



**Equal Housing
Opportunity**

FAITH HAVEN INCORPORATED
4901 Grand Avenue
Duluth MN 55807-2606
Telephone 218-628-2602

FOR OFFICE USE ONLY
Date Received: _____ File No: _____
Move-In Date _____ Apartment No _____

APARTMENT APPLICATION FORM

Applicant Name: _____

Co-Applicant Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Applicant's Employer: _____ Co-Applicant's Employer: _____
Company: _____ Company: _____
Address: _____ Address: _____
City/State/ZIP: _____ City/State/ZIP: _____
Phone: _____ Phone: _____

How did you hear of this housing development? _____
Are you living or have you ever lived in a government-subsidized unit? [] No [] Yes
If Yes, when & name of development & address _____

If you were ever on housing assistance, was it ever terminated because of fraud, non-payment of rent or other reason? If yes, explain the circumstances: _____

Please list below relatives or friends who generally know how to contact you:

Name: _____ Name: _____
Address: _____ Address: _____
City/State/ZIP: _____ City/State/ZIP: _____
Phone No: _____ Phone No: _____



Faith Haven Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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.

Member's Full Name	Relationship	Birthdate	Age	Sex	Soc. Security #

Does anyone live with you now who is not listed on the first page of this application? _____

If yes, please explain: _____

If an addition to the family is expected, when? _____

Do you have full custody of your children? _____ If no, please explain _____

Is the head or spouse of this household handicapped or disabled? _____

Is anyone else in the household handicapped/disabled? _____

If yes, please explain the nature and the extent of the handicap: _____

Do you pay for childcare so that you or another family member works or goes to school? _____

Handicapped Families Only: _____

MEDICAL EXPENSES

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? _____

Elderly Families Only: _____

Do you have Medicare _____

Do you have any other kind of medical insurance _____

Do you receive medical assistance _____

Do you have any outstanding medical bills on which you are paying _____

What do you estimate your medical expenses to be during the next 12 months _____

(Include medical insurance and prescription drugs)

CURRENT HOUSING STATUS

Monthly Rent Paid \$ _____ Monthly Utility Cost \$ _____ (except phone)

of bedrooms _____ # of occupants _____ Waterbed [] Yes [] No Pets [] Yes [] No

Is your unit dilapidated _____

Does it have operable indoor plumbing _____

Does it have a kitchen _____

Does it have a safe source of heat _____

Does it have safe & adequate electricity _____

Does it have a useable bathtub or shower inside the unit for the exclusive use of your family _____

Do you have a regular, adequate nighttime residence _____

If no, explain shelter accommodations _____

Are you being evicted _____ If yes, give reason _____

Are you displaced due to a natural disaster (fire or flood) _____

Are you displaced due to urban renewal or government action _____
 Are you displaced because of action by a landlord _____
 If yes, give reason _____
 Have you vacated your former unit as a result of actual or threatened violence against you or your family _____
 Do you live in a housing unit with an individual who engages in such violence _____

REFERENCES

Present Landlord:	Previous Landlord:
Name: _____	Name: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Phone Number: _____	Phone Number: _____
How long have you lived there _____	How long did you live there _____

INCOME INFORMATION

All Information Will Be Verified by a Third Party

Please provide the amount you receive for those you can answer YES to.

Do you and/or your co-applicant receive or expect to receive:	Amount
Wages, salaries (include overtime, tips, bonuses, self-employment)	\$ _____
Cash payments for work performed.	\$ _____
Regular pay for a member of the armed forces\$ _____	
Welfare or disability benefits (MFIP, SSI, GA)\$ _____	
Worker's Compensation	\$ _____
Unemployment benefits, or severance pay	\$ _____
Child support	\$ _____
Alimony	\$ _____
Earned income tax credit	\$ _____
Education grants, scholarships or VA student benefits \$ _____	

Please provide the amount you receive for those you can answer YES to.

Social security payments	\$ _____
Pensions (PERA, Railroad, etc.)	\$ _____
Veterans Administration benefits	\$ _____
Death benefits	\$ _____
Annuities or life insurance dividends	\$ _____
Lump sum payments (inheritance, lottery, capital gains, insurance settlements)	\$ _____
Regular cash contributions or gifts from others\$ _____	
Other	\$ _____

ASSET INFORMATION

All Information Will Be Verified by a Third Party

Please check the box in front of each account you have and fill in the spaces. Use the blank spaces for any additional accounts.

Type of Account	Held at (i.e. bank name)	Account Number	Acct. Balance
Checking			
Savings			
Savings			
Certificate of Deposit			
Certificate of Deposit			
Money Market			
IRA/KEOGH			
Stocks			
Bonds			

Securities			

Do you hold a contract for deed ____ If yes, value _____
 Do you own a home, farm, or other real estate ____ If yes, value _____
 Do you receive rental income from a home, farm or property ____ If yes, monthly amount _____
 Do you have any collections held as an investment (gems/jewelry(not personal), stamps, rare coins, antique cars, etc.) ____ If yes, value _____
 Do you have any other assets not listed above ____ If yes, value _____
 Have you given away real property or any assets in the past two years ____ If yes, value _____
 Have you disposed of assets at less than fair market value within the last two years? ____ If yes, please explain. _____
 If you have any assets that are held jointly with another person please list the person and the asset below:

APPLICANT CERTIFICATION

I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize Faith Haven Apartments, Inc., to verify the above information and consent to the release of the necessary information to determine my eligibility.

I hereby authorize any person, credit agency, or law enforcement agency to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, creditor rental history checks.

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 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 Social Security numbers are contained in the Social Security Act at 42 USC 4408 (f), (g) and (h).

What date would you be able to accept an apartment: _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.