD Income				
Public Assistance				
Child Support				
Unemployment				
Other				

Does anyone in the household have more than one job? Yes ____ No ____ Who? _____
 Anyone in the household active with a temp agency although not currently assigned to a job? YES ____ NO ____
 Additional income not listed above including but not limited to Instacart, Amazon, Food delivery type services?
 If yes, please explain: _____

FAMILY ASSETS – Include all assets from ALL household members, including minors with assets.

Type of Account	Bank/Source	Address & Phone - Member	Account #	Balance/Cash Value
Checking				
Checking				
Direct Cash Card				
Savings				
Savings				
CD				
Express Card				
Stock/Bond				
Cash				
Other				

Have you disposed of any assets for less than fair market value in the last two years? YES ____ NO ____
 If yes, list the assets you disposed of, date of disposition, fair market value and amount received:
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____

I/We do _____ do NOT _____ own any Real Estate _____ ← Head of Household Initials

MEDICAL INFORMATION

Please complete all questions about medical expenses (including Medicare and out of pocket expenses) for all household members *only if the head of household, spouse or adult co-head is at least 62 years old or disabled*. If medical questions do not apply to you (because you are under the age of 62 years, or not disabled) place NA to answer the question.

MEDICARE Part D

Do you have Medicare? YES ___ NO ___ Do you have Medicare Part D YES ___ NO ___

Animals – Including Assistance Animals

Pets are not allowed at family communities; however, we do allow one dog or cat at our senior/disabled communities. ALL animals must be current on all vaccinations and fixed and have a signed animal policy BEFORE the animal moves in. Management approved assistance animals are allowed at all properties. If appropriate list your pet or assistance animal below:

Name of Animal	Type of animal	Gender	Weight	Breed	Color	Age
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

HUD STUDENT STATUS QUESTIONNAIRE

All adult members of the household must fill out the student status section with additional copies of the section given to you to complete, if necessary. Please answer the following questions as has a head of household, cohead or other adult, as it pertains to attending an institution of higher or vocational education to obtain a certificate, degree, or other program to obtain a recognized educational credential.

Member 1 - Are you a FULL TIME ___ or PART TIME ___ student? NOT APPLICABLE ___
Member 2 - Are you a FULL TIME ___ or PART TIME ___ student? NOT APPLICABLE ___

Name of closest living relative, next of kin or another emergency contact not living with you:

Name: _____ Relationship: _____ Phone: _____
Address: _____ Place of employment or work phone _____

How did you hear of us? ___ Newspaper ___ Flyer ___ Website ___ Call/walk-in ___ Radio
Friend/Relative/Current tenant refer you? Share their name: _____

(FOR MANAGEMENT USE ONLY)

Eligibility Determination

Date: _____ Eligible Unit size (s): ___ 1 bdrm ___ 2 bdrm

Date purged from waiting list: _____

Ineligible – Reason (s): _____

SIGNED: _____

Owner/Agent

Date and Time received.

J.H. YUDIN & ASSOCIATES, LLC
1320 N. Vermilion
Danville, Illinois 61832
Phone: 217-442-8133 Fax: 217-442-3715

Landlord Verification

Title: Assistant Manager

Return to: Sandra Morgan

Landlord: _____

Address: _____

City/State/Zip: _____

The person named above has applied at the apartment Community shown above which is under a program of the U.S. Department of Housing and Urban Development (HUD), or Rural Development (RD). We are required to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the property listed at the top of the page (via mail or fax) to ensure timely processing of the required paperwork. Enclosed is a self addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

1. Rental Payment Habits

- a.) From: _____ To: _____ Rent Amount: _____
b.) Has applicant been late on rent? _____ How late? _____ How often? _____
c.) Have you even begun eviction proceedings? _____ Why? _____

2. Caring for the unit

- a.) Has the applicant shown poor housekeeping, hoarding or unreasonable clutter? _____
b.) Has (had) the applicant damaged the unit? _____ Describe: _____
c.) Has (had) the applicant paid for damages? _____
d.) Will you (did you) keep any of the security deposit? _____
e.) Has there been any evidence of pest (including bed bug) infestation? _____

3. General

- a.) Does (did) the applicant permit others not on the lease to live in the unit? _____
b.) Does (did) applicant interfere with the rights and quiet enjoyment of other tenants? _____
c.) Failure to cooperate with applicable re-certification procedures? _____
d.) Violations of lease or house rules? _____
e.) Termination of assistance for fraud? _____
f.) Are you related to the applicant? _____

4. Summary

- a.) Would you re-admit this applicant? _____ Why not? _____
b.) Has the applicant, or guests engaged in any criminal activity, (including drug related criminal activity), in the unit or on the building premises? _____
Describe: _____
c.) Have you had any problems with this tenant? _____

The above is furnished to you in strict confidence in response to your request.

Signature _____

Title _____

Date _____

Phone Number _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

RELEASE: I 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.

Applicant Signature  _____ Date: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

"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 any employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected 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 willingly 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 43 U.S.C. Section 408 (a) (6) (7) and (8).

This institution is an equal opportunity provider and employer
Equal Housing Opportunity