



Justus Property Management, Inc.



RENTAL APPLICATION

Marketing info: How did you hear about the property? _____

(Office use only)

Date Received _____

Time Received _____

Received by: _____

(Manager's signature)

Please Print when completing this application

IF CO-APPLICANTS ARE APPLYING FOR RESIDENCY, AND HAVE NOT LIVED TOGETHER AT THE SAME ADDRESS FOR AT LEAST 2 YEARS, SEPARATE APPLICATIONS MUST BE COMPLETED. (Most recent landlord/residence history possible)

Date of Application _____ Apartment Community _____

Type and Size of Apartment _____ Desired Move-In Date _____

APPLICANT'S FULL NAME _____

Telephone # _____ Alternate phone or Cell# _____

RESIDENT HISTORY Minimum 2 year history (every address where you have lived in the past 2 years)

Current Address (including zip code)
Current County _____
How long have you lived here? _____
Landlord's Name _____
Landlord's Phone _____
Landlord's Address _____
Amount of rent paid? _____ Past due? _____
Reason for Moving _____

Previous Address (including zip code)
Previous County _____
How long did you live there? _____
Landlord's Name _____
Landlord's Phone _____
Landlord's Address _____
Amount of rent paid? _____ Past due? _____
Reason for Moving _____

Previous Address (including zip code)
Current County _____
How long have you lived here? _____
Landlord's Name _____
Landlord's Phone _____
Landlord's Address _____
Amount of rent paid? _____ Past due? _____
Reason for Moving _____

Previous Address (including zip code)
Current County _____
How long have you lived here? _____
Landlord's Name _____
Landlord's Phone _____
Landlord's Address _____
Amount of rent paid? _____ Past due? _____
Reason for Moving _____

PERSONAL REFERENCES

Name _____ Address _____

Day Phone _____ Evening Phone _____ Relationship _____

Name _____ Address _____

Day Phone _____ Evening Phone _____ Relationship _____

Per NOTICE: PIH 2012-28 HUD regulations prohibit admission of a household member if they are subject to a State lifetime sex offender registration requirement. Criminal background checks must be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided.

HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS TO OCCUPY THIS APARTMENT	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT? YES or NO
1				
2				
3				
4				
5				
6				

Yes ___ No ___ You have no Social Security Number and are claiming you are exempt. If yes, please indicate household member name _____.

If you have no Social Security Number, you claim you are exempt because:

Yes ___ No ___ You are an ineligible noncitizen or

Yes ___ No ___ 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)

Yes ___ No ___ Is any applicant member of my household, as listed above, subject to a lifetime registration requirement under any State Sex offender registration program?

Yes ___ No ___ Does the Head, Spouse, or Co-Head qualify for an allowance based on age or disability?

Yes ___ No ___ Due to the disability of a household member, are you requesting an accessible apartment or would you benefit from the features in an accessible apartment?

Yes ___ No ___ In the last three years, have you or any household member been evicted from federally assisted housing for criminal activity?

Applicants must provide a complete list of all states in which any household member has resided. Please complete this request: Match the member number on Page 2, listing every State under each household member where they have lived.

Head of household #1	Co-head #2	Member #3	Member #4	Member #5	Member #6

ANNUAL INCOME	Gross Wages and Salaries	Social Security Pensions, SSI, etc.	TANF, AFDC, Welfare	Other (Support, Regular gifts)
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Head of Household \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Co-Head or Spouse \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Co-Head (additional) \$ \$ \$ \$

Employer or Income source Address Phone number Fax number

Please provide **CONTACT INFORMATION** regarding any other income sources that may NOT be listed above:

MEDICAL, CHILDCARE, OR DISABLED ASSISTANCE EXPENSES (as qualified)

(In order to qualify for unreimbursed medical expenses, the head, spouse, or co-head must be disabled or elderly)

Unreimbursed Medical Expenses (as qualified) _____ (circle one) Monthly Annual

(To qualify for Childcare expense you are working, seeking employment, or furthering your education (academic or vocational)).

