Rental Application		Date/Time Rec'd _____ By: _____

Project Name MT. LEBANON of CEDARS

Address _____ Unit # _____ # of Bedrooms _____

Manager or Representative: _____

Applicant's Home Tel. # _____

Applicant's Work Tel. #: _____ Email Address _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Tel. # _____

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit.
Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

Member's Full Name	Relationship	Date of Birth	AGE	Sex (optional)	Social Security #	Exemption
	Head					Y N
						Y N
						Y N
						Y N
						Y N

Exception to disclosure of social security number applies to 1) Individuals who do not contend eligible immigration status. 2) Individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. 3) A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission.

Does anyone not listed in the household composition plan to live with you in the next 12 months? Yes_____ No_____
Explain _____

Are there any absent household members who under normal conditions would live with you? Yes_____ No_____
Explain _____

For statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing. (Circle)

1. Race of Head of Household White Black Asian/Pacific Islander American Indian/Native American
2. Ethnicity of Head of Household, optional Hispanic Non Hispanic

3. 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.

CURRENT HOUSING STATUS

Address _____ City _____ State_____ Zip_____

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

How long have you resided at your current address?: From _____ To _____

Are you being displaced by a government action or Presidential declared disaster? Yes or No

If yes, Please explain _____

Previous Housing if Applicable by TSP

Address _____ City _____ State_____ Zip

_____ Name of Landlord: _____ Phone #:

_____ Landlord's Address:

_____ How long did you

reside at this address? From _____ To _____

HOUSEHOLD EMPLOYMENT INFORMATION
(Use additional sheets if necessary)

Household Member's Employer _____ Phone#: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: $_____ (Circle) Annually Monthly Bi-Weekly Weekly Hourly

Household Member's Employer _____ Phone#: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: $_____ (Circle) Annually Monthly Bi-Weekly Weekly Hourly

HOUSEHOLD INCOME INFORMATION
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source

DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Mo. Amount
1) Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	___	___	$_____
2) Does any member work for someone who pays them in cash?	___	___	$_____
3) Regular pay for a member of the armed forces? (Veteran's Administration, GI Bill Or National Guard/Military benefits/income)	___	___	$_____
4) Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	___	___	$_____
5) Worker's compensation?	___	___	$_____
6) Unemployment benefits, or severance pay?	___	___	$_____
7) Child support? (If court ordered, include even if it is not being received)	___	___	$_____
8) Alimony?	___	___	$_____

9) Social Security payments (include unearned income of minor children)? ___ ___ $_____

10) Pensions (PERA, railroad, etc.)? ___ ___ $_____

11) Retirement benefits? ___ ___ $_____

12) Death benefits? ___ ___ $_____

13) Annuities or life insurance dividends? ___ ___ $_____

14) Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)? ___ ___ $_____

15) Net income from rental property? ___ ___ $_____

16) Regular cash contributions or gifts from individuals not living in the unit? ___ ___ $_____

17) Other (list)? _____ ___ ___ $_____

18) Other (list)? _____ ___ ___ $_____

HOUSEHOLD ASSETS

(All information will be verified)

DO YOU HAVE MONEY HELD IN

	Yes	No	Current Balance		Yes	No	Current Balance
1. Checking Accounts	___	___	$_____	9. 401K*	___	___	$_____
2. Savings Accounts	___	___	$_____	10. IRA/KEOGHAccts.	___	___	$_____
3. Stocks	___	___	$_____	11.Certification of Deposits	___	___	$_____
4. Capital Investments	___	___	$_____	12. Pension/retiremt. Funds	___	___	$_____
5. Bonds	___	___	$_____	13. Money Market Funds	___	___	$_____
6. Trusts*	___	___	$_____	14. Treasury Bills	___	___	$_____
7. Securities	___	___	$_____	15. Safety Deposit Box	___	___	$_____
8. Insurance Settlements	___	___	$_____	16. Paycard/Direct Debit	___	___	$_____
				17. Other_____	___	___	$_____

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17. Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____ _____	___	___	$_____
18. Do you hold a contract for deed?	___	___	$_____
19 Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	___	___	$_____
20. What assets are held jointly with another person? List person and asset(s). _____	___	___	$_____

List below all items from above that were checked "YES "

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Household Member	Asset & Estimated Amount	Date sold/Disposed	Amount Received
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

HOUSEHOLD ALLOWANCE INFORMATION

(All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:	Yes	No	Amount
1 Child care, which enables you or another household member to work, go to school or to seek employment?	____	____	$ _____
2 Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.?	____	____	$ _____
3 Medicare premiums?	____	____	$ _____
4 Other medical insurance premiums?	____	____	$ _____
5 Outstanding medical bills on which you are currently paying>	____	____	$ _____
6. Do you have any monthly payment plans set up for past medical expenses you are paying?	____	____	$ _____
7. Cost of assistive devices for a handicapped or disabled household member?	____	____	$ _____
8. Do you receive medical assistance through a public assistance agency/program?	____	____	$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit.

Write either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

_____Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?

_____Do you or anyone else in your household qualify for housing because of a disability as described in Section 504 of the Rehabilitation Act of 1973?

_____Are there any adult members in your household who are Part-time or Full-time students? **If answering "YES" the 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: _____

_____Do you have any judgments against you?

_____Have you ever had bed bugs?

_____Have you or any member of your household ever been 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? HGPS conducts an exhaustive sex offender screening as part of the process of move in. HGPS will not admit or continue to house any resident who is a lifetime sex offender.

_____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 convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?

_____Are you or any member of your household a Veteran of the US Armed Forces?

_____Does your household have or anticipate having any pets or service animals?

_____Have you or any member of your household ever used different names from the names given in this application? If so please list

_____

_____Have you or any member of your household ever used social security numbers different from those listed in this application? If so please list

_____

_____**Please list all states any member of this household has lived in during their lifetime**

List of states:_____

_____

_____

_____

How did you hear of this housing development? _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance ,Rural Development and/or LIHTC 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 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 stall or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

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 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 numbers, 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.

The USDA Rural Development office now utilizes a system called WAGE MATCH. This system can be utilized anytime by Rural Development to verify reported wages by the applicant and any time during tenancy. Items such as Wages, Social Security Benefits and/or other sources of income are available throughout the year to ensure accuracy in reporting is taking place on a project and tenant level.

The information requested on this form is being collected in connection with regulations of the apartment complex and authorized by the U.S. Department of Housing and Urban Development, Rural Development to determine an applicant's initial eligibility, apartment size, and the amount of rental contribution by the client(s). The information will be used to adequately manage the program(s), to protect the United States Government and the apartment complex's financial interest, and to verify the accuracy of the information furnished. It may be released to the appropriate Federal, State and Local agencies, and, when relevant, to civil,

criminal and regulatory investigators or prosecutors. Failure to provide any information may result in a delay, a rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous.

All household members age 18 or older sign below:

Applicant's Signature (Head of Household): _____ Date: _____

Applicant's Signature (Co-Head): _____ Date: _____

Applicant Signature (Other Adult): _____ Date: _____

Manager'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, 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 42 U.S.C. 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).

Use this space for additional information: