



# FOSTER SENIOR HOMES

## PROPERTY NAME

| NAME OF PERSONS TO OCCUPY THE UNIT |       |        | Soc Sec Number | Date of Birth | Age | Sex<br>M or F | Relationship to<br>Head of Household |
|------------------------------------|-------|--------|----------------|---------------|-----|---------------|--------------------------------------|
| Last                               | First | Middle |                |               |     |               |                                      |
|                                    |       |        |                |               |     |               | Head of Household                    |
|                                    |       |        |                |               |     |               |                                      |
|                                    |       |        |                |               |     |               |                                      |
|                                    |       |        |                |               |     |               |                                      |
|                                    |       |        |                |               |     |               |                                      |

On RD & HUD properties, an allowance may be given if you qualify under the definition of elderly, handicapped or disabled. Do you wish to apply for this allowance:  YES  NO. (If you check yes, your eligibility will be verified.)

**NOTE:** If you are handicapped or disabled, you may request a handicap accessible unit. Do you wish to apply for such a unit?  YES  NO

Person to notify in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### RESIDENCE HISTORY - PRESENT

Present Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Rental Office Phone Number: \_\_\_\_\_  
 How Long: \_\_\_\_\_ Rent: \_\_\_\_\_

Do you meet the following HUD Definition of Displaced: YES  NO   
 (Families or single persons who have been displaced due to a presidential declared disaster.)

Have you ever lived in subsidized housing? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_  
 Do you pay for childcare to enable you to work? \$ \_\_\_\_\_ per \_\_\_\_\_  
 Do you have a pet?  YES  NO Type of pet \_\_\_\_\_

Please circle Yes or No. Please make sure you have answered every question completely. If you circle Yes, include the dollar amount and all other requested information. If the question does not apply, circle No. An incomplete form may delay the certification process. Whenever a yes is circled the Site Manager will provide you with the required additional forms.

Yes  No  1. Are you separated, but not divorced from your spouse?  
 (Answer "No" if you are married and living with spouse, single, legally divorced or widowed.)

If you answered "Yes", please complete the following:

Yes  No  a. Are you legally separated from your spouse?  
 (If "Yes", please attach a copy of your current legal separation agreement.  
 If "No", please continue with questions b)

Yes  No  b. Are you separated from your spouse and DO NOT intend to reconcile?

**HL-137**

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

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Yes No 2. Are you or any members over the age of 18 in the household a full time student? **HL-49 & HL-139**  
*(HUD Property Only)* **HL-HUD-128**  
 If yes, who? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No 3. Are any members over the age of 18 in the household a part-time student? **HL-49 & HL-139**  
*(HUD Property Only)* **HL-HUD-128**  
 If yes, who? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No 4. Are all occupants in the household full-time students? *(Tax Credit Properties Only)* **HL-49A**

**PROPERTIES WITH TAX CREDITS ONLY** - If all occupants are Full-Time Students and fail to qualify for an exception on form 49A, you are ineligible to participate in the Section 42 Low Income Tax Credit Program. Attach supporting documentation to Form 49A. Form 49A will be provided to you by the Site Manager.

Yes No 5. Are you or any adult occupants age 18 or older NOT receiving any type of income? **HL-55**  
 If you are receiving child support, SS, KTAP, unemployment, or currently employed, etc. circle "No".  
  
 If you answered yes, you are certifying the household member listed below has zero income and is not contributing any income to the household.  
  
 If yes, who? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No 6. Are you or anyone in the household currently employed? **HL-11**  
 Gross Income per year: include overtime, tips, etc.  
 Household Member: \_\_\_\_\_ \$\_\_\_\_\_ (Gross)  
 Employer Name, Address and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Household Member: \_\_\_\_\_ \$\_\_\_\_\_ (Gross)  
 Employer Name, Address and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Household Member: \_\_\_\_\_ \$\_\_\_\_\_ (Gross)  
 Employer Name, Address and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_

Yes No 7. Are you or anyone in your household self employed or own a business? **HL-39**  
 Net Income per year: \$\_\_\_\_\_  
 (If "Yes", signed copies of your most recent Federal Income Tax Returns must be attached.)  
  