Anticipated Child Care (available for under 13 including foster children) _____ (circle one) Monthly Annual

(In order to qualify for disability assistance expense. a family member or members [18 or older] must be enabled to work)

Unreimbursed disabled assistance expense _____ (circle one) Monthly Annual

BANKING AND NET FAMILY ASSETS

Bank or Credit Union name _____

Branch & address _____

Checking Account # _____ Savings Account # _____

Banking and Net Family Assets Continued:

Checking amount \$ _____ Savings amount \$ _____ CD's \$ _____
Stocks & Bonds \$ _____ Real Estate \$ _____ Other (specify) _____

ASSET DISPOSAL--- MARITAL STATUS--- PET INFORMATION

Have you, your spouse, or co-head disposed of any assets in the past two years for less than fair market value?
Yes _____ No _____ If yes, give the nature & date of disposal, the amount disposed for, & the fair market value on back of this application.

Head of Household Status: (check one) Married ☐, Divorced ☐, Legally Separated ☐, or Single (never married) ☐

Co-Head Status: (check one) Married ☐, Divorced ☐, Legally Separated ☐, or Single (never married) ☐

Co-Head (add'l) Status: (check one) Married ☐, Divorced ☐, Legally Separated ☐, or Single (never married) ☐

Do you currently own a pet? Yes ___ No ___ Dog _____ Cat _____ Description _____ Weight _____ lbs.

If this community accepts pets you will need a complete pet packet: policy, information sheet & agreement.

In considering this application from you, Management will rely heavily on the information that you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references or information that has been supplied to the community management. Per NOTICE: PIH 2012-28 Failure to accurately respond to any question during the application process is cause to deny the family admission. **Please be advised that persons with disabilities have the right to request reasonable accommodations to participate in the application process.**

The Community and its Management will not discriminate based on race, color, age (except as an eligibility requirement), marital or familial status, religion, sex, national origin, handicap, disability, sexual orientation, gender identity, or socioeconomic class and will comply with all Federal, State and local fair housing and civil rights laws and with all equal opportunity requirements in all phases of the occupancy process.

I hereby certify that the federally subsidized apartment being applied for will serve, as my permanent residence and that I will not maintain a separate subsidized or other rental unit in a different location.

I ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I have fully disclosed all relevant information including all household income and assets. **I hereby authorize the release and verification of the information contained in this application as requested or a second page as maybe be attached to this signature page** to the management of the apartment community to which I have applied. I give my permission for the managing agent to investigate and verify any & all information given in this application.

APPLICANT (Head of Household) Signature

DATE

APPLICANT (Co-Applicant) Signature

DATE

HUD Disclosure: This information will be collected voluntarily as authorized by the U.S. Housing Act of 1937 as amended, The Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. The HUD form that will be used for collection of this information is HUD-27061-H. This information will not be used in evaluating your application or to discriminate against you in any way.

HUD Criminal Background Check & Sex Offender Registry Policy

In accordance with Federal Regulations implementing criminal background screening of all applicants for housing assistance, we conduct screening on all applicants (18 years of age and older) giving special attention to those applicants with a history of conviction for criminal activity or eviction involving drug related activity and crimes of physical violence to persons or property, or other criminal acts which adversely affect the health & safety of other residents:

- Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction will be denied admission. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to, admit the household.
- Any household member that is currently engaging in illegal drug use will be denied admission. In addition, if it is determined that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents they will be denied admission as well.
- If it is determined that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.) In addition, a pattern of continuous or repeated conviction for the same activity, including but not limited to: public intoxication, disturbance, receiving stolen property/conversion, public indecency or intoxication will be denied admission.

The right to disapprove or reject applicants is limited to any felony conviction that is less than 5 years old from the date of conviction to the time of admission.*

*The above limitation is contingent upon the type of felony conviction and whether or not the crime is likely to be repeated causing harm to property or persons (including other residents) and/or could cause harm to the property's reputation in the community. This disclaimer presumes that all other references or background checks (landlord checks) made by the application processor have been thoroughly examined. A previously incarcerated applicant must have served all probation time (if any) and have been released from the justice system at least two years.

Any open or pending felony charges will put an application on hold pending the outcome of the charge. A single felony conviction, EXCLUDING violent or sex crimes, over 5 years old from the date of application will not automatically result in denial of admission. HUD prohibits lifetime registered sex offenders from admission to HUD-subsidized housing therefore: Through National Tenant Network in cooperation with the Dru Sjodin National Sex Offender Public Website and the Indiana Sheriffs' Sex Offender Registry, a sex offender registry check will be run on all applicants that are 14 years old or older & adult live-in attendants. This check is completed to insure they are not listed on the lifetime sex offender registry, as this would immediately deny them entry into the community. In addition, any repetitive convictions levied as an adult, will have a significant bearing on the approval or denial of the application Sex Offender Registry screening of all adult members of the household and in accordance with Indiana state law all juveniles 14 years of age or older, will be conducted prior to approval for occupancy. **Regarding juveniles:** A child who is at least 14 years of age and is on probation or parole or is discharged from a facility by the department of correction, discharged from a secure private facility, or discharged from a juvenile detention facility as a result of being adjudicated as a delinquent child for an act that would be a listed sex offense that required registry as an adult (IC 31-37-1-1 to -2) and is found by a court to be likely to repeat a listed sex offense that required registry as an adult (IC 31-37-19-5 (b)(1)).

During the admissions screening process, the Owner must perform the necessary criminal background checks in the state where the housing is located and in other states where the household members are known to have resided.

Applicants: I have read & understand the denial criteria above. I understand that the apartment community listed above will conduct a criminal background check on all members of the household 18 years of age and older. In addition they will conduct a Sex Offender Registry Check on all members of the household who are 14 years of age or older (in accordance with Indiana State law). I consent to release of my personal history and that of my child's history, if applicable, allowing all relevant criminal or sex offender information to be released for this purpose.

Parental signature consent is necessary for release of juvenile sex offender registry.

Household member (18 year of age or older) Date

Printed name of juvenile 14 years or older Date of Birth

Printed name of juvenile 14 years or older Date of Birth

Printed name of juvenile 14 years or older Date of Birth



JUSTUS PROPERTY MANAGEMENT, INC.

for RD/HUD properties- This property is an equal opportunity provider.



Date _____

TO: _____

FAX _____

THIS IS PAGE 1 of a 2 page format

I hereby authorize the release and verification of the information requested on page 2 of this 2 page document to the management of the apartment community to which I have applied or where I am currently residing. Information obtained under this consent is limited to information 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. This community is under a housing assistance program of the Federal Government (H.U.D. or R.D.) and the requested information is needed to determine my level of assistance and my eligibility to occupy (or continue to occupy) an apartment at the community. Failures to promptly provide the information requested may adversely affect my status with the management of the community. **Signature authorization below: The applicant/resident must sign this consent to meet program conditions (per RD). You may inquire if it is not clear who will provide the information or who will receive the information. HUD ONLY: The applicant/resident does not have to sign this consent if it is not clear who will provide the information or who will receive the information.**

X
Signature of Applicant or Resident

X
Date

Unit # N/A Applicant.
if applicable

X
Printed name of Applicant /Resident

Dear Provider;

We sincerely appreciate your cooperation in supplying the information requested on the attached verification. (If this is an expense verification; we will never ask about the specifics of a medical condition or treatment, only dollars spent out of pocket) PLEASE RETURN the requested information to the Community noted below:

You may return by FAX to: 765-339-4021

Or by mail to:

Office Manager
Westwind Linden Apartments
802 N. Main Street
Linden IN 47955

The Community Manager is Denise Reszkowski.

Phone 765-339-7495

TDD/TTY 1-800-743-3333



NATIONAL TENANT NETWORK
NTN – Indiana/Ohio
877-579-3520 - Phone

Justus Property Management
Order Form Linden-Westwind
IN 3701
Fax- 765-339-4021

This order is for:

☐ Applicant Screening

☐ Employment Screening

Applicant Personal Information (Print legibly)

Name: _____
Last First Middle

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ - - DOB: _____ / /

To be filled in by Justus Employees:

☐ Nationwide Criminal (includes Nationwide Sex Offender)

☐ Indiana County Super Search

☐ Marion County Criminal (Not in Super Search)

Other County Criminal: Please specify State & County

☐ _____ ☐ _____

Please check box(es) if applicant previously lived in these states:

☐ Colorado

☐ Kentucky

☐ New York* (*\$65 surcharge)

☐ North Carolina

Designate County for each State checked above:

☐ _____ County Criminal

☐ _____ County Criminal

I certify that the above information is correct and complete and hereby authorize a criminal background check for resident screening or employment screening purposes only. I understand that if I am applying for employment and am hired, I will be an employee of Justus Property Management Inc.

