

APPLICATION FOR HOUSING

HUD Property

Office Use Only

This is an application for housing at (Circle all that apply):

- | | |
|--|---|
| Billy V. Hall Senior Complex, INC, Gravette AR | NASH Gravette, Gravette AR |
| Flint Creek Apartments, INC, Gentry AR | Osage Heights Senior Housing, INC, Bentonville AR |
| Dixieland Gardens Senior Housing, INC, Rogers AR | Miller Place Senior Complex, INC, Rogers AR |
| Ozark Meadow Apartments, INC, Berryville AR | Ozark Meadows II, Berryville AR |
| Oak Hills Senior Housing, INC, Green Forest AR | Fallen Ash Senior Complex, INC, Flippin AR |
| NASH Bull Shoals, Bull Shoals AR | Willowbrook Senior Housing, INC, Mtn. Home AR |
| White River Senior Complex, INC, Elkins AR | |

Mgr. Initials:
Date:
Time:

Please complete this application and return to Area Agency on Aging of Northwest Arkansas or the property office.
Managed by Area Agency on Aging of Northwest Arkansas.

Applications are placed on waiting lists in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. **If any section does not apply to you, fill in with "n/a" or "does not apply."**

1. GENERAL INFORMATION

Please Print Clearly

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

Are you seeking housing due to a Presidentially Declared Disaster? YES NO

Citizenship Status (check one) United States Citizen Eligible Non-Citizen Ineligible Non-Citizen

Do you RENT or OWN or HOMELESS (check one)

How did you hear about the property? _____

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? YES NO (check one)

****Attach copy of your Social Security Card and proof of age, i.e. driver's license, state ID, birth certificate, etc. for all household members. If you have no Social Security Number, you claim you are exempt because: You are an ineligible non-citizen or you were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10.**

	Name	Veteran	Need an accessible unit?	Student Status	Birth Date	Age	SS#
Head							
Co-H							
Other							

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



2. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. **Must supply complete addresses and phone numbers on last page of application.**

Household Member Name	Source of Income	Gross Monthly Amount
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Pension (list source)	\$ _____
_____	Pension (list source)	\$ _____
_____	Veteran's Benefits (list claim #)	\$ _____
_____	Veteran's Benefits (list claim #)	\$ _____
_____	Interest Income (source)	\$ _____
_____	Interest Income (source)	\$ _____
	Employment amount	\$ _____
	Employer:	_____
	Position held:	_____
	How long employed?	_____
	Custody arrangement of any children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, explain:	_____
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, list the amount you are <i>entitled</i> to receive.	\$ _____
	Other Income	\$ _____
	Other Income	\$ _____
	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$ _____
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$ _____
	Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, explain:	_____

D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA. **Must supply complete addresses and phone numbers on last page of application.**

		Bank	Balance
Checking Accounts	#	_____	\$ _____
	#	_____	\$ _____
Savings Accounts	#	_____	\$ _____
	#	_____	\$ _____
Trust Accounts	#	_____	\$ _____
	#	_____	\$ _____
Direct Express Debit Card	#	_____	\$ _____
Reloadable Prepaid Card	#	_____	\$ _____

Certificates of Deposit # _____ Bank _____ Balance \$ _____
Credit Union # _____ Bank _____ Balance \$ _____
Savings Bonds # _____ Maturity Date _____ Value \$ _____
Life Insurance Policy # _____ Cash value \$ _____
Life Insurance Policy # _____ Cash value \$ _____

Mutual Funds Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____
 Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____

Stocks Name: _____ #Shares _____ Dividend Paid \$ _____ Value \$ _____
 Name: _____ #Shares _____ Dividend Paid \$ _____ Value \$ _____

Bonds Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____
 Name: _____ #Shares _____ Interest or Dividend \$ _____ Value \$ _____

Investment Property Appraised Value \$ _____

Real Estate Property: *Do you own any property?* YES NO

If yes, type of property: _____

Location of property _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/disposed of any property in the last 2 years? YES NO

If yes, type of property: _____

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? YES NO

If yes, describe the asset _____

Date of disposition _____

Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? YES NO

If yes, please list:

E. Medical Providers / Expenses

Do you pay a monthly Medicare premium: YES NO

If yes, please list: Amount of premium: \$ _____

Do you pay for a supplemental insurance policy such as AARP, Blue Cross, etc. YES NO

If yes, please list: Amount of monthly premium paid by you: \$ _____ Policy #: _____

Name of company: _____

List name of all pharmacies:

1. _____

2. _____

3. _____

4. _____

List name of all hospitals:

1. _____

2. _____

3. _____

4. _____

List name of all doctors: (medical, dental, eye, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Examples of other medical expenses are: services of health care facilities such as laboratory fees, x-rays and diagnostic tests, blood, and oxygen, dental treatment, attendant care, payments on accumulated medical bills, nonprescription over-the-counter medicines (aspirin, cough drops, vitamins, incontinence supplies, diabetes supplies, etc.), transportations to/from treatment (actual cost or if driving by car, a mileage rate base on IRS rules or other accepted standard), or any other medically-necessary services, apparatus or medication, as documented by third party verifications. Non-recurring, one-time expenses are excluded.

Use the last page of application to list medical providers, their names, addresses, and phone numbers.

F. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? YES NO

Have you or any member of your family ever been convicted of a felony? YES NO

If yes, describe when and where _____

Have you or any member of your family ever been evicted from any housing for lease violation including drug use or failure to report a crime? YES NO

If yes, describe _____

Are you or any member of the household required to register with any state lifetime sex offender or any other sex offender registry? YES NO

List all states in which you and members of the household have resided. _____

Have you ever filed for bankruptcy? YES NO

If yes, describe _____

Will you take an apartment when one is available? YES NO

Briefly describe your reasons for applying: _____

G. REFERENCE INFORMATION

Current Landlord

Name: _____
Address: _____
Home Phone: _____
Bus. Phone: _____
How Long? _____

Prior Landlord

Name: _____
Address: _____
Home Phone: _____
Bus. Phone: _____
How Long? _____

Personal Reference #1 (not a family member) Name: _____
Address: _____
Relationship: _____ Phone #: _____

Personal Reference #2 (not a family member) Name: _____
Address: _____
Relationship: _____ Phone #: _____

In case of emergency notify: _____ Relationship: _____
Address: _____ Phone #: _____

H. PET INFORMATION (if applicable)

Do you own any pets? YES NO If yes, describe: _____

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Print name

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

MUST PROVIDE COMPLETE ADDRESSES AND PHONE NUMBERS OF ALL SOURCES OF INCOME, ASSETS, AND MEDICAL PROVIDERS WITH WHOM YOU HAVE PAID OUT OF POCKET EXPENSES DURING THE PAST 12 MONTHS.

Phone _____
Phone _____
Phone _____

Phone _____
Phone _____
Phone _____

The position 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}.

Company/Property	Area Agency on Aging
Position:	504 Coordinator
Address	1510 Rock Springs Road
Address	PO Box 1795
City, State, Zip	Harrison, Arkansas, 72601
Phone	1-800-432-9721
Fax	(870) 741-1984
Email	info@aaanwar.org
TTY (Audio Relay)	(870) 741-1346

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.

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.

--	--

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.

Property: _____

RENTAL OFFICE PHONE/FAX NUMBER: _____

WAITING LIST POLICY

I UNDERSTAND THAT I AM ON THE ACTIVE WAITING LIST FOR A ONE-BEDROOM APARTMENT IN THE ABOVE-NAMED APARTMENT COMPLEX. IN ORDER TO STAY ON THE ACTIVE WAITING LIST, I MUST VISIT OR CONTACT THE RENTAL OFFICE WITHIN SIX MONTHS OF THE DATE BELOW. AT THAT TIME, I WILL REPORT ANY CHANGES IN FAMILY SIZE, INCOME, ETC. IF AT ANY TIME MY ADDRESS OR TELEPHONE NUMBER SHOULD CHANGE, I WILL NOTIFY THE MANAGER IMMEDIATELY.

IF I AM DISABLED AND UNABLE TO COMPLETE THE APPLICATION PROCESS, I CAN REQUEST AN ALTERNATIVE METHOD BE PROVIDED.

I ALSO UNDERSTAND THAT IF I DO NOT CONTACT THE RENTAL OFFICE BY THE SPECIFIED DATE, I WILL NO LONGER BE ON THE ACTIVE WAITING LIST.

APPLICANTS WILL BE OFFERED AN AVAILABLE APARTMENT A MAXIMUM OF 3 TIMES PER APARTMENT COMPLEX. IF THEY REFUSE TO TAKE AN AVAILABLE APARTMENT ALL 3 TIMES THEIR NAME WILL BE REMOVED FROM THE WAITING LIST. WE WILL INFORM THE PROSPECTIVE TENANT THAT THEY NEED TO RE-APPLY AND THEIR NAME WILL GO TO THE BOTTOM OF THE WAITING LIST ONCE THE NEW APPLICATION IS RECEIVED.

APPLICANT'S SIGNATURE

DATE

Updated 10/2020



Return this Copy with Your Application



We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

Property: _____

RENTAL OFFICE PHONE/FAX NUMBER: _____

WAITING LIST POLICY

I UNDERSTAND THAT I AM ON THE ACTIVE WAITING LIST FOR A ONE-BEDROOM APARTMENT IN THE ABOVE-NAMED APARTMENT COMPLEX. IN ORDER TO STAY ON THE ACTIVE WAITING LIST, I MUST VISIT OR CONTACT THE RENTAL OFFICE WITHIN SIX MONTHS OF THE DATE BELOW. AT THAT TIME, I WILL REPORT ANY CHANGES IN FAMILY SIZE, INCOME, ETC. IF AT ANY TIME MY ADDRESS OR TELEPHONE NUMBER SHOULD CHANGE, I WILL NOTIFY THE MANAGER IMMEDIATELY.

IF I AM DISABLED AND UNABLE TO COMPLETE THE APPLICATION PROCESS, I CAN REQUEST AN ALTERNATIVE METHOD BE PROVIDED.

I ALSO UNDERSTAND THAT IF I DO NOT CONTACT THE RENTAL OFFICE BY THE SPECIFIED DATE, I WILL NO LONGER BE ON THE ACTIVE WAITING LIST.

APPLICANTS WILL BE OFFERED AN AVAILABLE APARTMENT A MAXIMUM OF 3 TIMES PER APARTMENT COMPLEX. IF THEY REFUSE TO TAKE AN AVAILABLE APARTMENT ALL 3 TIMES THEIR NAME WILL BE REMOVED FROM THE WAITING LIST. WE WILL INFORM THE PROSPECTIVE TENANT THAT THEY NEED TO RE-APPLY AND THEIR NAME WILL GO TO THE BOTTOM OF THE WAITING LIST ONCE THE NEW APPLICATION IS RECEIVED.

APPLICANT'S SIGNATURE

DATE

Updated 10/2020



Keep this Copy for Your Records



We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- **Prohibited** from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410