

Date _____

Time _____

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Signature _____

Friendship House Inc.

1010 Cumberland Ave. * West Lafayette, IN 47906
765/463-9586 * FAX 765/463-0974

APPLICATION

Name _____ Social Security # _____

Spouse Name _____ Social Security # _____

Address _____

City/State/Zip _____ How Long? _____

Home Phone _____

Current Landlord's Name _____ Phone # _____

Address/City/State/Zip _____

Prior Landlord's Name _____ Phone # _____

Address/City/State/Zip _____

Are you currently employed? _____ Where? _____ Phone _____

Position _____ How Long? _____

Is the applicant and/or spouse Mobility Impaired? NO YES

Do the applicant and/or spouse use a walker or wheelchair? NO YES

Would you require a barrier-free apartment? NO YES

Can you provide a doctor's statement verifying the above answers? NO YES

Do you have a pet? NO YES (IF Yes, please request the Pet Policy packet)

When would you be available to move-in? _____



Friendship House offers subsidized housing to those who qualify.



HOUSEHOLD COMPOSITION

Name	Relationship	Sex	Place of Birth	Date of Birth
	Head of Household			

GROSS YEARLY INCOME OF HOUSEHOLD

Family Member	Wages, Salaries, Etc.	Social Security, Pension	SSI	Other Income
Head				
TOTAL YEARLY INCOME \$				

NET FAMILY ASSETS (Bank Accounts, Investments, Property, Etc.)

Type of Asset	Value	Interest Earned
Checking Account		
Savings Account		
Certificates of Deposit (CD's)		
Other – Property, Homes, Etc.		
	TOTAL \$	TOTAL \$

In the spaces provided below, please complete the information requested for either a relative or friend whom we may contact in the event we are unable to reach you:

Name _____ Relationship _____

Address _____ Home Phone _____

City/State/Zip _____ Work Phone _____

Name _____ Relationship _____

Address _____ Home Phone _____

City/State/Zip _____ Work Phone _____

MISCELLANEOUS

The Following questions pertain to yourself and every member of you household who will occupy the unit. **Write either YES or NO in response to each question.** An explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- _____ Are there any adult members in your household who are Part-time or Full-time students? **If answering "YES" a STUDENT CERTIFICATION must be completed or the application will not be accepted.**
- _____ Will anyone else live in the unit on either a full-time or part-time basis?
- _____ Do you have sole legal and physical custody of your children? If no explain: _____
- _____ Are you now living or have you lived in a government-subsidized development? If "YES, when: _____
Name of Development: _____
Address: _____ State: _____ Zip Code: _____
- _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason?
If "YES" explain: _____
- _____ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- _____ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- _____ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- _____ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- _____ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- _____ Have you or any member of your household ever used different names from the names given in this application?
- _____ Have you or any member of your household ever used social security numbers different from those listed in this application?
- _____ Have you or any member of your household lived in any other state within the past 10 years? If yes which ones: _____

How did you learn about Friendship House? _____

Race of Head of Household: White Black Asian/Pacific Islander American Indian/Native American

Ethnicity of Head of Household: Hispanic Non Hispanic

Are you a United States Citizen? YES NO

If no, are you a Non-Citizen with eligible alien status? YES NO

Citizenship or eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.

Are you being displaced by a government action or Presidential declared disaster? YES NO

If YES, please explain: _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application 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 lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We authorized 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 unit, that it will be my/our only residence, and that there are no other persons for whom I/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 number, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/We have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ 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 uses of information collected based on the consent from. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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 42 208(a), (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a), (6), (7) and (8).**

Office use only: