



PARKVIEW APARTMENTS HOUSING APPLICATION



☐ Mr. ☐ Ms. ☐ Miss Date: _____
☐ Mrs. ☐ Mr. & Mrs.

Last Name First Name Middle
Address
Number & Street City State Zip Code
() ()

Home Phone Number Alternate Contact Number
How long have you lived at this current address? Own or Monthly Rent \$
Will you live alone? ☐ Yes ☐ No
Date of Birth Applicant / / Co-applicant / /
Month Day Year Month Day Year
Social Security # - - Social Security # - -

List **ALL** Dependents under 18 years old

Name	Relationship	Date of Birth	Social Security #
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

RENTAL HISTORY

Current Landlord Phone # ()
Previous Landlord Phone # ()
Previous Address
Number & Street City State Zip Code
How long have you lived at this address? Monthly Rent \$

EMPLOYMENT

Employer Phone # ()
Position Supervisor
How long have you been employed?

*** PLEASE LIST MONTHLY INCOME AMOUNT BELOW ***

Applicant		Co-Applicant	
Salary	_____	Salary	_____
Social Security	_____	Social Security	_____
Interest & Dividends	_____	Interest & Dividends	_____
SSI	_____	SSI	_____
State Supplement	_____	State Supplement	_____
Pension	_____	Pension	_____
Other (_____)	_____	Other (_____)	_____

Names of three (3) living immediate relatives (sisters, brothers, children over 21 years). Please list complete address and phone numbers

Name	Address	Phone #	Relationship
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Have you been hospitalized in the past 2 years?

☐

Yes

☐

No

If "YES", what for?

**** I understand that this application is not binding upon me or Parkview Apartments***

*** APPLICATION 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 AND/OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH 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.

SIGNATURE OF HEAD: _____

DATE: _____

SIGNATURE OF SPOUSE: _____

DATE: _____

OWNER/MANAGER/SPA _____

DATE: _____

ACCEPTANCE OF THIS APPLICATION IS NOT BINDING UPON THE OWNER/MANAGER/PHA REPRESENTATIVE UNTIL THE PROCESSING OF THIS APPLICATION AND OTHER NECESSARY DOCUMENTS ARE COMPLETED AND NOTICE OF APPROVAL IN WRITING.

**PLEASE RETURN COMPLETED SIGNED PRELIMINARY APPLICATION TO:
Parkview Apartments 824 South 11th Street, Albion, NE 68620**

FOR OFFICE USE ONLY

Date Received: _____

Appointment for Interview: Date: _____

Time: _____

**ATTACHMENT A
CONSUMER REPORT AUTHORIZATION
FOR RENTAL APPLICATION**

I/We authorize Parkview Apartments to verify all information on the rental application by all available means, including consumer reporting agencies, public records,, civil or criminal actions, police and vehicle records, current and previous rental property owners, employers and personal references, and release Landlord, its employees and agents from all liability or any damage what so ever incurred in furnishings or obtaining such information. Recertification or investigation of preliminary findings is not required.

Applicant's Signature:

Spouse's or Co-Applicant's Signature:

Date:

Parkview Apartments does not discriminate on the basis of handicapped status in the admission or access to or treatment of employment in, its federally assisted programs or activities.

The person named below has been designated to coordinate compliance with the non-discrimination requirement contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR PART 8 dated June 2, 1988).

**Lisa Monko
c/o Parkview Apartments
824 South 11th Street
Albion, NE 68620**

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for housing. To enable us to do this, all household member age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Parkview Apartments will deny the application of any applicant who does not provide complete and accurate information on his form or does not consent to a background check.

1. Have you ever been evicted from a federally assisted property for drug-related criminal activity within the past three (3) years?
Yes _____ No _____
2. Do you currently use illegal drugs or abuse alcohol?
Yes _____ No _____
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
Yes _____ No _____
4. Have you ever been convicted of any drug-related crime within the past ten (10) years?
Yes _____ No _____
5. Have you ever been convicted of any felony within the past ten (10) years?
Yes _____ No _____
6. Have you ever been convicted of any crime involving fraud or dishonesty within the past ten (10) years?
Yes _____ No _____
7. Have you ever been convicted of any crime involving violence within the past ten (10) years?
Yes _____ No _____
8. Are you currently charged with any of the above criminal activities?
Yes _____ No _____
9. Please list all states in which you have lived or have held licenses to drive (Include Driver's License #s)

10. Have you ever used or been known by another name?

Yes _____ No _____

If yes, please list name(s) used.

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Parkview Apartments to verify information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize enforcement agencies to release criminal records and/or sex offender registration to Parkview Apartments, to a Public Housing Authority, or to an agency contracted by Parkview Apartments to conduct criminal background checks.

Applicant's Signature:

Applicant's Name (please print)

Date:

Supplemental and Optional 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.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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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.			

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

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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.

INCOME, ASSETS, ELIGIBILITY, ALLOWANCE CHECKLIST

Please have each adult member of the household (age 18 or older) complete and sign a separate form. Failure to comply could result in a denial or termination of assistance.

Name: _____

Please answer "Yes" or "no" to each item:

YES	NO	<u>INCOME</u>	<u>DATE SENT</u>	<u>DATE RECEIVED</u>
		I am employed (list all companies you work for)		

		I am self-employed (name of company)		
		I receive Social Security		
		I receive Supplemental Security Income		
		I receive Unemployment Compensation		
		I receive disability or death benefits other than Social Security.		
		I receive welfare assistance.		
		I receive alimony or child support.		
		I receive gifts of money.		
		I receive tips, bonuses or commissions.		
		I receive income from a trust fund.		
		I receive regular payments from insurance policies.		
		I receive income from retirement or pension funds.		
		I receive Workman's Compensation benefits.		
		I have a child under the age of 18 with unearned income.		
		I receive income from lottery winnings		
		 <u>ASSETS</u>		
		I own real estate.		
		I own personal property for investment purposes (i.e. gem, coins, or stamp collection)		
		I have a savings account at: (list all institutions)		

		I have a checking account at: (list all institutions)		

		I have certificates at:		
		I have certificates of deposit at:		
		I have IRA's or Keogh's at:		
		I have stocks:		
		I have bonds:		
		I have treasury bills:		
		I have money market accounts:		
		I have a retirement or pension account:		
		I have Whole Life Insurance:		
		I have Term Life Insurance:		
		I own a land contract:		

YES	NO	INCOME	DATE SENT	DATE RECEIVED
		<u>DIVESTITURE</u> I have sold or given away an asset(s) for less than what it was worth within the last two (2) years.		
		<u>ALLOWANCES</u> I am elderly (62 or older).		
		I am handicapped or disabled.		
		I am a full time student.		
		I am a part time student.		
		I pay for medical insurance: _____		
		I have a prescription drug card: _____		
		I pay for medical expenses at: _____		

		I pay for child care: _____		
		I have expenses relating to a handicap or disability: _____		

		We currently receive Federal Rental Assistance which will end.		
		I have income not listed above (list all income not mentioned above)		

		I have assets not mentioned above (list all assets not mentioned above)		

		I have another residence which I will continue to maintain.		

CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in termination of housing assistance.

Applicant's Signature: _____ Date: _____

New Rent Computed as \$ _____

Recertification completed by: _____ Date: _____