

FUNCTIONAL STATUS

Does the **Head of Household** permanently require the use of a wheelchair? Yes No
Does the **Co-Applicant** permanently require the use of a wheelchair? Yes No

Would you or co-applicant benefit from the features of an accessible unit? Yes No

FAMILY COMPOSITION

(LIST ONLY THE FAMILY MEMBERS WHO WILL LIVE IN THIS APARTMENT)

(1) YOU, HEAD OF HOUSEHOLD

Name _____ Sex _____ Age _____

Date of Birth _____ Social Security # _____

(2) SECOND PERSON

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

Name _____ Sex _____ Age _____

Date of Birth _____ Social Security # _____

INCOME FOR ALL HOUSEHOLD MEMBERS

Type of Income: Examples are wages, welfare, social security, SSI, pension, disability compensation, unemployment compensation, interest income, alimony, annuities, dividends, income from rental property. If no income, please state that.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF INCOME</u>	<u>AMOUNT</u>
(1) _____	_____	_____ PER YEAR
(1) _____	_____	_____ PER YEAR
(2) _____	_____	_____ PER YEAR
(2) _____	_____	_____ PER YEAR

CURRENT ASSETS

Do you own a bank account? Yes No (INCLUDING DIRECT DEPOSIT)

If so, please provide ALL of the following information:

Checking Acct Bank _____ Acct # _____ Amt _____

Checking Acct. Bank _____ Acct # _____ Amt _____

Savings Acct. Bank _____ Acct # _____ Amt _____

Savings Acct. Bank _____ Acct # _____ Amt _____

Cert. of Deposit Bank _____ Acct # _____ Amt _____

Stocks/Bonds Value \$ _____

Savings Bonds Value \$ _____

Do you now own Real Estate? Yes No

If yes, what is the value, during the past two years? \$_____

Have you sold, given or disposed of any assets in the last two years? Yes No

If yes, please provide the following information:

<u>Asset Received</u>	<u>Asset Value At time of Disposition</u>	<u>Date of Disposition</u>	<u>Amount Received</u>
_____	\$_____	_____	\$_____
_____	\$_____	_____	\$_____
_____	\$_____	_____	\$_____
_____	\$_____	_____	\$_____

Were there any penalties, broker/legal fees or settlement costs you had to pay in order to dispose of these assets? Yes No Amount \$_____

MEDICAL EXPENSES

This allowance is permitted only for households whose Head or Spouse is age 62 or older, Handicapped or Disabled. Consider ONLY medical expenses which will not be paid by an outside source like health insurance, medicare, grants or a charitable organization. What are the medical expenses you EXPECT to be paid by your household in the next 12-month period? \$_____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **WARNING:** FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature_____ Date_____

The following information is required for statistical purposes so that HUD may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

ETHNICITY:

Please check one:

Hispanic or Latino Not Hispanic or Latino

RACIAL GROUP IDENTIFICATION:

Please check one group which identifies the head of household:

- White Black or African American
- American Indian or Alaskan Native Asian
- Native Hawaiian or Other Pacific Islander

Pierrepont House for the Elderly, Inc. does not discriminate directly or indirectly on the basis of race, color, religion, sex, national origin, disability or familial status in the admission or access to, or treatment or employment in its programs or activities regardless of the presence of federal financial assistance.

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)	
<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.	

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

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.