



### 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,

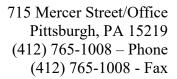
K. Leroy Irvis Towers Management

enclosures





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TOWERS			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	<del></del>
List names, addresses and phone numbers of two contact you:	relatives or frier	nds who generally	know how to
1. Name:	2. Name:		
Address:	Address:		
Phone #:	Phone #:		
HOUSEHOLD COMPOSITION AND CHARACTE List the Head of Household and all other member relationship of each family member to the Head or MEMBER # FULL NAME RELATIONSHIP	ERISTICS s who will be livin f the Household.	ig in the assisted	unit. Give the
	BIRTIDATE	OCCIAL GEODI	ATT NOWIDER
<u>SELF</u>			· · · · · · · · · · · · · · · · · · ·
2			
3			
4			
· · · · · · · · · · · · · · · · · · ·			
Have you or anyone in your household ever been	convicted of a cr	ime? _Yes	No
If yes State , Co	ounty		

Race of Head	of Household:	White	Black or African A	
		Asian		or Alaska Native
		Native Hawa Do not wish	iian or Other Pacific Islan	aer
		DO NOT WISH	i to answei	
Ethnicity of He	ad of Household:	I	Hispanic or Latino	Not-Hispanic
•			•	or Latino
			Do not wish to answer	
Do you plan to	have anyone living wit	th you in the future y	who is not listed above?	
Do you plan to	Trave arryone living wi	in you in the fatale	viio is flot listed above:	
Y	/es	No If yes, ple	ease explain	
		ou, as head of hou	sehold or spouse, wish to	claim for Section 8
eligibility purpo	)SES ?			
Are there any	special accommodation	ns that the househo	ld will require? (i.e., unit f	or mobility impaired
•	y impaired, unit for hea		, a	or mosmy mpanes
A wa	nthe living in Cubaidi		airing Castion () assists	
Are you curre	ntly living in Subsidia	zea nousing or rec	eiving Section 8 assista	ince:
	YES:		NO:	
_				
Are you or an	y family member a fu	Il or part time stud	ent at an institution of h	nigher learning:
	YES:		NO:	
If yes:				
	<b>5</b>			
Name(s) and I	Relationship(s)			
HOUSING STA	ATUS			
Provide the na	me, address, and phor	ne number of all you	r landlords for the past th	ree (3) years.
Current Landlo	ord:		Phone #·	
San Sin Landio				
Address:			Date you moved in	

Pre۱	vious Landlord:	Phone #:		
Add	ress:			
You	r Address:			
Mov	ve In Date:	N	Nove Out Date:	
Hav	e you ever been evicted?	YES:	NO:	_
Ехр	lanation if yes			
<u>INC</u>	OME INFORMATION			
	ase answer each of the following page 4:	questions. For each Y	•	
			<u>YES</u>	<u>NO</u>
1.	Are you or any member of you full-time, part-time or seasona		d, 	
2.	Do you or any member of you for any period during the next		work	
3.	Do you or any member of you who pays them in cash?	ır household work for s	omeone	
4.	Do you or any member of you expect to receive unemploym		ve or	
5.	Do you or any member of you to receive child support?	ır family now receive or	r expect	
6.	Are you or any member of you support that he/she is not now		o child 	
7.	Do you or any member of you expect to receive alimony pay		ve or	
8.	Do you or any member of you to receive welfare assistance?		r expect	
9.	Do you or any member of you to receive Social Security ben		r expect	

10. Do you or any member of your household receive or expect

	to receive income	from a pension or annu	iity?	
11.		mber of your household from individuals not livi	•	
12.	From assets, inclu Accounts, interest	mber of your household ding interest on checkir and/or dividends from o bonds, income from the	ng or savings certificates of	
	<b>.</b>		usehold receives, give t e next twelve (12) month	the source and the amount ns.
<u>FAMII</u>	Y MEMBER #	SOURCE OF INCOM	ME/TYPE OF INCOME	ANNUAL INCOME
<u>SELF</u>				
2				
3				
<u>5</u>				
6				
<u>ASSE</u>	T INFORMATION			
			g IRA's, Keogh Accounts sposed of during the pa	s, and Certificates of Deposit) st two years.
<u>FAMII</u>	Y MEMBER	BANK	ACCOUNT #	CURRENT BALANCE
List V	alue of all stocks, b	onds, trusts, pension co	ontributions of other ass	ets:
\$				

4

Yes

<u>No</u>

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?			
<u>EXPENSES</u>			
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 or attend school:	of family mei	mber enabled to	work
ELDERLY/ DISABLED FAMILIES ONLY	<u>YES</u>	<u>NO</u>	
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 K. Leroy Irvis Towers?			

### **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

**K. LEROY IRVIS TOWERS** 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.

Date



Co-Head Signature



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.

<ol> <li>Are you, or any mer Registration as a Se 1.</li> </ol>	ex Offender? If you		
2) Have you, or any money <b>Registration</b> as a S	ex Offender? If yes	ehold, <u>ever been subje</u> e :	
3.	Term		
PLEASE LIST ALL STATE HAVE RESIDED: HEAD OF HOUSEHOLD:_	STATE	FROM DATE	UNTIL DATE
CO-HEAD OR SPOUSE			

PLEASE LIST ALL STATE: HAVE RESIDED:	S WHERE YOU STATE	(AND EACH HOUSE FROM DATE	EHOLD MEMBER) UNTIL DATE
(Additional Household Member)			
(Additional Harrachald March an)			
(Additional Household Member)			
(Additional Household Member)			
PLEASE AT	TACH ADDITIO	NAL PAGES IF NEC	ESSARY.
I/we certify that the application are true a and belief. I/we under conducted on each a false statements with termination of tenance	and complet stand that a adult househ ill result in	e to the best of national sex offe nold member. I/v	my/our knowledge ender search will be we understand that
HEAD OF HOUSEHOLD		CO-HEAD OF HOU	SEHOLD
ADDITIONAL ADULT FAMILY I	MEMBER	DATE	



PHONE/FAX: 412.765.1008

WEB: www.arbors.com EMAIL: irvistowers@arbors.com

### 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:

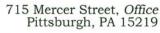
- Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit. Attachment 5 is on the back of this letter.
- 2. Have a Declaration Formant (Attachment 7) completed by each family member (including yourself) 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.

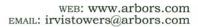
This Section 214 review with be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the manager at the above phone number.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













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				





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 P Change in lease terms Change in house rules Other:	rocess
<b>Commitment of Housing Authority or Owner:</b> If you are apprarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.		
<b>Confidentiality Statement:</b> The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the
<b>Legal Notification:</b> Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offere organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	ed the option of providing information in provider agrees to comply with the s on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
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.

