



**Catholic Presbyterian
Apartments, Inc.
655 North Street
Baton Rouge, LA 70802
Phone: 225-383-5551
Fax: 225-383-0050**

Please select unit type you are applying for:

1 Bedroom

Efficiency

Handicap

For official use only

Date Received: _____

Received by: _____

Time Received: _____

Complete: Yes__ No__

Applicant/Head of Household Information

Name _____

Last First Middle Initial

Current Address _____

Street Address Apt. #

City State Zip Code

Telephone Number (Include Area Code) _____

Social Security Number _____

Race _____ Ethnicity _____

Date of Birth _____

Household Information

Please list below all information for each additional household member who would occupy the unit. If member does not have a Social Security Number please indicate if they qualify for one of the allowable exceptions: 1. Does not contend eligible immigrations status, 2. 62 or older as of Jan. 31, 2010, whose initial determination of eligibility in either a Multifamily or PIH Housing program was begun prior to Jan. 31, 2010 (a break in assistance does not void the exemption), 3. New household member under the age of 6 where disclosure of SSN is delayed for 90-180 days. If applicant is to be the only occupant, please enter NONE.

Name (first, middle, last)	Relationship to Head	M	F	I choose not To respond	Social Security Number (If none enter allowable exception)	Date of Birth



Do you anticipate a change in household composition during the next 12 months? _____ YES _____ NO

Will any of the above household members live anywhere except in the apartment? _____ YES _____ NO

Will any other persons live in the apartment on a less than full-time basis? _____ YES _____ NO

If you answered "Yes" to any of the above questions, please explain: _____

Miscellaneous Information

1. Are you a full time student? _____ Yes _____ No

2. Are you or any member of your household currently expecting a child? If _____ YES _____ NO

If yes, what is the scheduled due date: _____

3. Have you or any other adult member's ever used any name(s) or Social Security Number(s) other than the one you are currently using? _____ YES _____ NO

If yes please explain _____

4. Have you or any member of your household even committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____ YES _____ NO

If yes, please explain _____

5. Are you a current user of illegal drugs? _____ YES _____ NO

6. Do you abuse alcohol to the extent you are a danger to others health, safety, or right to peaceful enjoyment? _____ YES _____ NO

7. Have you or any member of your household even been convicted of any drug offense? _____ YES _____ NO

If yes, who _____

Explain _____

8. Have you or any member of your household even been convicted of a felony? _____ YES _____ NO

If yes, who _____

Explain _____



9. Have you or any member of your household subject to a lifetime state sex offender registration program? _____ YES _____ NO

If yes, who _____

Explain _____

Where Registered _____

10. Have you been displaced as a result of a Government Disaster or Presidential Declared Disaster? _____ YES _____ NO

11. Have you or any member of your household even been evicted from HUD or subsidized housing for drug related or criminal activity? _____ YES _____ NO

If yes, who _____

Explain _____

12. For you and each household member 18 year of age or older, please list all STATES in which you lived in the last ten (10) years.

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

13. Does anyone in your household currently have any felony charges pending against them? _____ YES _____ NO

If yes, who _____

Explain: _____



Landlord Information

1. With regards to your **present** housing, do you

_____ Rent.....Monthly Rent \$ _____
 _____ Own.....Monthly Mortgage Payment \$ _____
 _____ Live With Family.....Monthly Costs \$ _____
 _____ Other.....Explain _____

Are you receiving subsidy (Sec. 8) on this housing? _____ YES _____ NO

Current Landlord Name _____

Current Landlord Address _____

Current Landlord Telephone (Include Area Code) _____

How long have you lived here: From _____ to _____
(month/year) (month/year)

1. With regards to your **previous** housing, did you

_____ Rent.....Monthly Rent \$ _____
 _____ Own.....Monthly Mortgage Payment \$ _____
 _____ Live With Family.....Monthly Costs \$ _____
 _____ Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
(month/year) (month/year)

YOU MUST PROVIDE A MINIMUM OF TEN (10) YEARS OF HISTORY. IF MORE SPACE IS NEEDED, PLASE ATTACH A SEPARATE PAGE.



Employment Information

1. Are you currently employed? _____ YES _____ NO
2. Is any member of your household who will be residing in the unit currently employed?
_____ YES _____ NO

***IF YOU ANSWERED NO TO BOTH QUESTIONS you may SKIP to the next section – Benefits.
If you answered yes to either question, you must complete the following:***

Head of Household

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year



Spouse or Other Family Member

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(street address) (city/state) (zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Please list the total annual employment income of all members of your household:

Name of Recipient	Wages Full Time	Wages Part Time	Overtime Pay	Commissions or Fees	Tips or Bonuses



Income & Benefits

Please list the total benefit income of all members of the household.

Benefit Type	Received Yes/No	Amount Received	Frequency	Name of Household Member
Social Security (Adult)	Yes No			
Social Security (Adult)	Yes No			
Social Security (Child)	Yes No			
SSI (Adult)	Yes No			
SSI (Adult)	Yes No			
SSI (Child)	Yes No			
Disability	Yes No			
Disability	Yes No			
Death Benefits	Yes No			
Public Assistance	Yes No			
Alimony	Yes No			
Child Support	Yes No			

MORE SOURCES OF INCOME ON THE NEXT PAGE



Other Income

Do you or any other member of the household have any of the household have income from any of the following:

Income Type	Received Yes/No	Amount	Frequency	Organization Name	Name of Household Member
Self Owned Business	Yes No				
Gifts, Recurring Cash Contributions (including rent and utility payment)	Yes No				
Worker's Comp	Yes No				
Unemployment Benefits	Yes No				
Severance Pay	Yes No				
Payments from Insurance Policies	Yes No				
Retirement Benefits	Yes No				
Pension Benefits	Yes No				
Pension Benefits	Yes No				
Veterans Benefits	Yes No				
Military Reserve/National Guard	Yes No				
GI Bill Benefits	Yes No				
Periodic Payments from Lottery	Yes No				
Other	Yes No				

Do you have any rental property or business property income? _____ YES _____ NO

If yes, give name and address of rental or business:

Name _____

Address _____

Amount of Income/Rent per Month \$ _____



Asset Information

Has any member of the household disposed of any assets at less than fair market value during the past two (2) years? _____ YES _____ NO

If yes, please describe the asset, its value, and the disposition: _____

Please provide information on any of the following assets held:

Type of Asset	Current Balance /Value	Bank/Institution Name	Name of Household Member
Checking Account	\$		
Checking Account	\$		
Credit Union Shares	\$		
Savings Account	\$		
Savings Account	\$		
Money Market	\$		
Money Market	\$		
Certificate of Deposit	\$		
Certificate of Deposit	\$		

Please provide information on any of these additional assets:

Type of Asset	Current Balance /Value	Bank/Institution Name	Name of Household Member
Stocks/Bonds	\$		
Treasury Bills	\$		
Rental Property	\$		
Real Estate/Mortgages	\$		
Safe Deposit Box	\$		
Deeds or Trusts	\$		
Annuities	\$		
Own a Mobile Home	\$		
IRA or Keogh Acct	\$		
Mutual Funds	\$		
Personal Property held for investment purposes	\$		
Other	\$		



Pet Information

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit is paid. If you fail to register your pet, you are not allowed to house the pet.

1. Do you own a common household pet? YES _____ NO _____

If yes, describe your household pet:

_____ Dog _____ Breed _____ Weight _____ Height
_____ Cat _____ Breed _____ Weight _____ Height

2. Do you have a certified Assistance Animal? YES _____ NO _____

If yes, please describe your Assistance Animal:

_____ Type _____ Weight

Note: Certified Assistance Animals do not require pet deposits.

Vehicle Information

The parking lot has reserved parking and at the present time there is a waiting list for a parking space.
Do you want to be placed on the waiting list for a parking space?

_____ Yes _____ No

License Plate Number _____

State Issued _____

Expires _____

Year of Vehicle _____ Make _____

Model _____ Color _____

Cablevision Information

Will you want hooked up to Cable TV? _____ Yes _____ No



Authorization/Acknowledgement

I/We understand that the information contained in this application is being collected to determine my/our eligibility for residency. I/We authorize the owner/management agent of **Catholic Presbyterian Apartments, Inc.** to verify all information provided on this application and my/our signature is consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/we consent to the release of the necessary information to determine eligibility.

I/We authorize any person, law enforcement or credit checking agency having any information regarding me/us to release any and all such information to the owner/management agents or their agents or credit checking agencies. I/We understand that the credit report (rental history, arrest and/or conviction records, including pedophile and sex offender records and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in all states which I/we have resided.

I/We do hereby swear and attest that all of the information contained herein is true and correct.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

Signatures (all adult household members over 18 must sign)

Head of Household

Date

Spouse/Co Applicant

Date

Other Household Member

Date

It is the policy to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, creed, sex, familial status, national origin, handicap, gender identity, sexual orientation or sexual preference. If you feel that you have been discriminated against during this application process, please call the main office at 225-383-5551 and speak with Mrs. Diane Landon.