

Property: The Roosevelt Building

607 Penn Avenue Suite 200

Pittsburgh, PA 15222

P: (412) 434-1425

F: (412) 434-1428

TTY: (800) 654-5984



EQUAL HOUSING OPPORTUNITY

RESIDENCY APPLICATION

For Affordable Housing Programs



Date Received: _____

Time Received: _____

AM/PM _____

Staff Initial _____

*** Management Use Only ***

You must answer all questions on this application. Information you provide will be used strictly to determine your eligibility for housing in this Community. All information you provide will be handled confidentially. **Incomplete applications will not be accepted.** The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

What size of apartment do you wish to apply for? ___1BR ___2BR ___3BR ___4BR

HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Social Security No.: _____

Present Telephone #: _____ Alternate Telephone #: _____

Current Address: _____

Driver License No.: _____

How did you hear about our Community? _____

We are required to report the Race and Ethnic Origin of the Head of Household for each applicant. Please assist us in supplying accurate information by answering the following questions. This question is optional and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, enter **(D)** in the appropriate spaces below and the owner will notate your file that you did not wish to complete.

KEY CODES: (D)-Do not wish to Disclose

RACE: (W)-White, (B)-Black, (I)-American Indian/Alaskan Native, (P)-Native Hawaiian/Other Pacific Islander, (A)-Asian

ETHNICITY: (H)-Hispanic, (NH)-Non Hispanic

HOUSEHOLD COMPOSITION

(List below the legal names of all persons who will reside in the apartment)

Legal Name (First, MI, Last)	Birth Date	Relationship to Head of Household	Social Security Number	Race (key letter above)	Ethnicity (key letter above)

Do all household members, 62 and older as of January 31, 2010, have social security numbers? _____

If no, was that individual(s) receiving HUD rental assistance on January 31, 2010? _____

Please list any special housing accommodations that the household will require (*e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.*)

Are there any absent household members who under normal conditions would live with you, or plan on living with you in the future? Yes No

Name &

Relationship: _____

Explanation: _____

Are there any family members confined to a nursing home or hospital on a permanent basis? Yes No

Name &

Relationship: _____

Explanation: _____

Will you or any ADULT household member require a live-in care attendant to live independently? Yes No

Name &

Relationship: _____

Explanation: _____

Are any household members currently enrolled in the US Military or a Veteran? Yes No

What branch of the Military _____

RESIDENCE HISTORY / REFERENCES

*Please list your address(es) of residency for the past three(3) years, plus list all states that you have ever resided
Use backside of this page if you need more space*

RENTAL HISTORY:

Present Landlord			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From:		To:
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #1			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From:		To:
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been asked to sign a repay agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE LIST ALL STATES RESIDED IN BY ALL HOUSEHOLD MEMBERS

INCOME INFORMATION

(Include all income anticipated for next 12 months)

Do YOU or ANYONE in your household receive OR EXPECT to receive income from:

- Employment wages or salaries? Yes No
(include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment? Yes No
(include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Armed Forces/Military/Veterans Administration? Yes No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____

- Unemployment Benefits/Worker Compensation? Yes No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____

- Cash Assistance from Dept. of Public Welfare Yes No

<u>Household Member</u>	<u>Welfare Address</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant / resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been taken.

As part of the qualification process required by the federal and / or state housing programs with jurisdiction over this development, the following information is needed:

Do you have full custody of your child(ren)? _____ YES _____ NO

Do you receive child support? Yes No

1. Have you been awarded child support by court order? Yes No

2. County and State where court ordered _____
Provide copy of entire court document.

3. Is payment being received as awarded? Yes No

If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

CHILD SUPPORT INFORMATION

Child's Name (First and Last)	\$ Amount	How Often	Source (Name of Court/Agency or Person)	Court Ordered	Payment received as agreed
1. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
2. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
3. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
4. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
5. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
6. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No

- Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>Soc. Sec./Claim #</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Pension, retirement benefit or annuity payments? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from an accident settlement, insurance settlement or any other settlement? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____

- Regular gifts or payments from anyone outside of your household? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____

- Any other income sources or types not listed? (Severance, alimony, lottery winnings, inheritance) Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Do you or any other household members expect any changes to your income in the next 12 months? Yes No

<u>Household Member</u>	<u>Source/Increase/Decrease</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Are you or any other ADULT household members claiming zero income? Yes No

Household Member: _____

Explanation: _____

ASSET INFORMATION

(Include all assets held and income derived or anticipated from the asset. Include all assets held or anticipated by all household members including minor children)

Do YOU or ANYONE in your household hold:

