

OFFICE USE ONLY

Date/Time Received: _____

Initials: _____

PRE-APPLICATION FOR FEDERALLY ASSISTED HOUSING AT THE PARK DANFORTH
COMPLETE ALL INFORMATIONAccommodations Desired: 0BR/Efficiency 1BR Either*You must be 62 years of age or older to become a resident of The Park Danforth. If you are under the age of 62 and physically challenged, please call us for more information.***Head of Household**

Last Name	First Name	Middle Initial	Date of Birth	Gender
Street Address		City	State	Zip
Social Security Number	Previous/Maiden Name		Marital status: <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Home Phone:	Cell Phone:	Email Address (optional):		

Spouse/Co-Head of Household (if applicable)

Last Name	First Name	Middle Initial	Date of Birth	Gender
Street	City	State	Zip	
Social Security Number	Previous/Maiden Name		Marital status: <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Home Phone:	Cell Phone:	Email Address (optional):		

Household and Background Information - Current Housing

Current Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
Do you currently receive subsidized housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a voucher? Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets other than a service animal: Type: <i>per The Park Danforth pet policy only one(1) animal per resident</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about The Park Danforth? Source:	

Criminal History

Are you or any members of your household subject to a State lifetime sex offender registrations in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of any crimes? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or any member of your household lived in any other state? Please list state(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Household Income

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

<input type="checkbox"/> Social Security (SS/SSI/SSDI etc.)	<input type="checkbox"/> State Supplemental Income	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Pension/Annuities	<input type="checkbox"/> Regular payments from Settlement	<input type="checkbox"/> Income from Trust
<input type="checkbox"/> Other Retirement accounts	<input type="checkbox"/> Student Financial Aid	<input type="checkbox"/> Contribution from anyone outside of the household
<input type="checkbox"/> Income from lottery winnings or inheritance	<input type="checkbox"/> Income from rental property or real estate	<input type="checkbox"/> Any other income not listed

Household Member Name	Source	Annual/Monthly/Weekly

Asset Information for all household members (check all that apply):

<input type="checkbox"/> Cash	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Money Market	<input type="checkbox"/> IRA
<input type="checkbox"/> 401k	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Stocks
<input type="checkbox"/> Bonds	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Trusts	<input type="checkbox"/> Any other Assets	

Household Member Name	Name of Bank	Type of Account	Current Balance

Application Affidavit

To the best of my knowledge, all information on this pre-application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment and to aid The Park Danforth in assisting me in financial planning.

All Household members must sign

Head of Household Signature & Date

Spouse or Co-head Signature & Date

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
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.

