

Application for Additional Adult Household Member (Section 8)

«full_name»

«address_line1»

«address_line2»

«address_line3»

«city» «state» «zip»

We have received a request from _____ that you are interested in becoming an additional household member. In order to approve this request, it is required that you first complete the following application.

Instructions: Please follow carefully - Incomplete applications will be returned.

Complete all areas. If an item does not apply to you, mark "N/A" on that line.

We need copies of Social Security Cards The government requires that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License

Medicare Card

Medical Insurance Card

Bank Statement

Retirement benefit letter

Benefit letter from government agencies

Note: Copies of Metal Social Security Cards are not acceptable.

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.

Proof of US Citizenship The US Department of Housing & Urban Development requires that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you must have the attached Declaration of Section 214 Status forms completed by EACH family member (including yourself). Please make sure you follow the instructions on the Declaration Form.

Signatures are required by all adult applicants

Return your application to:

«mgmt_local_office»

«mgmt_local_office_address1»

«mgmt_local_office_address2»

«mgmt_local_office_address3»

«mgmt_local_office_city» «mgmt_local_office_state» «mgmt_local_office_zip»

Your application is being returned because:

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

You did not provide the required social security card.

The Declaration of Section 214 Status was not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered as an additional household member.

APPLICATION FOR ADDITIONAL HOUSEHOLD MEMBER – (SECTION 8 HOUSING)

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1 «full_name»					

Mailing Address: «address_line1» City: «city» State «state» Zip: «zip»
«address_line2» :

Physical Address: _____ City: _____ State _____ Zip: _____
(if different than mailing address) :

Telephone No. (which you can be reached at): «household_phone» E-Mail Address _____

INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	\$

C. **ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks

IRA's/401-K's

Name	Bank
Address	Address
Value \$ Div. Rate	Value \$ Div. Rate

Bonds

Trust Accounts

Bank	Bank
Address	Address
Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

C. **ASSETS** (continued):

Real Estate

Do you own any property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES**

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if you are 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$	Monthly Amount \$
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Medical Insurance

Name	Name
Address	Address
Claim No. Monthly Amt. \$	Claim No. Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

F. **APPLICANT INFORMATION**-Please place a checkmark in the box if any of the following statements apply to you.

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You have been evicted from federally assisted housing for drug-related criminal activity?

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

- 5. You have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

G. **REFERENCE INFORMATION**

Current Landlord (Name, Address,& Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes___ No___

Previous Landlords (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes___ No___	Is this landlord related to you? Yes___ No___

Professional Personal References (Name, Address, Phone No. & Relationship)

(Ex: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by «mgmt_company» during the application process regarding the applicant will be taken into consideration as part of the application.

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes _____ No _____ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and «mgmt_company» resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head _____

Spouse/Co-Tenant _____

Date _____

Date _____

For «mgmt_company»

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

- () American Indian or Alaskan Native () Black () Hispanic () Asian or Pacific Islander () White () Other
- () Male () Female

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize «mgmt_company» 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

Authorization

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Applicant Signature

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Signatures



Applicant Signature

Date