



This property is smoke-free in 2007. This means that smoking is prohibited in the apartment and all indoor/outdoor common areas except the Designated Smoking Area. This also includes the parking lot, sidewalks, hallways, elevators, etc. **Please initial you acknowledge this policy here \_\_\_\_\_**

Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy? **Please initial by your response**  Yes Initial: \_\_\_\_\_  No Initial: \_\_\_\_\_

Do you understand that failure to comply with the Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?  Yes Initial: \_\_\_\_\_  No Initial: \_\_\_\_\_  
**Please initial by your response**

Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry? If yes, what State? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation; including drug use or failure to report a crime?		<input type="checkbox"/> Yes When: _____	<input type="checkbox"/> No
Are you currently using marijuana for recreational or medicinal purposes? <b>Please initial next to you response</b>		<input type="checkbox"/> Yes Initial: _____	<input type="checkbox"/> No Initial: _____
Are you or any member of the household currently engaging in illegal use of drugs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household lived in rental assistance housing? If Yes, what dates did you live there? _____ to _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any household member's assistance/tenancy ever been terminated? If yes, what was the reason? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

I have lived in: \_\_\_\_\_

**RENTAL HISTORY:** You MUST provide complete information of where you have lived in the last Five (5) years.

Are you currently homeless?  Yes  No  
*If yes, please skip questions about your current landlord and answer questions related to your most recent landlord*





Reason for leaving:

Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIHEAP)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If no, what is the monthly amount you receive to assist with your utility bills? \$ _____ or <input type="checkbox"/> NA		

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

**If you are the Head of Household (HOH), please complete this section which provides information about other household members.** If you are not the HOH, please skip to the question about pets & assistance/companion animals. You must indicate one of the HUD approved relationship codes for each household member.

Will anyone else live in the unit with you? <i>If Yes, please complete the following and note that all adults must complete their own application. If No, skip to the next section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	<b>Adults</b> _____	<b>Minors</b> _____

**HOUSEHOLD MEMBER'S FULL NAME**

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

<b>MEMBER #</b> <u>2</u>	_____	<input type="checkbox"/> <i>Co-head/Spouse</i> <input type="checkbox"/> <i>Child</i> <input type="checkbox"/> <i>Other adult</i> <input type="checkbox"/> <i>Foster adult/child</i> <input type="checkbox"/> <i>Live-in Aide (live in aides must be approved before move in)</i> <input type="checkbox"/> <i>None of the Above</i>	
	First                      Middle                      Last		
SSN	_____	Date of Birth	_____
Citizenship Status: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			



**Please indicate each state where this person has lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

I have lived in: \_\_\_\_\_  
 \_\_\_\_\_

**PETS & SERVICE/COMPANION ANIMALS:** Please review the property pet & service/companion animal policies. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit?  Yes  No

*If No, please move on to the next section. If Yes, please provide the following information.*

<b>Animal Type</b> (I.E. Dog, Cat, Turtle, Etc)	<b>Breed</b> (if applicable)	<b>Height</b> (measured at withers if applicable)	<b>Weight</b>

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?  
 Yes  No

**UNIT SIZE:** The Meadow View Apartments will take your unit preferences/requirements into consideration. Meadow View's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards. If you require special unit features, Meadow View Apartments may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

<b><u>STANDARD UNIT</u></b>	<b><u>SPECIAL FEATURES</u></b>
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> Mobility Accessible Unit
	<input type="checkbox"/> Special Features: Please list below

**Special Features:** \_\_\_\_\_

**If indicating Mobility Accessible Unit or Special Features Unit, please provide the name, address and telephone number of your medical professional who can verify you require the features of such a unit below:**

\_\_\_\_\_  
 \_\_\_\_\_



**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed? If yes, please provide the name and address of your present employer below.  Yes  No

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

How much employment income do you expect to receive in the next 12 months? \$ \_\_\_\_\_