- Checking or Savings Account? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Certificates of Deposits, Money Market accounts or Treasury Bills? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- Stocks, Bonds or Securities? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- Trust Funds? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- IRA, 401(k), Keogh or other retirement accounts? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Personal Property held as an investment? Yes No

(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing)

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- Whole Life Insurance Policy? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- A Safe Deposit Box? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- Real Estate, rental property, land contracts/contract for deeds or other real estate holdings? Yes No

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____

- Have you or has anyone in your household disposed of any business or asset for LESS than fair market value during the past two (2) years? Yes No

<u>Household Member</u>	<u>Value of Disposed Asset</u>	<u>Date of Disposition</u>
_____	_____	_____

STUDENT STATUS

- Are you or any other household member enrolled as a student in an institute of higher education? Yes No
- Were you or any other household member a student any time in the current calendar year? Yes No
- Do you or any other household member expect to be a student any time in the current calendar year? Yes No

Do you or any other household members (INCLUDING MINORS) expect to be a student in the next 12 months? Yes No

Name of HH Member	School Attending
_____	_____
_____	_____
_____	_____
_____	_____

EXPENSE INFORMATION

(TO BE COMPLETED FOR SECTION 8 OR PUBLIC HOUSING ASSISTANCE ONLY)

- Are any members of your household over the age of 62 years, disabled or handicapped and have recurring medical expenses in EXCESS of 3% of your income which are not compensated by another party? Yes No
- Are you or anyone in your household disabled or handicapped and pay for Attendant Care or Auxiliary Apparatus? Yes No
- Do you or does anyone in your household pay for childcare in order to attend school or be employed? Yes No

ADDITIONAL REQUIRED INFORMATION

- Are you currently receiving assistance from HUD? (tenant based or project based) Yes No
- Will this be your sole place of residency? Yes No
- Does your household have any pets? Yes No
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state?
(failure to respond to this question may jeopardize the approval of your application) Yes No

- Has applicant or any household member been evicted in the last 3 years from federally assisted housing for drug related criminal activity? Yes No
- Has applicant or any household member ever been evicted or otherwise involuntarily removed from rental housing? Yes No
- Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program? Yes No
- Does any applicant household member have a pattern of alcohol abuse? Yes No
- Is anyone in your household a current user of or addicted to an illegal or controlled substance? Yes No
- Has anyone in your household ever been arrested for or convicted of the manufacture, distribution, or sale of a controlled substance? Yes No
- Has anyone in your household ever been arrested for, charged with or convicted of a felony or misdemeanor crime? Yes No

- I/We understand that management is relying on this information to prove my household's eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Program requirements applicable to this Community.
- I/We consent to release the necessary information to determine eligibility. I/We authorize management to obtain one or more "consumer reports": AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.
- I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, or asset information.
- I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.
- I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.
- I/We certify that if approved for occupancy, the unit I/we occupy shall be my/our only residence.

- **All Household Members 18 years of age or older must review this application and then sign below:**

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, elderliness or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.

PENALTIES FOR MISUSING THIS CONSENT:

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).

Management Agent:
 NDC Asset Management LLC
 101 North Dithridge Street
 Pittsburgh, PA 15213
 Office: (412) 647.7400
 TTY: 800-654-5984
 Fax: (412) 578-7889

NDC Asset Management, LLC, does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Vicki Megon
504 Coordinator
101 North Dithridge Street
Pittsburgh, PA 15213
Office: 412- 647-7406
TTY: 800-654-5984
Fax: 412-578-7889

AUTHORIZATION

To obtain Credit, Criminal, Rental History, Income/Asset History

I hereby authorize LWE Roosevelt, LP or its Agent, NDC Asset Management LLC to obtain verification of my credit history, perform a background check, to obtain landlord references and income/asset information in order to determine whether my family meets the requirements of the Resident Screening Criteria of LWE Roosevelt, LP.

I release all persons furnishing information from all liability for any damages on account of his/her furnishing said information. All information must be treated confidentially and used solely for the purpose for which it is intended.

- Authorization is given by signature below for the release to NDC Asset Management LLC of my credit history by a credit agency or bureau of your choice.
- Authorization is given by signature below for the release to NDC Asset Management LLC of my background as revealed by any investigative agency as a result of a police check.
- Authorization is given by signature below for the release of information to NDC Asset Management LLC from my current and previous landlords, if applicable. Information regarding my household can be obtained by mailing a landlord reference check form to my current and previous landlords or by contacting my current and previous landlords by telephone to obtain the reference information.
- Authorization is given by signature below for the release of information to NDC Asset Management LLC regarding any income or asset information that may be needed to determine the eligibility of my household.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



June 2018



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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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 box if you choose not to provide the contact information.

--	--

Signature of Applicant

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.

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.