



Mercy Housing

MERCY SERVICES CORPORATION
INFORMATION SUMMARY

<u>For Office Use Only</u>	
Date/Time and Initial Application	
Date Received:	_____
Time Received:	_____
Received by:	_____

*Please provide the following information for all persons that will live in the household:
ALL AREAS MUST BE COMPLETED – PUT "N/A" IF NOT APPLICABLE*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Co-Applicant Name: _____
Applicant SS#: _____	Co-Applicant SS#: _____
Applicant Date of Birth: _____	Co-Applicant Date of Birth: _____
Gender/Sex: _____	Gender/Sex: _____
Applicant Race*: _____ ; Ethnicity*: _____	Co-Applicant Race*: _____ ; Ethnicity*: _____

*Race: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____
*Ethnicity: Hispanic/Latino or Not-Hispanic/Latino

PLEASE NOTE:

This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, state and local agencies that Federal Laws prohibiting discrimination against resident applicants on the basis of race, national origin, and sex, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

HOUSING APPLICATION

NOTICE: The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. **All information you provide will be verified by Mercy Services Corporation.** Incomplete and/or falsified information will cause the application to be denied and not processed.

For Marketing purposes, please let us know how you heard of us:

Newspaper Ad
 Drove by
 Resident Referral
 Web Site
 Other: _____

GENERAL INFORMATION

	<u>Applicant</u>	<u>Co-Applicant</u>
Name (Last,First, MI):		
Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Message Phone:		
Marital Status: (Single, Separated, Married, Divorced, Widowed)		

Applicant

Co-Applicant

- Yes No Yes No Are you a student enrolled in an institute of higher education?
- Yes No Yes No Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months?
- Yes No Yes No Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years?
- Yes No Yes No Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____

- Yes No Yes No Do you or a household member require a special accommodation in your unit?
- Yes No Yes No Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?
- Yes No Yes No Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?
- Yes No Yes No Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?
- Yes No Yes No Are you or anyone in your household subject to a nationwide Sexual Offender's Registration?
- Yes No Yes No Will this apartment be your sole place of residency?
- Yes No Yes No Have you been involuntarily displaced by Government Action or Natural Disaster?

If disabled or ill, do you pay for a live-in attendant? Yes No
If yes, please give name of attendant and name of physician who ordered.

Name of Attendant

Name and Phone Number of Physician

EMPLOYMENT STATUS

	<u>Applicant</u>	<u>Co-Applicant</u>
Are you currently employed?		
Have you received a lay-off notice?		
What is your occupation?		
Current/Last wage?		
If unemployed, last day worked?		

INCOME/CASH BENEFITS

Income/Cash Benefits:

Please enter dollar amounts received on a *monthly* basis for **all sources of income**. Please round your figures to the nearest dollar amount.

	<u>Applicant</u>	<u>Co-Applicant</u>
1. Earnings from employment	\$ _____	\$ _____
2. Assistance from family	\$ _____	\$ _____
3. Alimony	\$ _____	\$ _____
4. Child Support	\$ _____	\$ _____
5. TANF or DSHS	\$ _____	\$ _____
6. SSI	\$ _____	\$ _____
7. Unemployment Insurance	\$ _____	\$ _____
8. Refugee Assistance	\$ _____	\$ _____
9. Social Security	\$ _____	\$ _____
10. School Grant/Scholarship	\$ _____	\$ _____
11. G.I. Bill	\$ _____	\$ _____
12. General Assistance	\$ _____	\$ _____
13. Other Assistance	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Assets: ***[If there are no assets, please write "None" in this box, otherwise, list the type of asset(s) held.]**

List below household assets for all members of the household, except minors. **Type of assets example: checking account, savings account, house, land, stocks, bonds, retirement and pension funds, insurance policies, or other forms of capital investments.** DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS.

Household Member's Name	Type of Asset*	Value (\$)

Person to contact in case of emergency:

Name

Phone Number

Do you have a Section 8 Certificate or other Rent Subsidy? Yes No

Was your last or is your current place of residence a Section 8 subsidized Property? Yes No

HOUSEHOLD COMPOSITION

Total Number of Household Members that will reside in the apartment? _____

Please complete for each additional member that *would* be residing with you.

Name (First/Last)	Sex M/F	Date of Birth	Age	Grade in School	100% Custody Yes or No	Social Security Number	Race (See Page 1)	Ethnicity (See Page 1)

REFERENCES

Landlord References:

If you stay with family or friends, list names whether or not you pay rent.

	<u>Applicant</u>	<u>Co-Applicant</u>
Name of Landlord		
Address of Landlord		
Name of Property		
Landlord Phone Number		
Dates of Occupancy		
Did you pay rent? If so, how much per month paid		
Were you evicted?		
If evicted, please explain why.		

	<u>Applicant</u>	<u>Co-Applicant</u>
Name of Landlord		
Address of Landlord		
Name of Property		
Landlord Phone Number		
Dates of Occupancy		
Did you pay rent? If so, how much per month paid		
Were you evicted?		
If evicted, please explain why.		
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Name of Landlord		

Address of Landlord		
Name of Property		
Landlord Phone Number		
Dates of Occupancy		
Did you pay rent? If so, how much per month paid		
Were you evicted?		
If evicted, please explain why.		

POLICY STATEMENT & CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

Signature of Applicant

Date

Signature of Co-Applicant

Date

PENALTIES FOR MISUSING THIS CONSENT

*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 use 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. 408 (a) (6), (7) and (8)***. 6/29/2007*



APPLICATION CLARIFICATION NOTES

Item:

Item:

Item:

Item:

Item:

Item:

