





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: \_\_\_\_\_

14. Are you a citizen or national of the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

15. How did you hear about this apartment facility: \_\_\_\_\_ Internet \_\_\_\_\_ Newspaper ad  
 \_\_\_\_\_ Word of mouth \_\_\_\_\_ Drive by the Facility \_\_\_\_\_ Other

Please Explain Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### 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, PLEASE 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.

<b>Benefit Type</b>	<b>Received Yes/No</b>	<b>Amount Received</b>	<b>Frequency</b>	<b>Name of Household Member</b>
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 TDD/TTY/711 Relay and speak with Mrs. Diane Landon.***