

For Office Use Only

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### **Application for Admission**

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Place of Birth (city, state and country) \_\_\_\_\_

### **Household Composition and Characteristics**

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.

Name	Relationship	Date of Birth	Age	Sex	Social Security #

**(For statistical purposes only; you are not required to answer, nor does your answer affect your position on our waiting lists or your chances of getting a unit.)**

Race of the Head of Household: White  Black  Asian  American Indian

Ethnicity of Head of Household: Hispanic  Non-Hispanic

### **Contact Information**

List names, addresses and telephone numbers of two relatives or friends who generally know how to contact you. (These people will only be contacted if we are unable to contact you.)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

## Current Housing Status

1. How many people live in your home now? \_\_\_\_\_
2. Does anyone live with you now who is not listed on the application? Yes  No   
If yes, please explain \_\_\_\_\_
3. Do you expect this to change in the future? Yes  No
4. Do you wish to move? Yes  No
5. Are you being evicted? Yes  No   
If yes, explain the circumstances. \_\_\_\_\_
6. What is your current rent? \$ \_\_\_\_\_, and your current Security Deposit? \$ \_\_\_\_\_
7. What are your monthly costs for all utilities (except telephone)? \$ \_\_\_\_\_
8. Are you now living in a Government subsidized unit? Yes  No   
(e.g. Section 236 or Section 221(D)(3) Subsidized Project)  
If yes, where? \_\_\_\_\_  
When? From \_\_\_\_\_ To \_\_\_\_\_ Were you evicted? Yes  No   
If yes, did you owe rent at the time of move-out? Yes  No   
If yes, how much did you owe? \$ \_\_\_\_\_
9. Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures?  
Yes  No
11. If you are not renting, please explain your current living arrangements.  
\_\_\_\_\_

12. Please provide the information requested below for all previous residences within the past 10 years and the dates you lived there. Please use a separate sheet of paper if additional space is need.

Landlord	Address	County	Telephone #	Dates Lived There	
				From	To

14. Do you receive Section 8 assistance where you live now? Yes  No
  15. Are you a student? Yes  No  If yes, Fulltime \_\_\_\_\_ Partime \_\_\_\_\_.
- What institution do you attend? \_\_\_\_\_
- If you are not a student currently, do you plan to register at an institution of higher learning within the next 12 months? YES \_\_\_ NO \_\_\_

## Income Information

Please answer the following questions. **For each “Yes” answer, provide the details in the chart below.**

1. Are you or any member of your household employed full-time, part-time or seasonally? Yes  No
2. Do you or any member of your household expect to work for any period of time during the next 12 months? Yes  No
3. Does you or any member of your household work for someone who pays him or her in cash? Yes  No
4. Are you or any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes  No
5. Do you or any member of your household now receive, or expect to receive, unemployment benefits? Yes  No
6. Do you or any member of your household now receive or expect to receive alimony payments? Yes  No
7. Are you or any member of your household entitled to alimony payments that he/she is not now receiving? Yes  No
8. Do you or any member of your household receive or expect to receive welfare assistance or SSI payments? Yes  No
9. Do you or any member of your household receive or expect to receive Social Security benefits? Yes  No
10. Do you or any member of your household receive income from a pension or annuity (e.g. veterans, civil service, railroad retirement or other pension)? Yes  No
11. Do you or any member of your household receive or expect to receive regular cash contributions from individuals not living in the unit or from agencies? Yes  No
12. Do you or any member of your household receive income from assets including interest on checking or savings accounts, interest of dividends from IRA’s, Certificate of Deposit, stocks, bonds, whole life insurance or income from the rental of property? Yes  No

**Please provide the details for any “Yes” answers to the Income Information questions in the chart below.**

Family Member	Source/Type of Income	Gross Monthly Income
		\$
		\$
		\$
		\$

## Asset Information

1. List all checking and savings accounts (including IRA's, Keogh Accounts and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Type of Account	Current Balance	Annual Percentage Yield
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

2. List the value of all stocks, bonds, trust, pension contributions or other assets \_\_\_\_\_
- \_\_\_\_\_

3. Do you own a home or other real estate? Yes  No

4. Have you sold, given away, disposed of or transformed any real property (e.g. real estate, Certificates of Deposit, stocks, bonds, mutual funds or cash) or other assets in the past two (2) years for less than fair market value? Yes  No

If yes, what is the current market value of the asset? \$\_\_\_\_\_

Description of the asset \_\_\_\_\_

Divestiture costs (e.g., realtor commission, CD penalty) \$\_\_\_\_\_

Amount received \$\_\_\_\_\_

Name and address of bank, institution, real estate agent or appraiser who can verify the transaction:

\_\_\_\_\_

## Medical Expense Information

1. Do you have Medicare Insurance? Yes  No

If yes, what is your monthly premium? \$\_\_\_\_\_

2. Do you have any other kind of medical insurance (including Medicare supplement, hospitalization, cancer or long-term care policies)? Yes  No

If yes, give the insurance company's name, type policy, policy number and monthly premium.

