



APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

(Property Name applying for) _____

******* THIS IS A SMOKE FREE BUILDING *******

Applicant Name _____ Application # _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Other _____

Select the size of the apartment () Efficiency () 1BR () 2BR () 3BR () 4BR

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Do you or anyone in your household currently engage in the legal use of a controlled substance? If yes, please specify the person within the household. Name: _____
2. Are you or anyone in your household subject to a State Lifetime registration requirement for sex offenders? If yes, please identify household member. Name _____
3. List below the Head of Household and all other members, if applicable, who will be living in the apartment. Provide the relationship of each family member or person to the Head of Household (HOH).
4. We are required, by HUD, to have all applicants who were age 62 or older as of January 31, 2010

Member NO	Member's Full name	Relationship	D.O.B.	Age	Sex	Social Security NO

5. **Race of Head of Household:** Check one (*For statistical purposes only*)
 () American Indian/ Alaskan Native () Asia/ Pacific Islander () Black or African American () Native Hawaiian or other Pacific Islander () White
6. **Ethnic of Head of Household** Check one (*For statistical purpose only*)
 () Hispanic or Latino () Not Hispanic or Latino
7. Does anyone live with you now who is not listed above? () yes () No
8. Do you expect a change in your household composition? () Yes () No
 If you answered "yes" to #7 or #8 above, please explain: _____
9. Is the Head of Household or spouse disabled? () Yes () No (*For eligibility purposes only*)



10. Please identify any special housing needs your household may have _____

11. Are you now living in a subsidized housing? () yes () No - if no, then skip #'s 11, 12 and 13.

12. Name of property or Management Agent: _____

13. Name of Manager _____

14. Management office telephone number: _____

1. ASSETS

List all checking and savings accounts, IRAs, Keogh Accounts, and or Certificates of Deposit of all household Members.

- List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member.
- List any assets disposed of for less than their fair market value during the past two years.

Member NO.	Bank or Institution Name	Type of Account	Account Number	Balance

2. EXPENSES

() YES () NO Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the care provider:

What is the weekly cost to you of the child care? _____

() Yes () No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay care attendant, provide their name, address and telephone number

What is the cost of you for the care attendant and/or the equipment? _____

Elderly Families Only

() Yes () No Do you have Medicare? If yes, what is your monthly premium? _____

() Yes () NO Do you have any other kind of medical insurance? If yes, answer the following questions:
Provide name and address of carrier, policy number, and premium amount.

() Yes () NO Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide name and address



PREVIOUS RENTAL HISTORY

Name and address of your present Landlord:

Telephone No _____
How long have you live there? _____
Reason for leaving? _____

Name and Address of your Former Landlord

Telephone No _____
How long have you live there? _____
Reason for leaving? _____

Employment History

Name and Address of Head's Present Employment

Telephone No _____
Supervisor's Name? _____
How Long Have you work their _____

Name and Address of spouse's Co- Head's Employer

Telephone No _____
Supervisor's Name? _____
How Long Have you work there? _____

Applicant Certification

I / we certify that if selected to receive assistance, the unity 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 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 this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head _____

Date _____

Signature of Spouse/Co-Head _____

Date _____

Owner/ Management Representative: _____

Date _____



NEW COMMUNITY CORPORATION

AUTHORIZATION AND RELEASE

I _____, hereby authorize New Community Corporation to conduct a consumer report investigation and /or obtain an investigative consumer report. I understand that a consumer report covers my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. I further understand that an investigative Consumer report may contain information about my character, general reputation, personal characteristics and mode of living, which information may be obtained through personal interviews with my friends, neighbors and / or other associates.

I further understand that any information obtained by New Community Corporation will not be used in violation of any federal or state discrimination law or regulation. I further understand that I have a right to request that the reporting agency providing the consumer report or investigative consumer report provide me with the details of any report made and that, upon my written request to New Community Corporation, I will be provided any disclosures concerning the investigation. I further understand that no later than three business day after ordering a consumer report or investigative consumer report, New Community Corporation will notify me in writing that such a report has been ordered.

Additionally, I understand that prior to taking any adverse employment action or rejecting my application because of information secured in either the consumer report or the investigative consumer report, New Community Corporation will provide me with the copy of the information relied upon and will further provide we with the name and address of the reporting agency.

I further understand that if New Community Corporation decides to take such adverse employment action, I will be provided with an adverse action notice, either orally, electronically or written that an adverse action has taken place and will be provided, with an adverse action notice, either orally, electronically or written that an adverse action has taken place and will be provided with the name, address and telephone number of the reporting agency, the specific reason why the adverse action was taken and oral, written or electronic notice of my rights under the fair Credit Reporting act, including the right to receive a free credit report from the reporting agency with sixty (60) days.

I hereby and herewith release New Community Corporation, its employees, agents and contractors from any and all liability whatsoever arising from either the consumer report investigation or investigative consumer report and from decision made concerning my application or continuation of employment based upon the results of the consumer report investigation or the investigative consumer report.

Employee/Applicant Signature: _____

Print Name: _____

Witness signature: _____