

# RENTAL APPLICATION - CHA Morris, LP

## **FOR OFFICE USE ONLY**

NEW APPLICATION / INITIAL CERT

### **NEW APPLICATION ONLY**

Was the application completed on site?  Yes  No

If the application was not completed on site, what method was the application received by the site staff?

By mail  Hand Delivered  Other \_\_\_\_\_

Application received by: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

What apartment size is the applicant applying for? \_\_\_\_\_ Bedroom(s) Apartment assigned: \_\_\_\_\_

Household size? \_\_\_\_\_

Application fee: \$ \_\_\_\_\_

### **INITIAL INCOME ELIGIBILITY DETERMINATION**

What is the Maximum Gross Income allowed for the household to be eligible? \$ \_\_\_\_\_

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type  Yes  No

### RE-CERTIFICATION

\*Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance?  Yes \_\_\_\_\_ (please initial)  No

Is the head of household or spouse/co-head disabled?  Yes  No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence  Yes  No

**THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.**

Are you currently receiving:  Section 8 Voucher  Other Federal Assistance \_\_\_\_\_

### **Please Print:**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Move-In Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Divorced  Widowed  Married  Single  Separated (HKP-107 form is required)

\*If you answer yes that you require assistance, there should be only one type of handwriting on the application and questionnaire.



**HOUSEHOLD COMPOSITION – List all persons that will occupy the unit**

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Ethnicity Hispanic/ Not Hispanic/ Decline to answer
	HOH	M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D

\*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White), **D** (Decline to answer). You can select 1 or multiple codes

**ELIGIBILITY INFORMATION**

- 1) Yes No Are you or any adult member (18 or older) in the household employed?  
 If yes, provide the contact information of your employer below:  
 (If yes, HKP-201 form is required; if no, HKP-105 form is required)

Employer’s Name: \_\_\_\_\_

Please list your previous employer:

Previous Employer’s Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

- 2) Yes No Are there any adult household members claiming zero income?  
 If yes, list name(s) \_\_\_\_\_  
 If yes, you must complete an HKP-104 form.

- 3) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months? If pregnant, please indicate approximate due date.  
 If yes, explain \_\_\_\_\_

- 4) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain \_\_\_\_\_

- 5) Yes No N/A Does an adult of this household have physical custody of every child listed on this application at least 50% of the time? Custody documentation may be required depending on the program type.



6) Yes No Does anyone in your household require a live-in care attendant? (HKP-114, 117, & 122 forms)  
 If yes, who? \_\_\_\_\_. Provide the physician's name and contact information who will verify the need for an attendant:  
 Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

7) Yes No Has anyone in your household ever been evicted?  
 If yes, explain: \_\_\_\_\_

8a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Explain: \_\_\_\_\_

8b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?

9a) Yes No Does your household have or anticipate having any pets other than those used as a service animal?  
 If yes:  
 Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_  
 Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

9b) Yes No Do you have a service animal?  
 If yes: Breed (for identification purposes only) \_\_\_\_\_ Color \_\_\_\_\_

10) Yes No Has anyone in your household filed for bankruptcy?  
 If yes, was the bankruptcy discharged?  Yes  No If no, provide documentation from your attorney that no additional debt may be added.

E-mail address: \_\_\_\_\_ Alternative Phone #: ( ) \_\_\_\_\_

Automobile Information:  
 Vehicle #1 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
 Vehicle #2 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please provide at least one emergency contact.**

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_



## Student Status

### Part A

Is **every** household member a full-time student (**adults and children**)?     Yes     No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)?     Yes     No

If the answer is yes, list the name(s) of the household member(s) who attended school:

\_\_\_\_\_

**If you answer “Yes” to either of the above questions, proceed to answering  
“Part B” below.**

Defining “Student”

IRC §152(f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

### Part B

**If you answer “No” to both questions above, DO NOT complete  
any of the questions in this section**

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?  
 Yes     No
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?     Yes     No
- Married and/or eligible to file a joint tax return?     Yes     No
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.)     Yes     No
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance.     Yes     No
- List one household member who IS NOT a full-time student. \_\_\_\_\_

**Please note, there may be a state specific form that must be completed as well.**



**SIGNATURE CLAUSE**

**Each household 18 or older must sign/initial in the space provided acknowledging they have read the information below:**

\_\_\_\_\_ I understand that management is relying on the information I provided in this application and all future required documentation to prove my household’s eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

\_\_\_\_\_ I do hereby authorize CHA Morris, LP , **their agent** and/or its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

\_\_\_\_\_ I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

\_\_\_\_\_ Furthermore, I hereby release and hold harmless any agent of CHA Morris, LP , **their agent** and/or its staff, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to CHA Morris, LP , **their agent** and/or its staff upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

\_\_\_\_\_ I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

**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 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 THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208 (A) (6), (7) AND (8). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A) (6), (7) AND (8).

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

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

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

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

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

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

**We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.**

