

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE NORTHWEST, EVERGREEN, & WILLOWS APARTMENTS

(Office Use Only)

Applicant Name	Time/Date:
Current Address	
City, State, Zip Code	
Home Phone	Work Phone

Please indicate which property waiting list you would like to be added to. Check all that apply.

- Northwest Apartments (Martin)
- Evergreen Apartments (Union City)
- The Willows Apartments (Dyersburg)

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- Do you or anyone in your household currently engage in use of controlled substances?
 Yes No If yes, please specify household member _____
- Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders?
 Yes No If yes, please specify household member _____
- List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

Full Name	Relation to Head	Birth Date	Social Security No.	Sex	In School (full time)	Birth City	Birth State

- Race of Head of Household: Check one (For statistical purposes)
 American Indian/Alaskan Native Asian/Pacific Islander White
 Black or African American Native Hawaiian or Other Pacific Island
- Ethnicity of Head of Household: Check one (For statistical purposes)
 Hispanic or Latino Not Hispanic or Latino
- Does anyone live with you now, who is not listed above? Yes No
 Do you expect a change in your household composition? Yes No
 Explain if you answered yes to either question: _____

7. Does the head of household, co-head or spouse meet the following definition for a person with a disability as defined below? yes no

➤ **A Person with a Disability (Handicapped Person)* (24 CFR 891.505 and 891.305) means:**

- A person with a chronic mental illness, i.e. a person who has a severe and persistent mental or emotional impairment whose impairment could be improved by more suitable housing conditions. **NOTE:** A person whose sole impairment is alcoholism or drug addiction (i.e. who does not have a chronic mental illness that is the disabling condition required for eligibility) will not be considered to be disabled for the purposes of the Section 202 and Section 811 programs.

*The term handicapped appears in a number of regulatory definitions that have not yet been updated to reflect current statutes. The parenthetical reference to handicapped indicates that the term handicapped found in the regulation has been replaced here with disabled, disability, or impairment.

8. Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodation: yes no If yes, please describe what accommodation you would like to request:

9. Are you now living in a subsidized housing unit? yes no If no, SKIP 10, 11, & 12.

10. Name of complex: _____

11. Name of Manager: _____

12. Manager's Telephone Number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes" provide details in the charts below. Does any member of your household:

YES **NO**

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Work for someone who pays cash? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Expect a leave of absence from work due to layoff, medical, maternity, or military leave? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Now receive or expect to receive alimony? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Not receiving child support that he/she is entitled to? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Now receive or expect to receive alimony? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Now receive or expect to receive public assistance? (TANF) |

- Yes No 11. Now receive or expect to receive Social Security or disability benefits?
 Yes No 12. Now receive or expect to receive income from a pension or annuity?
 Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
 Yes No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property?
 Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
 Yes No 16. Have real estate property or other assets (including cash) that s/he has sold or given away in the past two years?

Name of Household Member	Source of Income/ Type of Income	Monthly or Annual Income

ASSETS

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

Name of Household Member	Bank Name	Type of Account (i.e. Checking, Savings, etc)	Account Number	Balance

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

3. List any assets disposed of for less than fair market value during the past two years:

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 years old or younger? If yes, provide the name, address, and telephone number of the care provider:

What does the child care cost you weekly? _____

Yes No Do you pay a care attendant or for any equipment for any disable household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

ELDERLY FAMILIES ONLY

Yes No Do you have Medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other kind of medical insurance? If yes, provide the following: Name and address of carrier, policy number, and premium amount.

Yes No Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next 12 months?

If you use the same pharmacy regularly, please provide the name and address: _____

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

_____	Telephone No.
_____	How Long Have You Lived There?
_____	Reason for Leaving?

Name and Address of Your Former Landlord:

_____	Telephone No.
_____	How Long Have You Lived There?
_____	Reason for Leaving?

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

_____	Telephone No.
_____	Supervisor's Name?
_____	How Long Have You Worked There?

Name and Address of Spouse's or Co-Head's Employer:

_____	Telephone No.
_____	Supervisor's Name?
_____	How Long Have You Worked There?

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.

Title 18, Section 1001 of the United States 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.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Adult Occupant: _____ Date: _____

Reviewed by:
Owner/Manager/PHA Representative: _____ Date: _____

Please drop off completed application to the site manager or send to:
Martin Housing Authority
134 East Heights Drive
Martin, TN 38237

If you have questions please feel free to call us at 731-587-3186.