



HUD Rental Application

Knights of Pythias Active Retirement Center is an equal housing opportunity provider

MANAGER USE ONLY: APPLYING FOR \_\_\_ Studio \_\_\_ HUD One Bedroom (can be on both lists)

\_\_\_ Check Photo ID \_\_\_ Social Security Number Verified

Date Received \_\_\_ Time Received \_\_\_ Manager Initialed \_\_\_ APT Size Eligible for \_\_\_ Applicant Type: \_\_\_ Applicant \_\_\_ Transfer \_\_\_ Co-applicant

Please fill out this application completely. All blanks must be filled in before the application will be considered complete and can be processed for eligibility. If the blank does not apply to your situation put N/A in the blank.

Table with 7 columns: Full Name and Address, Phone Number, Relationship to HOH, Date of Birth, Social Security Number, Marital Status, Is Household member a student enrolled in an institution of higher education?

Is HOH under the age of 62? \_\_\_ NO \_\_\_ YES

If yes, does HOH or spouse qualify as a person with disabilities? \_\_\_ NO \_\_\_ YES

Does anyone in household request an accessible unit? \_\_\_ NO \_\_\_ YES

If Yes, please specify unit type required \_\_\_\_\_

States all applicant household members have resided in \_\_\_\_\_

Has anyone listed above ever been evicted? \_\_\_ NO \_\_\_ YES \_\_\_ WHEN? \_\_\_ WHERE?

Has anyone listed above ever been convicted, pled guilty or no-contest to any crime? \_\_\_ YES \_\_\_ NO

WHO? \_\_\_ WHEN? \_\_\_ COUNTY/STATE \_\_\_ FELONY? \_\_\_ NO \_\_\_ YES

Does any household member currently engage in the use of controlled substances? \_\_\_ NO \_\_\_ YES

If YES, then who? \_\_\_\_\_

Is any household member subject to a state lifetime registration for sex offenders? \_\_\_ NO \_\_\_ YES

If yes, who? \_\_\_\_\_

Do you have a Section 8 voucher or are you currently occupying a HUD Assisted Unit? \_\_\_ YES \_\_\_ NO

Do You have any pets?  YES  NO If yes, specify type and number \_\_\_\_\_

(Common household pets are subject to a \$300 pet deposit, payment arrangements are available upon request)

Do you own a vehicle and need parking?  NO  YES If YES,  Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

**PERSONAL REFERENCES** (3 Persons not related or living with you, whom you have known for at least one year)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

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**MARKET SOURCE:**

Property Website  Columbian  Sr. Messenger  Senior & Boomer News  Choice

Retirement Connections  Phone Book  Current Resident Referral  Drive By

Signs/Flyers  Luepke Center  Previous Resident  Reflector  VA  Other \_\_\_\_\_ (Please List)

Are you a friend or family (current or former) of a current resident? Yes  No  Name of

Resident \_\_\_\_\_

**SOURCES OF INCOME**

FAMILY MEMBER NAME (LAST, FIRST, MIDDLE INITIAL)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (LIST NAME AND ADDRESS OF SOURCES)	ANNUAL GROSS INCOME \$
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**ASSET INFORMATION** List all stocks/bonds, savings, checking, trust, IRAs, CDs, Money Markets, Life Insurances, other Retirement accounts

BANK	ACCOUNT NUMBER	TYPE OF ASSET	BALANCE \$
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Do you have life insurance?  NO  YES If YES, answer the following:

Whole Life Insurance  Term Insurance  Cash Value \_\_\_\_\_ Name/Policy # \_\_\_\_\_

Do you own property?  NO  YES If YES, answer the following:

Type of property \_\_\_\_\_ Location \_\_\_\_\_ Approximate Market Value \_\_\_\_\_

Have you sold/disposed of any property/assets in the last 2 Years? \_\_\_NO \_\_\_YES

If yes, what? \_\_\_\_\_

Date Sold/Disposed of \_\_\_\_\_

Do you have any assets not listed above (excluding household goods? \_\_\_NO \_\_\_YES

If Yes, what? \_\_\_\_\_

Do you own your own home? \_\_\_YES \_\_\_NO (If no, please complete the rental history below)

If Yes, how long have you owned it? \_\_\_\_\_ (If less than 2 years, please complete the rental history below)

**PLEASE COMPLETE—ANTICIPATED MEDICAL EXPENSE(S) FOR THE NEXT 12 MONTHS**

**Includes Doctor, Dentist, Optometrist, Hospital, Prescriptions, Insurance Premiums, OTC Medications or Supplies, etc.**

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$

Rental History (Please Include all for the past seven years. Attach additional information if necessary)

**Current Landlord** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Previous Landlord** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Previous Landlord** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

\_\_\_\_\_

**Previous Landlord** \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

\_\_\_\_\_

**Previous Landlord** \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**IMPORTANT ADDITIONAL INSTRUCTIONS**

*Please submit a copy of your state issued photo, such as Driver's License or state issued photo ID. Please provide proof of social security for each household member. All household members must submit evidence of citizenship or eligible immigration status at the time of application. The head of Household will be asked to complete a Race & Ethnicity Form at the time of application. The form is attached. Applications will not be accepted unless the attached HD-92006 form is completed in full.*

I/we certify that the statements made in this application are accurate and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date Signed

**Privacy Act Notice**

*The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S. C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member.*

***Purpose:*** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. ***Other uses:*** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to the appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

***Penalty:*** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

***Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants. Knights of Pythias Retirement Center does not discriminate against applicants, residents, or employees on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, familial status, disability or socio-economic class, nor on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal assistance. The Final Rule provides equal access to housing in HUD programs regardless of sexual orientation or gender identity. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations Implementing Section 504 (24 CFR Part 8 dated June 2, 1988): Compliance Manager, KOPRC, 3409 Main Street, Vancouver, WA 98663, (360) 696-4375.***

***(Application Revised 08/2019)***