

Electronic App.
Emailed**AHEPA Management Company**
(Only completely filled out applications will be accepted.)Property: Penelope 120 Apartments**APPLICATION FOR ADMISSION**

Last Name: _____ First Name: _____ MI: _____

Applying With: Last Name _____ First Name: _____ MI: _____

Marital Status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced ☐ Widow/Widower ☐ Decline to Report

Current Address: _____ How Long? _____

City, State, Zip: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email _____

How did you learn about this property? _____

Are you a former resident of this property? ☐ Yes ☐ No**PLEASE PROVIDE RESIDENCY INFORMATION FOR LAST THREE YEARS**

Current Landlord: _____ Phone # _____

Landlord's Address _____

What is your current monthly rent? \$ _____ Is this a government subsidized unit? ☐ Yes ☐ No

Prior Address # 1: _____ How Long? _____

Prior Landlord: _____ Prior Landlord's Phone # _____

Prior Landlord's Address: _____

Please list any states (with addresses, if possible) in which all household members have lived that are not listed above:

*If additional space is needed, please use the Comments/Additional Information section on back of this application.

RACE AND ETHNIC DATA

Ethnic Categories:

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to Report

Racial Categories:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Decline to Report

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Applicant's Full Name	Relationship/Head	Birth Date	Disabled (Y/N)?	Age	Sex	SS # *
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	
					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	

*We do not require this information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Is any member of this household a U.S. Military Veteran? ☐ Yes ☐ No If yes, who? _____

Has any household member ever been convicted of a felony? ☐ Yes ☐ No If yes, who? _____

Are you or any member of the household applying for admission subject to a lifetime of state sex offender registration program in ANY state? ☐ Yes ☐ No

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? ☐ Yes ☐ No

Have you ever been evicted? ☐ Yes ☐ No If yes, when? _____ Please explain:

Do you have a pet? ☐ Yes ☐ No If yes, ☐ Dog ☐ Cat ☐ Other _____ Weight _____

HOUSEHOLD ESTIMATED MONTHLY INCOME

Social Security \$ _____ SSI \$ _____ VA Benefits \$ _____

Employment \$ _____ Pension/Annuity \$ _____ Other \$ _____

HOUSEHOLD ESTIMATED ASSETS

Do you own a home or other real estate? ☐ Yes ☐ No

List all checking and savings accounts (including IRAs, Keogh accounts, certificates of deposits, etc.) of all household members, including amounts disposed of during the past two years:

Family Member	Bank Name	Account Number	Current Balance

*If additional space is needed, please use the Comments/Additional Information section on back of this application.

We are an equal housing opportunity provider and do not discriminate against our applicants/residents with disabilities. If you have a disability and need a reasonable accommodation in order to participate in the application process, please request the reasonable accommodation from the property manager.

Units designed specifically for handicapped or disabled persons who have met both the economic criteria for the appropriate program as well as the owner's uniform selection criteria will receive a preference for an accessible unit if applicable.

In addition, it is our policy to provide reasonable accommodations, which may include structural modifications to the unit, for an applicant/resident who is disabled and because of that disability needs a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy this community. If the need for the accommodation or modification is not obvious, it will be necessary to obtain documentation of the need for the requested accommodation/modification. Forms can be provided to you by the property manager. Please contact the property manager if assistance is needed with this process.

Type of unit preferred: ☐ Efficiency ☐ 1 Bedroom ☐ Mobility Accessible ☐ Vision/Hearing Accessible Unit

APPLICANT CONSENT

The undersigned applicant(s) hereby consent to allow _____ ("owner"), itself or its designated agents or employees, to obtain my credit and criminal report to verify my credit, employment and residential history for the purpose of determining qualifications for housing under the housing program for this property. The owner, its employees and agents may obtain additional credit and criminal reports in the future to update or review my request for housing. The owner will notify me whether additional reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Initials _____

APPLICANT CERTIFICATION

I CERTIFY THAT IF SELECTED TO MOVE INTO THIS PROJECT, THE UNIT I OCCUPY WILL BE MY ONLY RESIDENCE. I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR SECTION 8 ASSISTANCE. I UNDERSTAND THAT, WHILE ON THE WAITING LIST, IT IS MY RESPONSIBILITY TO CONTACT THIS OFFICE WITH ANY CHANGES AND TO RESPOND IN A TIMELY MANNER TO THE UPDATE LETTERS I WILL RECEIVE ANNUALLY REGARDING MY CONTINUED INTEREST IN OBTAINING HOUSING AT THIS PROPERTY. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW AND WILL BE CAUSE FOR DENIAL OF THIS APPLICATION.

Signature of Head: _____ Date: _____

Signature of Co-Head: _____ Date: _____

Management: _____ Date: _____

Time Received: _____

☐ Meets Preliminary Eligibility Requirements

☐ Denied

COMMENTS/ADDITIONAL INFORMATION