Signature of Applicant: _____

Date Signed: _____

Fax order to: 877-579-3524

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
Emergency	Assist with Recertification Process
Unable to contact you	Change in lease terms
Termination of rental assistance	Change in house rules
Eviction from unit	Other:
Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

_____ Check this space if you choose not to provide the contact information.

Signature of Applicant MUST BE COMPLETED AT APPLICATION Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **528-1 App Sup 10-16**

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

TENANT CONSENT TO DISCLOSE EIV INCOME INFORMATION

Print name of tenant authorizing release

Print name of third party being authorized to view information

A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:

- ☐ Adult Household Member ☐ Translator / Interpreter ☐ Service Coordinator
☐ Guardian ☐ Temporarily Absent Family Member
☐ Individual Assisting Elderly Individual or Person with a Disability
☐ Other Individual (Include Relationship): _____

B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:

- ☐ EIV Income Report ☐ EIV Income Discrepancy Report ☐ EIV No Income Report
☐ EIV New Hires Report ☐ Other EIV information: _____

C. Penalties for Misuse of Information:

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties. Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years." 18 U.S.C. 1001. "Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i). "The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph." 42 U.S.C. 653(l). Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8). 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.

D. _____ I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

E. _____ No, you may not allow viewing of my EIV information by anyone other than me.

Signature of tenant authorizing release

Printed name of tenant authorizing release

Date

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, re-disclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

Signature of authorized third party

Printed name of authorized third party

Date

HUD Occupancy Handbook
Exhibit 9-4
8/13



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

543 EIV privacy disclosure 10-16

**MUST BE COMPLETED
WITH APPLICATION**



Justus Property Management, Inc.

Community Westwind Linden Apartments



Read this questionnaire closely and answer all questions truthfully and accurately. Providing false or incomplete information may result in rejection of your application.

PLEASE BE AWARE THAT THIS COMMUNITY has NO PREFERENCE in place.

*****Please answer YES or NO to each question, do not leave any answer space blank.*****

_____ Are you Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution?

_____ Are you in Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers?

_____ Are you currently serving in the military or a veteran? Code M

_____ Are you a victim of a presidentially declared disaster? Code P

_____ Are you fleeing or attempting to flee from a situation of domestic violence? Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other suitable housing? If you have a protective order in place, please share it with us.

_____ Head of household (not disabled or elderly). Relationship Code H.

_____ Elderly Family- definition HOH, Co-head, or Spouse is 62 or older with other family members Code E.

_____ Elderly person-definition single person. Code C.

_____ Disabled Family-definition HOH, co-head or spouse is disabled/handicapped w/ other family. Code G.

_____ Single person is disabled/handicapped. Code C, or a d/h member of a family. Code H.

_____ Full time student 18 or older, not Head, co-head or spouse. Code S.

_____ Person residing but not a family members. Code N.

_____ Foster child under the age of 18. Code F.

_____ Approved live-in attendant. Code L.

_____ Other adult member of the family. Relationship Code O.

_____ Child 6 years or under that has not produced a verified Social security number. Code M.

_____ 17 years old or younger, 18 and disabled or full-time student, child in unit being adopted, child temp in foster care or shared custody 50% or more. Relationship Code D.

_____ Spouse or Co-head, cannot be both. Relationship Code K. (Co-head) or Relationship Code S. (Spouse)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I have fully disclosed all relevant information. I give my permission for the managing agent to investigate and verify any answers given in this questionnaire.

Resident/Applicant Signature *

Date

MUST BE COMPLETED WITH APPLICATION



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410