 If yes, who? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initials: \_\_\_\_\_  
 Initials: \_\_\_\_\_

Initials: \_\_\_\_\_  
 Initials: \_\_\_\_\_

**Do you or anyone in your household now receive or intend to receive Periodic Payments from the following:**

Yes      No      8. Social Security or S.S.I. (Include Medicare Premium)      \$ \_\_\_\_\_      **HL-08**

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

Yes      No      9. K.TAP or other Public Assistance:      \$ \_\_\_\_\_      **HL-51**

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

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Yes      No      10. Veteran's Benefits:      \$ \_\_\_\_\_      **HL-77**

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

Yes      No      11. Pensions and Annuities:      **HL-15**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Yes      No      12. Are you or anyone else in the household entitled to receive child support?      **HL-57**

If yes, who? \_\_\_\_\_ amount per \_\_\_ Week \_\_\_ Month \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ amount per \_\_\_ Week \_\_\_ Month \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ amount per \_\_\_ Week \_\_\_ Month \$ \_\_\_\_\_

Yes      No      13. Do you or anyone in your household have dependants under the age of 18  
in your household?      **HL-57**

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

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Yes No 14. Do you or anyone in your household receive alimony? *(Please provide a copy of the Court Order)*

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

Yes No 15. Military Pay (including housing allowance)-*must provide documentation*

**HL-15**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Yes No 16. Unemployment Benefits or Worker's Compensation.  
*(Must provide documentation.)*

**HL-15**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Yes No 17. Severance Pay.

**HL-15**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Yes No 18. Does anyone outside of your household pay your expenses and/or give you money regularly?

**HL-45**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Yes No 19. Do you or anyone in your household receive payments under a Seller financed sale / Contract for Deed of Real Estate? *An Amortization Schedule must be attached*

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

Yes No 20. Do you or anyone in your household anticipate income from any other source?  
Other anticipated income:

**HL-15**

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

**Do you or anyone in your household own any assets?**

Yes No 21. Do you or anyone in your household have any of the following: Checking or Savings accounts, Money Market Funds, Trusts, IRA/Keough accounts, Certificates of Deposit (CD's) or other accounts, or assets such as Stocks, Bonds or Mutual Funds. Please list all that apply

| Type of Asset | Name of Bank | Name of Person on Account |
|---------------|--------------|---------------------------|
| _____         | _____        | _____                     |
| _____         | _____        | _____                     |
| _____         | _____        | _____                     |

**If Yes, and this is a Rural Development, HUD or Tax Credit/HOME property HL-07**  
**If Yes, and this is a Tax Credit Only property and it is more than \$5000 HL-07**  
**If Yes, and this is a Tax Credit Only property and it is less than \$5000 HL-07A**

Yes No 22. Do you or anyone in your household own any real estate including a primary residence, farm vacation home, vacant land, rental property or other investments?

Current status/ intention \_\_\_\_\_ Keeping \_\_\_\_\_ Selling \_\_\_\_\_ Renting \_\_\_\_\_  
 \_\_\_\_\_ Being Foreclosed \_\_\_\_\_ Giving away

*Certain documents such as an Offer to Purchase or documents from the area PVA office showing Fair Market Value may be requested.*

**If Yes, you must provide documentation**

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

Yes No 23. Have you or anyone in your household received any Lump Sum payments in the last 24 months? (I.e. insurance settlement, inheritance, lottery winnings, etc.)  
**Do not** include a lump sum received from Social Security or income tax refunds.

**If Yes, you must provide documentation**

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

Yes No 24. In the past two years, have you or anyone in your household disposed of any assets or property for less than Fair Market Value?

**If yes, please provide receipts**

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

If yes, who? \_\_\_\_\_ \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Explain: \_\_\_\_\_ Where is the money now? \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Yes      No      25. Do you have any income or assets that has not been addressed in this application. If yes, please list source and amount below. If no, you are certifying that you have no additional income or assets not addressed in the application.

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

If yes, who? \_\_\_\_\_ Source: \_\_\_\_\_ \$ \_\_\_\_\_

**What is your Gross Estimated Annual Income from questions 5 through 25?**

Total Estimated Income From All Sources = \$ \_\_\_\_\_

I UNDERSTAND: That the statements made on this application are considered a part of my lease (if accepted) and approval or disapproval will be based upon information furnished herein. If at any time it is determined that any information I have given is false, it will be a breach of the lease contract and appropriate action will be taken. I certify that the housing unit I will occupy will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location. I further certify that I do not own a 502 FmHA home. I attest that all applicants over the age of 18 have signed this application and that all income information is true and absolute. Failure to properly report income could result in prosecution.

**Each Applicant 18 years of age or older must sign and date below.**

1. APPLICANTS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

2. APPLICANTS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

3. APPLICANTS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

4. APPLICANTS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TIME APPLICATION WAS COMPLETED: \_\_\_\_\_ RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

Race codes: (1) American Indian or Alaskan Native (2) Asian (3) Black or African American (4) Native Hawaiian or Pacific Islander  
 (5) White Ethnicity codes: (a) Hispanic / Latino (b) Non-Hispanic Latino

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Site Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_