

Property: The Roosevelt Building

607 Penn Avenue, Ste. 204

Pittsburgh, PA 15222

412-434-1425 412-434-1428 Fax

800-654-5984 TTY

RESIDENCY APPLICATION

For Affordable Housing Programs



EQUAL HOUSING OPPORTUNITY

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>	Yes		No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	Yes		No
Have you ever been asked to sign a repayment agreement to return money to HUD?	Yes		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>	Yes		No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	Yes		No
Have you ever been asked to sign a repay agreement to return money to HUD?	Yes		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?	Yes	No
Will you be able to establish utilities in your unit?		
Electric.....	Yes	No
.....	Yes	No
Gas.....	Yes	No
.....		
Water.....		
.....		

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

County and State where court ordered

2. _____

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 Order ed	Payme nt receiv ed as agreed
1. _____ _____	\$ _____ _____	_____ _____	_____ _____	____ Yes s ____ N o	____ Yes s ____ No
2. _____ _____	\$ _____ _____	_____ _____	_____ _____	____ Yes s ____ N o	____ Yes s ____ No
3. _____ _____	\$ _____ _____	_____ _____	_____ _____	____ Yes s ____ N o	____ Yes s ____ No

4.	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Social Security, SSI or any other payments from the Social Security Administration?

Yes No

Household Member

Soc. Sec./Claim #

Amount

per

per

- Pension, retirement benefit or annuity payments?

Yes No

Household Member

Source

Amount

per

per

- Regular payments from an accident settlement, insurance settlement or any other settlement?

Yes No

Household Member

Source

Amount

per

- Regular gifts or payments from anyone outside of your household?

Yes No

Household Member

Source

Amount

per

per

- Regular payments from rental property or other types of real estate transactions?

Yes No

Household Member

Source

Amount

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

Household Member Value of Disposed Asset Date of Disposition

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? Yes No
(failure to respond to this question may jeopardize the approval of your application)

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.

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 OR AGENCY OF THE UNITED STATES.

Management Agent:

NDC Real Estate Management, LLC

4415 Fifth Avenue

Pittsburgh, PA 15213

Office: (412) 647.7400

TTY: 800-654-5984

Fax: (412) 578-7889

NDC Real Estate 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
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