Insurance Company	Type Policy	Policy Number	Monthly Premium
			\$
			\$
			\$

**Medical Expense Information (continued)**

3. Do you receive medical assistance through the Welfare department? Yes  No
4. Do you have any outstanding medical bills on which you are paying? Yes  No   
If yes, give the creditor and the amount. \_\_\_\_\_
5. Do you expect to have any substantial medical expenses (excluding prescriptions) during the next twelve months? Yes  No  If yes, give the amount. \$ \_\_\_\_\_
6. What are your estimated monthly prescription costs? \$ \_\_\_\_\_
7. What are your estimated monthly expenses for nursing care? \$ \_\_\_\_\_
8. Please provide the name and address of any doctors or providers who can verify this information.  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you expect any changes in your income, assets or medical expenses during the next 12 months?  
Yes  No  If yes, please explain. \_\_\_\_\_

**Miscellaneous Information**

1. Do you or any members of your household smoke? Yes  No   
If yes, who? \_\_\_\_\_  
**\* Please note that Decatur Christian Towers is a 100% smoke-free environment. We provide an outdoor pavilion for residents and their guests.**
2. Do you have any pets? Yes  No   
If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_
3. How many vehicles does the family applying to Decatur Christian Tower own? \_\_\_\_\_  
Please provide the following information for each automobile.

Year	Make	Model	Color	Tag Number	Handicap Decal

4. Will a live-in attendant be required for any member of the household? Yes  No   
If yes, please enter the name of the attendant and the name and address of a physician who can verify the need for the attendant?  
Name of Attendant \_\_\_\_\_  
Name and Address of Physician \_\_\_\_\_
5. Do you or the members of your household have a need for an accessible unit or accessible features?  
Yes \_\_\_ No \_\_\_
6. Have you or anyone in your household ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, lease violations, failure to cooperate with recertification procedures, or for any other reason? Yes  No   
If yes, please explain. \_\_\_\_\_

## Miscellaneous Information (continued)

7. Have you been evicted from a federal assisted housing program for drug related charges or alcohol abuse in the past five years. (If the applicant has completed a supervised drug / alcohol rehabilitation program or the circumstances leading to the eviction no longer exist, the applicant's eligibility may be reconsidered with proper documentation.)

Yes  No

8. Do you or any member of your household use illegal drugs or any other illegal, controlled substances?

Yes  No  If yes, please explain. \_\_\_\_\_

9. Have you or any member of your household ever used illegal drugs or had a history of alcohol abuse?

Yes  No

If yes, please explain. \_\_\_\_\_

If yes, have you or the member of your household, completed a drug or alcohol rehabilitation program?

Yes  No  If yes, third party verification will be required.

10. Have you or any member of your household ever been convicted or received any adjudication other than acquittal within the past 10 years involving the use or possession of any controlled or illegal substance?

Yes  No  If yes, please explain. \_\_\_\_\_

11. Have you or any member of your household ever been convicted or received any adjudication other than acquittal for the sale, distribution or manufacture of an illegal drug or other illegal controlled substance?

Yes  No  If yes, please explain. \_\_\_\_\_

12. Have you or any member of your household ever been convicted or received any adjudication other than acquittal of a felony that involved bodily harm or molestation of a child?

Yes  No  If yes, please explain. \_\_\_\_\_

13. Are you or any member of your household currently or have you every been registered with any state Sex Offender Registry? Yes  No  If yes, please explain. \_\_\_\_\_

14. Have you or any member of your household ever been convicted or received any adjudication other than acquittal of a felony within the past 10 years that involved injury to a person or property?

Yes  No  If yes, please explain. \_\_\_\_\_

15. Have you or any member of your household been convicted or received any adjudication other than acquittal within the past 10 years of a felony or a misdemeanor other than a traffic violation other than those specifically listed above?

Yes  No  If yes, please explain. \_\_\_\_\_

16. Have you or any household member used different names from the names given in this application?

Yes  No  If yes, give name(s) and explain. \_\_\_\_\_

17. Have you or any members of your household ever used Social Security Numbers different from those listed in this application?

Yes  No  If yes, please explain. \_\_\_\_\_

18. How did you hear about Decatur Christian Towers (e.g., newspaper, internet, word of mouth, etc.)?

\_\_\_\_\_

**Please note:**

Decatur Christian Towers is a residential housing provider for qualified persons who are physically capable of providing means sufficient for caring for their normal needs and who have mental ability sufficient to accept responsibility for self in this type of facility. Decatur Christian Towers offers housing and maintenance services. This facility has no license, obligation or staff to provide any medical services, medicines, special diets, food service or other household services to tenants.

Are you physically and mentally capable of providing means for caring for your normal needs and accepting responsibility for yourself in this facility? Yes  No

The completion of this application creates no obligation on your part. At a later date, when your name(s) comes near the top of the waiting list, and you are offered a unit, a personal interview will be required. In addition, all current income and assets must be verified. The maximum annual gross income limit for one person is \$39,850 and for two persons, the maximum annual gross income limit is \$45,550.

Please be advised that if you are offered an apartment and you refuse it, your name will be moved to the bottom of the waiting list. When a second apartment is offered, if you refuse, your name will be removed from the active waiting list.

All information submitted by you will be used for management purposes only and will remain confidential.

**Do you wish to have your name added to the Studio waiting list?** Yes  No

*and/or*

**Do you wish to have your name added to the One-Bedroom waiting list?** Yes  No

## **Applicant Signature and Certification**

I (we) understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. I (we) understand any false information may make me (us) ineligible for a unit.

I (we) certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I (we) understand that if any of this information is false, misleading or incomplete, Management may decline my (our) application or, if move-in has occurred, terminate my (our) Rental Agreement.

I (we) authorize Management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If my (our) application is approved, and move-in occurs, I (we) certify that only those persons listed in this application will occupy the apartment, that I (we) will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

I (we) agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

I (we) have read and understand the information in this application, and I (we) agree to comply with such information.

I (we) authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a (d) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

I (we) also understand that all adult members of the household must sign the HUD required *Consent Form* (“Authorization for Release of Information” HUD 9887 & 9887-A) before we can be offered a unit.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date