

APPLICATION FOR HOUSING

HUD Property

Office Use Only

This is an application for housing at (Circle all that apply):

- Billy V. Hall Senior Complex, INC, Gravette AR
- Flint Creek Apartments, INC, Gentry AR
- Dixieland Gardens Senior Housing, INC, Rogers AR
- Ozark Meadow Apartments, INC, Berryville AR
- Oak Hills Senior Housing, INC, Green Forest AR
- NASH Bull Shoals, Bull Shoals AR
- White River Senior Complex, INC, Elkins AR

- NASH Gravette, Gravette AR
- Osage Heights Senior Housing, INC, Bentonville AR
- Miller Place Senior Complex, INC, Rogers AR
- Ozark Meadows II, Berryville AR
- Fallen Ash Senior Complex, INC, Flippin AR
- Willowbrook Senior Housing, INC, Mtn. Home AR

Mgr. Initials: _____
 Date: _____
 Time: _____

**Please complete this application and return to Area Agency on Aging of Northwest Arkansas or the property office.
 Managed by Area Agency on Aging of Northwest Arkansas.**

Applications are placed on waiting list in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. **If any section does not apply to you, fill in with "n/a" or "does not apply."**

1. GENERAL INFORMATION

Please Print Clearly

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

Are you seeking housing due to a Presidentially Declared Disaster? YES NO

Citizenship Status (check one) United States Citizen Eligible Non-Citizen Ineligible Non-Citizen

Do you RENT or OWN or HOMELESS (check one)

How did you hear about the property? _____

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? YES NO (check one)

****Attach copy of your Social Security Card and proof of age, i.e. driver's license, state ID, birth certificate, etc. for all household members. If you have no Social Security Number, you claim you are exempt because: You are an ineligible non-citizen or you were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10.**

	Name	Veteran	Need an accessible unit?	Student Status	Birth Date	Age	SS#
Head	<input style="width: 100%;" type="text"/>						
Co-H	<input style="width: 100%;" type="text"/>						
Other	<input style="width: 100%;" type="text"/>						

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



2. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. **Must supply complete addresses and phone numbers on last page of application.**

Household Member Name	Source of Income	Gross Monthly Amount
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Pension (list source)	\$ _____
_____	Pension (list source)	\$ _____
_____	Veteran's Benefits (list claim #)	\$ _____
_____	Veteran's Benefits (list claim #)	\$ _____
_____	Interest Income (source)	\$ _____
_____	Interest Income (source)	\$ _____
	Employment amount	\$ _____
	Employer: _____	
	Position held: _____	
	How long employed? _____	
	Custody arrangement of any children? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, explain: _____	
	Alimony	
	Are you <i>entitled</i> to receive alimony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, list the amount your are <i>entitled</i> to receive.	\$ _____
	Other Income	\$ _____
	Other Income	\$ _____
	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$ _____
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$ _____
	Do you anticipate any changes in this income in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, explain: _____	

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA. **Must supply complete addresses and phone numbers on last page of application.**

		Bank	Balance
Checking Accounts	# _____	_____	\$ _____
	# _____	_____	\$ _____
Savings Accounts	# _____	_____	\$ _____
	# _____	_____	\$ _____
Trust Accounts	# _____	_____	\$ _____
	# _____	_____	\$ _____
Direct Express Debit Card	# _____	_____	\$ _____
Reloadable Prepaid Card	# _____	_____	\$ _____

Certificates of Deposit # _____ Bank _____ Balance \$ _____
Credit Union # _____ Bank _____ Balance \$ _____
Savings Bonds # _____ Maturity Date _____ Value \$ _____
Life Insurance Policy # _____ Cash value \$ _____
Life Insurance Policy # _____ Cash value \$ _____

Mutual Funds Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____
 Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____

Stocks Name: _____ #Shares _____ Dividend Paid \$ _____ Value \$ _____
 Name: _____ #Shares _____ Dividend Paid \$ _____ Value \$ _____

Bonds Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____
 Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____

Investment Property Appraised Value \$ _____

Real Estate Property: *Do you own any property?* YES NO

If yes, type of property: _____

Location of property _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/disposed of any property in the last 2 years? YES NO

If yes, type of property: _____

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? YES NO

If yes, describe the asset _____

Date of disposition _____

Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? YES NO

If yes, please list:

E. Medical Providers / Expenses

Do you pay a monthly Medicare premium:

YES NO

If yes, please list:

Amount of premium:

\$ _____

Do you pay for a supplemental insurance policy such as AARP, Blue Cross, etc.

YES NO

If yes, please list:

Amount of monthly premium paid by you: \$ _____ Policy #: _____

Name of company: _____

List name of all pharmacies:

1. _____
2. _____

3. _____
4. _____

List name of all hospitals:

1. _____
2. _____

3. _____
4. _____

List name of all doctors: (medical, dental, eye, etc.)

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

Examples of other medical expenses are: services of health care facilities such as laboratory fees, x-rays and diagnostic tests, blood, and oxygen, dental treatment, attendant care, payments on accumulated medical bills, nonprescription over-the-counter medicines (aspirin, cough drops, vitamins, incontinence supplies, diabetes supplies, etc.), transportations to/from treatment (actual cost or if driving by car, a mileage rate base on IRS rules or other accepted standard), or any other medically-necessary services, apparatus or medication, as documented by third party verifications. Non-recurring, one-time expenses are excluded.

Use the last page of application to list medical providers, their names, addresses, and phone numbers.

F. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?

YES NO

Have you or any member of your family ever been convicted of a felony?

YES NO

If yes, describe when and where _____

Have you or any member of your family ever been evicted from any housing for lease violation including drug use or failure to report a crime?

YES NO

If yes, describe _____

Are you or any member of the household required to register with any state lifetime sex offender or any other sex offender registry?

YES NO

List all states in which you and members of the household have resided. _____

Have you ever filed for bankruptcy?

YES NO

If yes, describe _____

Will you take an apartment when one is available?

YES NO

Briefly describe your reasons for applying: _____

G. REFERENCE INFORMATION

Current Landlord

Name: _____
Address: _____
Home Phone: _____
Bus. Phone: _____
How Long? _____

Prior Landlord

Name: _____
Address: _____
Home Phone: _____
Bus. Phone: _____
How Long? _____

Personal Reference #1 (not a family member) Name: _____

Address: _____

Relationship: _____ Phone #: _____

Personal Reference #2 (not a family member) Name: _____

Address: _____

Relationship: _____ Phone #: _____

In case of emergency notify: _____ Relationship: _____

Address: _____ Phone #: _____

H. PET INFORMATION (if applicable)

Do you own any pets? YES NO If yes, describe: _____

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Print name

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

