211 Liberty Street #76
Carmichaels, PA 15320
PHONE/FAX: 724.965.7111
WEB: www.arbors.com
EMAIL: carmichaelsarbors@arbors.com

Dear Applicant:

Attached please find the rental application which you have requested. Please note that **ALL** information, including the information requested on the Addendum to the Application, Form 92006 and the Family Summary Sheet **MUST** be completed in its entirety. Incomplete applications will be returned to you and not placed on the Waiting List. Also, the application must be signed and dated where indicated. The application packet may be returned by mail, e-mail or hand delivered to the above address. No faxed applications will be accepted.

Attached to the application is a **Family Summary Sheet** (with the Owner's Notice No.1). Please list all members of your household on this form. You will also find HUD form 92006, Supplement to Application for Federally Assisted Housing. Please complete and return this form with the application.

If you have any questions concerning this application, the Addendum to the Application, the Owner's Notice No.1, or the Form 92006, please contact me at the above number.

Sincerely,

Carmichaels Arbors Management

enclosures

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211 Liberty Street #76
Carmichaels, PA 15320
(724) 965-7111 – Phone
(724) 965-7111 - Fax

For Office Use Only
Date_____
Time_____
File #_____
By_____

Applicant Name_____

Current Address:_____ Apt. No._____

City, State, Zip Code:_____

Home/ Cell Phone #:_____Head Work #:_____

Co-Head Cell #:_____ E-Mail_____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

_____ _____

Phone #: _____ Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head of the Household.

MEMBER # FULL NAME RELATIONSHIP BIRTHDATE SOCIAL SECURITY NUMBER

SELF_____

2._____

3._____

4._____

_____

Have you or anyone in your household ever been convicted of a crime?

_____ Yes _____ No

If yes State_____, County_____

Race of Head of Household: _____White _____Black or African American
_____Asian _____American Indian or Alaska Native
_____Native Hawaiian or Other Pacific Islander
_____Do not wish to answer

Ethnicity of Head of Household: _____Hispanic or Latino _____Not-Hispanic or Latino
_____ Do not wish to answer

Do you plan to have anyone living with you in the future who is not listed above?

_____Yes _____No If yes, please explain_____

_____

_____

Is there a handicap or disability that you, as head of household or spouse, wish to claim for Section 8 eligibility purposes?

_____

_____

Are there any special accommodations that the household will require? (i.e., unit for mobility impaired Unit for visually impaired, unit for hearing impaired)

_____

_____

Have you been displaced as a result of a government action or a presidentially declared disaster?

_____

_____

Are you currently living in Subsidized housing or receiving Section 8 assistance:

YES: _____ **NO: _____**

Are you or any family member a full or part time student at an institution of higher learning:

YES: _____ **NO: _____**

If yes:

Name(s) and Relationship(s) _____

HOUSING STATUS

Provide the name, address, and phone number of all your landlords for the past three (3) years.

Current Landlord: _____Phone #:_____

Address: _____ Date you moved in_____

Previous Landlord: _____Phone #: _____

Address: _____

Your Address: _____

Move In Date: _____ Move Out Date:_____

Have you ever been evicted? YES:_____ NO:_____

Explanation if yes_____

_____

INCOME INFORMATION

Please answer each of the following questions. For each Yes answer, provide the details in the chart on page 4:

		YES	NO
1.	Are you or any member of your household employed, full-time, part-time or seasonally?	_____	_____
2.	Do you or any member of your household expect to work for any period during the next twelve months?	_____	_____
3.	Do you or any member of your household work for someone who pays them in cash?	_____	_____
4.	Do you or any member of your household now receive or expect to receive unemployment benefits?	_____	_____
5.	Do you or any member of your family now receive or expect to receive child support?	_____	_____
6.	Are you or any member of your household entitled to child support that he/she is not now receiving?	_____	_____
7.	Do you or any member of your household now receive or expect to receive alimony payments?	_____	_____
8.	Do you or any member of your household receive or expect to receive welfare assistance?	_____	_____

9. Do you or any member of your household receive or expect to receive Social Security benefits? _____ _____

10. Do you or any member of your household receive or expect to receive income from a pension or annuity? _____ _____

11. Do you or any member of your household receive regular cash contributions from individuals not living in the unit or other agencies? _____ _____

12. Do you or any member of your household receive income From assets, including interest on checking or savings Accounts, interest and/or dividends from certificates of Deposit, stocks or bonds, income from the rental of Property? _____ _____

For each type of income that you/and/or your household receives, give the source and the amount that can be expected from that source during the next twelve (12) months.

