



# Housing Application Disciple Homes, Inc.

Equal Housing Opportunity

<b><u>Mail or Deliver Application:</u></b> Chalice Apartments 301 North Marshall Street Henderson, Texas 75652 Telephone: 903-657-4331 FAX: 903-657-4724 Email: <a href="mailto:camanager@disciplehomes.org">camanager@disciplehomes.org</a>  I would like to apply for residency at:  <input type="checkbox"/> Chalice Apartments, Henderson, TX	Applicant Name _____ Received By _____ Date Received _____ Time Received _____ Interviewer _____ Application Complete _____ Action _____ Unit Preference _____  Social Security Card and Citizenship Document Included _____  <b><u>OFFICE USE ONLY</u></b>
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## ***Instructions for Head of Household***

The Chalice Apartments is a Section 202/8 HUD subsidized facility. According to our regulatory agreement, the facility is operated as a project for elderly households (head of household must be 62 or older).

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. **Return the completed application along with proof of each family member's Social Security Number and proof of age for head of household (birth certificate, passport, etc.).** Applicants who are 62 years of age as of January 31, 2010 and were receiving HUD rental assistance and who do not have a Social Security Number will need to provide proof they were receiving HUD rental assistance in order to qualify for the exemption from disclosing and providing verification of Social Security Number.

Applicant household will be put on the waiting list as of the date and time received. It will not be considered eligible for move in until proof of social security number is received for each household member.

**Unit Size****Special Features**

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list:

**COMPLETE THIS INFORMATION FOR THE ALL HOUSEHOLD MEMBERS**

Applicant Name	(Head of Household)	(Other Family Member)
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides complete a different application and must be approved before move in)</i> <input type="checkbox"/> None of the Above
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen
If applicant is a child, what is the custody arrangement?		<input type="checkbox"/> Full <input type="checkbox"/> Joint <input type="checkbox"/> Other
Birth date		
Social Security Number		
If you have no Social Security Number, you claim you are exempt because:	<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 <b>and</b> receiving HUD housing assistance as of 1/31/10	<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 <b>and</b> receiving HUD housing assistance as of 1/31/10
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what branch of service?		



	(Head of Household)	(Other Family Member)
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and where		
Do you abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using marijuana for recreational or medicinal purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used different names than the one on the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used a different social security number than the one on the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate each state where this person has lived	<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.	<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.



What is your current housing situation?	<input type="checkbox"/> substandard <input type="checkbox"/> standard <input type="checkbox"/> conventional public housing <input type="checkbox"/> lacking a fixed nighttime residence <input type="checkbox"/> Fleeing/Attempting to flee violence
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Current Address	
Address Line 2	
City, State, Zip	
Home Phone	
Cell Phone	
Email address	
Work Phone	

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Please provide the information for all landlords that you have had in the last five years.**

**Use extra sheet if you need more space.**

Current Landlord		
Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #2		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to	<input type="checkbox"/> Yes	<input type="checkbox"/> No



return money to HUD?

**UTILITY PROVIDERS:**

You may not live in the unit unless you can establish electrical services in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive any assistance in paying your utility bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LEAP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
If yes, the monthly amount you receive to assist with your utility bills.	\$ _____ or <input type="checkbox"/> NA	

Will anyone else live in the unit with you? *If yes, please complete the following for all adults who will live in the unit. If no, please skip the next section.* ☐ Yes ☐ No

How many people will live in the unit?	Adults	Minors
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**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? ☐ Yes ☐ No

*If No, please move on to the next section. If yes, please provide the following information.*

ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC)	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? ☐ Yes ☐ No





**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information. Please provide information for all family members.

Is any household member employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	

How much does your household expect to receive in other income in the next 12 months?			
<b><u>Please write in 0.00, NA or None if you will receive no income from these sources.</u></b>			
<b><u>WE WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</u></b>			
Monthly Social Security?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly SSI?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	

Are you entitled to Child Support?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount	\$		
Are you entitled to Alimony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$		
Monthly Public assistance?	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?	\$		



Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Other?	\$	

**Assets**

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do any of your retirement accounts have a Required Minimum Distribution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount		\$	
Do you own a home or other property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you have business income?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you own stocks/bonds/certificates of deposit (CD)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal		<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Is there a trust fund in your name or have you established a trust fund for someone else?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.		\$	
Do you have a safety deposit box?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:			

**DEDUCTIONS:** Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

**Medical Expenses:** Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:



Health Insurance - 1- annual premium	\$
Health Insurance - 2 – annual premium	\$
Dr. visit/medical treatments that you are currently making payments for.	\$
Prescription Drugs - annual out-of-pocket expense	\$
Do you have Medicare Part D Prescription coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you pay a premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the premium for Part D deducted from your SSA check ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you pay for Part D coverage directly to an insurance company	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the name of the Insurance Company you pay _____	

### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 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, the PHA 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).

### Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit. We certify that all information given in this application is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

**We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, credit, and criminal 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 our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they 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. We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the *Instructions for Head of Household* on page 1, and we agree to comply with such information. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living and criminal background check.

**If this application is for more than one person, all of our income is available to the household for its needs.** We also understand that all adult members of the household must sign the HUD required *Consent Form 9887/9887a* (Authorization for Release of Information") before we can be offered a unit and letters to specific individuals or organizations to provide documentation to support the information we have

Where did you hear about our organization?

- ☐ From a tenant   ☐ From a friend or relative   ☐ Newspaper   ☐ Internet   ☐ Yellow Pages
- ☐ Other. Please explain \_\_\_\_\_

Would you like a complete copy of the Disciple Homes Management Group tenant selection criteria.

- ☐ No   ☐ Yes   If yes, which option do you prefer?   ☐ Paper copy   ☐ Electronic copy

**Application must be signed and dated to be accepted:**

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Head or Spouse Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



*Disciple Homes, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (CFR, part 8 dated June 2, 1988): Sarah Parker Telephone 903-234-8171, TTY: 711 Exchange.*





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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## Citizen/Non-citizen Declaration

*"Si usted no comprende este documento, contacta por favor la oficina para la ayuda."*

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO  
HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN  
REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**

### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 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, the PHA 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).



## Citizen/Non-citizen Declaration

### DECLARATION

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child,





## Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

**AND**

- c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Citizen/Non-citizen Declaration

☐ Check here if adult signed for a child.

### EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

---

Signature      Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

---

Signature

Date

☐ Check here if adult signed for a child.



Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development

Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)(As of this Date OMB has not  
issued a new form.)

Name of Property	Project No.	Address of Property
------------------	-------------	---------------------

Name of Owner/Managing Agent	Type of Assistance or Program Title:
------------------------------	--------------------------------------

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



**INSTRUCTIONS FOR THE RACE AND ETHNIC DATA REPORTING (FORM HUD-27061-H)****A. General Instructions:**

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## Eligibility Summary Plan Certification

*"Si usted no comprende este documento, contacta por favor la oficina para la ayuda."*

- ☐ I have been given a copy of the Eligibility Summary Plan Summary.
- ☐ I have been given an opportunity to have a copy of the Full Eligibility Summary Plan.
- ☐ I have been given the opportunity to ask any questions that pertain to the Eligibility Summary Plan.

**I/we by signing below, certify that I/we have received requested copies of these guidelines.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

Grievance Procedure: When rejecting an application, management will:

- 1) Provide notification in writing of reasons for rejection;
- 2) Inform the applicant s/he has 14 days to request in writing a meeting to discuss the rejection;
- 3) Participate through a representative in an informal meeting;
- 4) Provide a written determination to the applicant within 5 days of the meeting

**PROPERTY EMPLOYEES ARE NOT PERMITTED TO ACCEPT ANY MONEY CONNECTED WITH THE APPLICATION PROCEDURE AND/OR APARTMENT DESIGNATION.**

**It is the policy of this company to provide housing on equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or disability. We make housing available without regard to actual or perceived sexual orientation, gender identity, or marital status.**



*Chalice does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (CFR, part 8 dated June 2, 1988): Sarah Parker Telephone 903-234-8171, TTY 711*

