

**APPLICATION FOR OCCUPANCY**  
**Gladstone Housing Commission**  
**Waterview Apartments**

Received by: _____
Date: _____ Time: _____

**Complete in pen only. Each section must be completed. If a question does not apply, please indicate by writing "NO" in the blank.**

Applicant Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part A: Household Information**

**1. Household information:**

	Name	Relationship to head S-Spouse O-other adult D-Dependent	Marital Status D-Divorced M-Married S-Single L-Legally Separated W-Widowed	Student Status F/T=Full Time P/T=Part Time **K-12 is considered Full Time	Social Security Number	Age	Date of Birth
Head				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
2				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
3				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
4				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
5				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
6				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
7				<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			

- Will there be any changes to household composition in the next 12 months: Yes No  
If Yes, please describe changes: \_\_\_\_\_
- Apartment size(s) for which you are applying: (Check all that apply): 1 2
- Will you or a household member benefit from an apartment with accessibility features? Yes No
- Have you been convicted of a crime? Yes No  
If yes, when: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Nature of the crime: \_\_\_\_\_
- Do you currently use or distribute any illegal controlled substances? Yes No
- Provide a listing of all states that you and members of your household have resided in: \_\_\_\_\_
- Are you or any member of the applying household subject to a lifetime sex offender registrations requirement in any state? Yes No
- Have you or a household member been evicted or removed from rental housing due to non-payment of rent, fraud, failure to comply with the recertification process, etc.? Yes No



**Part B: Rental Information**

- 1. Do you currently own your home? Yes No
- 2. Are you currently living in a HUD subsidized apartment? Yes No
- 3. Are you a participant in a Housing Choice Voucher program? Yes No
- 4. Do you currently live with family? Yes No If yes, do you pay rent? Yes No
- 5. Current Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ How long? \_\_\_\_\_ Reason for Moving: \_\_\_\_\_
- 6. Previous Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ How long? \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

**Part C: Student Information**

- 1. Are you a student now or have you been a student in the past 12 months? Yes No
- 2. Do you anticipate becoming a student in the next 12 months? Yes No

**If Both Answers above are no, please proceed to Part D.**

**If either question above was marked yes, please complete the following:**

Name of School: \_\_\_\_\_

Attending, plan to attend or previously attended school with the student status of: Part-time or Full-time

**Part D: Other Household Information**

- 1. Do you have any pets? Yes No If yes, what kind? \_\_\_\_\_ How many? \_\_\_\_\_
- 2. How many vehicles in your household? \_\_\_\_\_

Vehicle #1:

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle #2:

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_



**Part E: Household Income Information**

Income Type	Please mark yes or no to all sources that are being received or are anticipated	Person's Name Receiving Income	Amount	Frequency (weekly, bi-weekly, bi-monthly, monthly, or yearly)
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tips, Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Quarterly Payments from DHS for the state paid portion of an SSI benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pension/Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Welfare/Public Assistance/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Worker's Comp.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Income Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Income Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Income Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Income Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part F: Household Asset Information**

Asset Type	Please mark yes or no to all	Person's Name on asset account	Number of Accounts	Account Number(s)	Account Balance	Interest rate
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Debit Asset	<input type="checkbox"/> Yes <input type="checkbox"/> No					
CD	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stock/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other Asset Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other Asset Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Disposed Assets:**

Have you disposed of (sold or given away) any assets for less than fair market value in the past 2years? Yes

No

If yes, please explain: \_\_\_\_\_

**Real Estate:**

Do you own Real Estate? Yes No If yes, please provide the following:

Address: \_\_\_\_\_ SEV: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_

Plans for real estate once occupancy is accepted (If renting, please provide the rental income amount): \_\_\_\_\_



**Acknowledgement and Signatures**

Upon acceptance of your application, we will make a preliminary determination of eligibility based upon the information contained in the application. Final confirmation of eligibility will not be confirmed until verification of income and assets sources, student status, and credit, criminal, and landlord histories. If there are no housing available that fits the needs of the family, your application will be placed on a waiting list and all eligibility factors listed above will be accessed when housing is available.

Gladstone Housing Commission embraces fair housing and does not discriminate based on race, color, religion, sex, handicap, age (some communities have age restrictions), familial status or national origin.

I certify the information listed on this application is true and correct to the best of my knowledge. I understand that any information found to be false, or misleading may be considered cause for denial and is punishable under federal law. I hereby authorize an investigation of my character, general reputation, criminal history, credit history, personal history, rental histories as well as my student status, my income, and my assets to determine my eligibility to live at Gladstone Housing Commission. I also release Gladstone Housing Commission from all liability associated with lawful information such as reference checks, the investigation of my character, general reputation, credit, criminal, rental, personal and all other said eligibility sources. I understand that the submission of this application in no way implies eligibility.

I certify that the rental unit, which I will occupy, will be my sole residence and that I have disclosed all household members and will notify the management office if my telephone number, income, or household members change.

Applicant	Date
Applicant	Date
Applicant	Date
Management	Date



**AUTHORIZATION  
For Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Gladstone Housing Commission/Waterview Apartments** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords ( <i>including Public Housing Agencies</i> )	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

- I have the right to inspect and obtain a copy of the records that are to be disclosed. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by confidentiality rules.
- I understand that this authorization is voluntary. I understand that the person(s) or organization(s) authorized to make requested use and/or disclosure may not condition the provision of treatment on the provision of an authorization.
- I understand that I may revoke this authorization at any time. I understand that if I revoke this information, I must do so in writing and present my written revocation to the office authorized above to me the release. I understand that the revocation will not apply to information that has already been released in response to this authorization.

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<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>		
Head of Household: _____	_____	SSN: _____	DOB: _____
Address: _____	Date: _____		

