

CAREY EAST APARTMENTS HOUSING APPLICATION

PLEASE PRINT

Date of Application _____

Applicant Name _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____ How Long at Current Address? _____

Age _____ Date of Birth _____ Sex _____ Race _____

Ethnicity _____ Hispanic/Latino _____ Non-Hispanic or Non- Latino

Social Security Number _____

Are you a Veteran? _____ Yes _____ No

Are you a U.S. Citizen? _____ Yes _____ No

Please complete attached Declaration of Citizenship Forms

Referring Agency _____

Worker _____

Telephone Number _____ Fax Number _____

Address _____

Applicant UCI/MACSYS Number _____

Does the head of the household claim a disability for the purpose of qualifying for this program and medical expenses (Yes / No)? If yes, please sign attached "Certification of Disability".

Describe Your Current Housing Situation (i.e. Homeless, Hospital, Group Home)

Have You Ever Maintained Your Own Housing Unit? Yes _____ No _____

Have You Resided In Eden Owned Housing? Yes _____ No _____

If Yes, Why Did You Leave? _____

If you are homeless – please answer the following three questions:

Are you: ____ In a shelter? ____ On the streets? ____ In transitional housing?

Have you been continuously homeless (staying in shelter/on streets) for one year or more?

_____ Yes _____ No

Have you had at least four episodes of homelessness (staying in shelter/on streets) in the past three years? _____ Yes _____ No

List Previous Housing – Brief History (**DO NOT Include Current Housing**)

<u>Address</u>	<u>Type</u>	<u>Dates</u>
1. _____		
2. _____		
3. _____		

List Landlord Information – Current and/or Previous 2

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____		
2. _____		

Was Any Previous Dwelling Damaged By Fire? Yes ____ No ____
Have You Ever Been Evicted? Yes ____ No ____
Have You Ever Been Convicted Of A Felony? Yes ____ No ____
Are you a Lifetime Registrant under the Sexual Predator Status? Yes ____ No ____

Briefly Explain Any Yes Answers _____

Are You Interested In Working Toward Employment Or Obtaining A Job? Yes _____ No _____

Please List All Household Members (Use Back Of Page To List Additional Members)

Name _____ Relation _____
Age _____ Income _____ Source _____

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Income/Resources/Entitlements – Check All That Apply & Attach Documentation To This Application. (If Pending, Indicate Date You Applied and Status)

___ SSI	Amount _____	Status _____
___ SSDI	Amount _____	Status _____
___ Employment	Amount _____	Status _____
___ ADC/OWF	Amount _____	Status _____
___ GA/DA	Amount _____	Status _____
___ Other	Amount _____	Status _____

Payee (If Applicable) _____
(Name) (Address) (Phone)

Assets

1. Do you own a car (Yes / No)? If yes, please provide: Make: _____

Model: _____ Tag. No. _____ Monthly Car Payment: _____

Insurance Carrier: _____ Monthly Insurance Amount: _____

2. Do you own or have any interest in any property (real estate, mobile home and/or land) (Yes / No)?

If yes, provide: Address: _____ Value: _____

3. Have you sold or given away any property in the last two years (Yes / No)? If yes, please explain: _____

4. Own any stocks or bonds (Yes / No)? If yes, provide:

Name: _____ Name: _____ Name: _____

Value: _____ Value: _____ Value: _____

5. Do you have a bank account (Yes / No)? If yes, provide:

Bank name: _____ Bank Address: _____

Type of Account: _____ Account #: _____ Amount: _____

Bank name: _____ Bank Address: _____

Type of Account: _____ Account #: _____ Amount: _____

6. Have any savings certificates, money market funds or trust funds (Yes / No)? If yes, please describe: _____

7. Have any type of retirement account (Company, IRA, 401k) or life insurance policies (Yes / No)?

If yes, please describe: _____

8. Have any inheritances, lottery winnings or lump sum payments (Yes / No)? If yes, please describe: _____

Medical Expenses

1. Do you pay a care attendant or for any equipment necessary to permit you to work (Yes / No)? If yes, please provide the following: Care Attendant Name: _____

Address: _____ Phone: _____

Cost: _____

2. Do you have Medicare (Yes / No)? If yes, what is monthly premium? _____

3. do you have any other kind of medical insurance (Yes / No)? If yes, please provide the following:

Name: _____ Address: _____

Phone: _____ Policy Number: _____ Monthly Premium: _____

4. Do you have any outstanding medical bills which you are paying (Yes / No)? If yes, explain:

Provider: _____

Address: _____ Phone: _____

5. Do you expect to incur additional medical expenses in the next twelve months that will not be covered by medical insurance (Yes / No)? If yes, explain:

Provider: _____

Address: _____ Phone: _____

6. If you use the same pharmacy regularly, please provide:

Pharmacy: _____

Address: _____ Phone: _____

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

Applicant Signature _____ Date _____

Social Worker Signature _____ Date _____