How much do you expect to receive in other income in the next 12 month?  
**Please write in 0.00, NA or None if you will receive no income from these sources**  
**THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.**

Monthly Social Security?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Monthly SSI?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Monthly Retirement Benefits?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Monthly VA Benefits?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Monthly Unemployment Benefits?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Monthly Workers Comp. Benefits?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Are you entitled to Alimony/Spousal Maintenance?  Yes  No

Monthly Alimony/Spousal Maintenance Amount? \$ \_\_\_\_\_

Monthly Public Assistance?  Check  Direct Deposit  Pre-paid Debit Card \$ \_\_\_\_\_

Income from a pension or annuity or other asset? \$ \_\_\_\_\_

Regular Contributions from organizations or from individuals not living in the unit? \$ \_\_\_\_\_

Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? \$ \_\_\_\_\_

Contributions from family for rent, child care or other bills?(Not including groceries) \$ \_\_\_\_\_

Any lump sum amounts from delay of payments for SSI or VA Disability? \$ \_\_\_\_\_

Do you receive financial aid for education assistance?  Yes  No

Monthly amount of the education assistance? \$ \_\_\_\_\_

Net Income from rental property? \$ \_\_\_\_\_

Do you receive payments for a home you sold by contract for deed?  Yes  No

Monthly amount of payments? \$ \_\_\_\_\_

Other? \$ \_\_\_\_\_

**ASSETS**

Have you sold or given away real property, or other assets valued at \$1000.00 or more (including cash donations) in the past two years? **Please initial next to you response**  Yes  No

If yes, describe asset disposed of: \_\_\_\_\_ Date of Disposition \_\_\_\_\_  
 Initial: \_\_\_\_\_ Initial: \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ Amount Received for asset (if any) \$ \_\_\_\_\_

Have you given any money to charities in the past two years?  Yes  No



Are any benefits deposited into a Direct Express Debit Card Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account? <i>If you answered yes, you will be required to provide the most recent six month's bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account? Current Balance- please write in 0.00, NA or None if the account balance is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you have a money market account? Current Balance- please write in 0.00, NA or None if the account balance is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you have cash that is not deposited in an account? Current value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you have a 401K or other employment savings account? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you own an IRA or other retirement account? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do any of your retirement accounts have a Required Minimum Distribution? Amount?	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you own a home or other property? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you have business income? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you own stocks/bonds/certificates of deposit (CD)? Current Value- please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Do you own a life insurance policy? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes <input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal \$	<input type="checkbox"/> No
Do you own an annuity? Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes \$	<input type="checkbox"/> No
Is there a trust fund in your name or have you established a trust fund for someone else? If yes, please verify type of trust fund Current Value – please write in 0.00, NA or None if the asset value is zero	<input type="checkbox"/> Yes <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable \$	<input type="checkbox"/> No
Do you have a safety deposit box? If yes, are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.? If yes, please provide a description of the asset(s) and the current asset value below: Other: Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DEDUCTIONS:** Household income can be reduced on the amount of qualified monthly expenses.

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses.



Please be aware when contacted for an Initial Certification that you will be asked for information regarding your current medical expenses. **Items may include:** *current health insurance premiums, out-of-pocket amount paid for prescriptions, any current repayment agreements made with a medical source etc.*

### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code stated 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) and 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 willfully 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, the PHA 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).

### **APPLICANT CERTIFICATION:**

By signing this document, I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my/our eligibility. I authorize Meadow View Apartments to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in the application are true and complete. I understand that providing false statements or information is punishable under Federal Law. The investigation may include the exchange of information and a report from Rental Research Services, Inc., 7525 Mitchell Road, Eden Prairie, MN 55344, a consumer credit and criminal reporting agency, EIV Existing Tenant Search and any other database check deemed necessary.

I would like to request a complete copy of Meadow View Apartments' resident selection criteria.

NO  YES If yes, which option do you prefer?  Paper copy  Electronic copy

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