FAMILY MEMBER # SOURCE OF INCOME/TYPE OF INCOME ANNUAL INCOME

SELF _____

2. _____

3. _____

4. _____

5. _____

6. _____

ASSET INFORMATION

List all checking and savings accounts (including IRA's, Keogh Accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER BANK ACCOUNT # CURRENT BALANCE

_____

_____

_____

_____

List Value of all stocks, bonds, trusts, pension contributions of other assets:

$_____

	Yes	No
Do you own a home or other real property?……	_____	_____
Have you sold or given away real property or other assets, for less than fair market value, in the past two years?…….	_____	_____

EXPENSES

Do you pay for child care which enables the head of household to work or attend school	_____	_____

If yes, give name and mailing address of care provider and name of family member enabled to work or attend school:

_____

_____

_____

……

	YES	NO
ELDERLY/ DISABLED FAMILIES ONLY		
Do you pay for medicare?…….	_____	_____
Do you pay for other medical insurance?……	_____	_____
Are you paying outstanding medical bills?…….	_____	_____
Do you expect to incur medical expenses during the next twelve (12) month period?……..	_____	_____
If yes, list amount of medical expenses…….	$_____	
Do you expect to incur expenses for dental care:…….	_____	_____
Do you expect to incur expenses for eye glasses?…….	_____	_____
Were you 62 years of age or older on January 31, 2010 **AND** receiving HUD rental assistance?	_____	_____

MARKETING

How did you learn about Carmichaels Arbors?

_____

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our **only residence.** I/we understand that the information is being collected to determine my/our eligibility for Section 8 Assistance. I/we authorize the agent to verify all information provided on this application and to contact previous Landlords or other sources for credit, criminal and verification information which may be released to appropriate Federal, State or Local Agencies. I/we certify that the statements made in this application are **True and Complete** to the Best of My/our Knowledge and Belief. I/we understand that false statements or information are punishable under Federal Law.

_____ _____

Head/Household Signature Date

_____ _____

Co-Head Signature Date

CARMICHAELS ARBORS does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Applications can be mailed, emailed, or hand delivered to the management office.

COMMENTS/ADDITIONAL INFORMATION:

Addendum to Application: Affidavit on State Registration as a Sex Offender

This addendum must be completed in full and returned with the application. Failure to do so will result in the application being considered incomplete and returned to the applicant.

1) Are you, or any member of your household, currently subject to State Registration as a Sex Offender? If yes:
    1. Household Member _____
    2. State (or States)_____
    3. Term _____

2) Have you, or any member of your household, **ever been subject to State Registration** as a Sex Offender? If yes:
    1. Household Member _____
    2. State (or States)_____
    3. Term _____

PLEASE LIST ALL STATES WHERE YOU (AND EACH HOUSEHOLD MEMBER)

HAVE RESIDED: STATE FROM DATE UNTIL DATE

HEAD OF HOUSEHOLD:_____

_____

_____

_____

_____

CO-HEAD OR SPOUSE _____

_____

_____

_____

_____

PLEASE LIST ALL STATES WHERE YOU (AND EACH HOUSEHOLD MEMBER) HAVE RESIDED: STATE FROM DATE UNTIL DATE

_____ _____
(Additional Household Member)

_____

_____

_____

_____

_____ _____
(Additional Household Member)

_____

_____

_____

_____ _____
(Additional Household Member)

_____

_____

_____

_____

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

I/we certify that the statements made in this addendum to the application are true and complete to the best of my/our knowledge and belief. I/we understand that a national sex offender search will be conducted on each adult household member. I/we understand that false statements will result in rejection of the application or termination of tenancy.

_____ _____
HEAD OF HOUSEHOLD **CO-HEAD OF HOUSEHOLD**

_____ _____
ADDITIONAL ADULT FAMILY MEMBER **DATE**

CARMICHAELS ARBORS

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Owner's Notice No. 1
For an Applicant Family

Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals or certain categories of eligible noncitizens in the following HUD programs:

a. Public and Indian Housing Programs
b. Section * Housing Assistance Payments Programs
c. Section 235 of the National Housing Act
d. Section 236 of the National Housing Act
e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore your are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit. Attachment 5 is on the back of this letter.

2. Have a Declaration Formant (Attachment 7) completed by each family member (including yourself) who is listed on the family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.

3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below at the time you return your application.

   Please return this information to the Manager at the above address.

This Section 214 review with be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the manager at the above phone number. The manager will be happy to assist you.

CARMICHAELS ARBORS

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Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, you family may be eligible for proration of assistance. Than means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.
Attachments

FAMILY SUMMARY SHEET (ATTACHMENT 5)

Member Number	Last Name of Family Member	First Name of Family Member	Relationship To HOH	Date of Birth
Head				
2				
3				
4				
5				
6				

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.

U.S. Department of Housing and Urban Development
Office of Housing