

Application for Admission and Rental Assistance Section 202/8 Elderly & Elderly Disabled

Date: _____

Property Name:	St. George's Court	Telephone:	770-229-5405
Address:	110 North 10th Street	Fax:	770-229-8788
	Griffin, GA 30223	TTD/TTY:	711 National Voice Relay
Email	lrohlfingsgc@gmail.com		

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name (Print Full Name)			
How did you hear about us?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> HUD <input type="checkbox"/> Other		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date		Social Security Number	
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that this is not an assisted living facility and that the owner/agent provides no services addressing a resident's need for assistance with Activities of Daily Living?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc. The patio is only designated smoking area.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

RENTAL HISTORY:

Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long have you lived at this address			
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #1			
Address			
Address			
City, State, Zip			



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Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #2			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED (IF APPLICABLE)	HEIGHT	WEIGHT

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip to questions about income and assets.



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Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?	Adults	Minors

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME		
2		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above		
SSN	Date of Birth	
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME		
3		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above		
SSN	Date of Birth	
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

UNIT SIZE/FEATURES: The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

<p>Unit Size</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;"><input type="checkbox"/> 1 Bedroom Unit</td></tr> <tr><td style="padding: 5px;"><input type="checkbox"/> 2 Bedroom Unit</td></tr> <tr><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td></tr> </table>	<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> 2 Bedroom Unit			<p>Special Features</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;"><input type="checkbox"/> Mobility Accessible Unit</td></tr> <tr><td style="padding: 5px;"><input type="checkbox"/> Communication Accessible Unit (Hearing)</td></tr> <tr><td style="padding: 5px;"><input type="checkbox"/> Communication Accessible Unit (Visual)</td></tr> <tr><td style="padding: 5px;"><input type="checkbox"/> Special features: Please list below:</td></tr> </table>	<input type="checkbox"/> Mobility Accessible Unit	<input type="checkbox"/> Communication Accessible Unit (Hearing)	<input type="checkbox"/> Communication Accessible Unit (Visual)	<input type="checkbox"/> Special features: Please list below:
<input type="checkbox"/> 1 Bedroom Unit									
<input type="checkbox"/> 2 Bedroom Unit									
<input type="checkbox"/> Mobility Accessible Unit									
<input type="checkbox"/> Communication Accessible Unit (Hearing)									
<input type="checkbox"/> Communication Accessible Unit (Visual)									
<input type="checkbox"/> Special features: Please list below:									

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer.		



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Employer #1	
Address	
Address 2	
City, State, Zip	
Phone	
How much employment income do you expect to receive in the next 12 months?	\$

Employer #2	
Address	
Address 2	
City, State, Zip	
Phone	
How much employment income do you expect to receive in the next 12 months?	\$

Do you currently have more than two employers? Yes No
If yes, please provide additional employment information on a separate sheet.

<p>How much do you expect to receive in other income in the next 12 months?</p> <p style="text-align: center;"><u>Please write in 0.00, NA or None if you will receive no income from these sources.</u></p> <p style="text-align: center;">THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</p>
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Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$

Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	

Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Do you have a checking account? <i>If you answer yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account? <i>If you answer yes, you will be required to provide the most recent bank statement so that we may estimate the value of the asset in accordance with HUD requirements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		
\$		
\$		

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$
Health Insurance - 1 – annual deductible	\$
Health Insurance - 2 – annual premium	\$
Health Insurance - 2 – annual deductible	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$
Prescription Drugs - annual out-of-pocket expense	\$
Do you have an HMO , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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If yes, please give the name of the HMO, plan, or insurance company.		
What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who reimburses you?		
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (<i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i>)	\$	
Personal use items annual out-of-pocket expense (<i>i.e. glasses, incontinent supplies, hearing aids</i>)	\$	
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$	
Mileage to and from medical appointments	\$	
Other	\$	
Other	\$	
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?		

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the



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owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes or whenever you need to add or remove a household member from your application.

I would like to request a complete copy of the owner/agents resident selection criteria.

No Yes If yes, which option do you prefer? Paper copy Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

*St. George's Court does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Aubrey L. Rohlfig

Telephone: 770-229-5405

*See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4
for information about the requirements to include this information.*

