



<u>For Office Use Only</u>	
Date Received:	_____
Time Received:	_____
Received by:	_____
<input type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Add-on	
If updated, use original date and time stamps.	
HOH Name :	_____
<i>Use to link multiple apps due to add'l adults</i>	

**MERCY HOUSING MANAGEMENT
HOUSING APPLICATION**

PROPERTY NAME: Reynoldstown Senior Residences PROPERTY TELEPHONE #404-975-4291

NOTICE: *Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.* In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Mercy Housing Management Group.** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

MARKETING:

Please let us know how you heard of us:

Newspaper Ad Drove by Resident Referral Web Site Other: _____

*Please provide the following information for all persons that will live in the household
ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Applicant Name: _____
Applicant SS#: _____	Applicant SS#: _____
Applicant Date of Birth: _____	Applicant Date of Birth: _____
Gender*: _____	Gender*: _____
Applicant Race*: _____ Ethnicity*: _____	Applicant Race*: _____
Ethnicity*: _____	

*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____
*Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino

*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. 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.

X _____
I decline to provide my race and ethnicity data

X _____
I decline to provide my Race and Ethnicity data

General Information:

Please complete each field below. Answer each question as completely as possible. **Enter N/A for all blank fields.**

GENERAL INFORMATION		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Marital Status (circle one):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Applicant

Applicant

Yes No

Yes No

Are you a student enrolled in an institute of higher education?

Yes No

Yes No

Are all household members U.S. Citizens? *(N/A for PRAC 202/811 & Tax Credit)*

Yes No

Yes No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: _____

Yes No

Yes No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: _____

Yes No

Yes No

Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____

Yes No

Yes No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes No

Yes No

Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?

Yes No

Yes No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes No

Yes No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes No
Registration?

Yes No

Are you or anyone in your household subject to a nationwide Sexual Offender's

Yes No

Yes No

Will this apartment be your sole place of residency?

Yes No

Yes No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes No

Yes No

Are you a U.S. Veteran and/or in Active Duty? *(Optional)*

Yes No

Yes No

Do you have an **existing** Section 8 voucher?

Employment Status:

Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter N/A for fields that **do not apply**. If you have been **unemployed over the last year or have never worked**, enter N/A in ALL fields.

EMPLOYMENT STATUS		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If employed, is there any expected change in rate of pay, hours worked or employment status? If yes, explain.		
If unemployed within last year , enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why?(<i>IDAHO only</i>) Otherwise, enter N/A here:		

Income/Cash Benefits:

Please enter dollar amounts as *estimated GROSS monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. **For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.**

INCOME/CASH BENEFITS		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Assets:

List **each** household member (including minors) & indicate assets held for each member in the asset table below. ***Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]**

HOUSEHOLD ASSETS		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

Household Composition:

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. **Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.**

HOUSEHOLD COMPOSITION									
Name (First/Last)	Gender M/F	Birth date	Age	Grade in School	Do you have full custody?	If not, list percentage of custody	Last 4#s of Social	Race (See Pg 1)	Ethnicity (See Pg 1)
a.									
b.									
c.									
d.									
e.									
f.									

Total # of HH Members	
Include Members on page one	

Household Member #: a. _____, b. _____, c. _____, d. _____, e. _____, f. _____
 I decline to provide my race and ethnicity data (Each Household Member has the option to sign if they're declining to provide this information.)

Special Needs (Optional):

Please answer the following questions.

Are you or another household member disabled? Yes No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes No

Special Needs (Optional) Continued:

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

Name of Live-in Attendant

Name and Phone Number of Physician

Emergency Contact (Optional):

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

First/Last Name

Phone Number

Expenses (HUD-assisted units only):

Please enter dollar amount as *estimated monthly* figure for *all applicable expenses*. For fields that do not apply, enter zero (0). Do not use N/A in this section.

EXPENSES		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
TOTAL MONTHLY EXPENSE	\$ _____	\$ _____

Residential History:

Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

RESIDENTIAL HISTORY		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy : (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		

Item:

Item:

Item:

Item:

Item:

Item:



Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office

Or by emailing 504adacoordinator@mercyhousing.org

Fax: (877)-245-7121

(800) 855-2880 TTY

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*

