



Application for Housing

Worley's Place
203 S. Hospital Drive, Jacksonville, AR 72076
(501) 241-2071
Voice Relay Services
Dial 711

Please select unit type you are applying for:
Efficiency
One Bedroom
Two Bedroom
Handicap Accessible

For official use only
Date Received:
Received by:
Time Received:
Complete: Yes_ No__

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish information regarding race/ethnicity, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Please answer each question on the application as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

Applicant/Head of Household Information

Name _____
Last First Middle Initial

Current Address _____
Street Address Apt. #

City State Zip Code

Home Telephone Number (Include Area Code) _____

Cell phone Number (Include Area Code) _____

Email Address: _____

Primary Language Spoken in Home: _____

Social Security Number _____ Date of Birth _____



Household Information

Applicant Household Information: List below anyone who will live in the apartment.

Full Name	Race	Ethnicity	Citizenship	Gender	Date of Birth	Social Security Number	Disabled Yes or No	Student Yes or No
<ul style="list-style-type: none"> • List Head of Household first • List Spouse or Co-Head second • List Dependents or other adults in order of age • List Foster Child/Adult or Live-In Aide last 	Enter all that apply: • White/Caucasian • Black/African-Amer. • Asian • Am. Indian/AK Native • Hawaiian/Pacific Is. • Other Leave blank if you wish not to report	Enter one of the following: • Hispanic • Non-Hispanic Leave blank if you wish not to report	Enter one of the following: • Citizen • Immigrant/Refugee • Visitor/Visa Holder	• Male • Female Leave blank if you wish not to report				

For marketing purposes, please let us know how you heard about our community:

- Newspaper/Radio/TV
 Drove by
 Resident Referral
 Word of Mouth
 Web Site
 Other

Do you anticipate a change in your family size during the next 12 months? (Check one) YES NO

Will any of the above household members live anywhere except in the apartment? (Check one) YES NO

Will any other persons live in the apartment on a less than full-time basis? (Check one) YES NO

If you answered “Yes” to any of the above questions, please explain: _____

Miscellaneous Information

1. Are you expecting any future additions to your household due to: ____ YES ____ NO
 adoption foster child

2. Do you have a child who is part of a joint custody agreement who will live with you at least 50% of the time, or do you have a child who is away at school who will live at your residence during school recesses? ____ YES ____ NO

3. Have you or any other adult member’s ever used any name(s) or Social Security Number(s) other than the one you are currently using? (This includes a maiden name) _____ YES _____ NO
 If yes please explain _____



If you do not have a SSN, you may be able to claim one of the exemptions listed below. Check the box if it applies to your situation. If it does not apply skip to question 4.

- You are an ineligible non-citizen
- You were 62 years old as of 01-31-10 and receiving HUD rental assistance on 01-31-10.

4. Have you or any member of your household ever committed fraud in HUD housing or been requested to repay money for knowingly misrepresenting information for such housing programs?
 _____ YES _____ NO

If yes, please explain _____

5. Are you or a potential member of your household a current user of a controlled substance?
 _____ YES _____ NO

NOTE: This property receives Federal funds and marijuana is considered a controlled substance under the Federal law whether or not it is legal in your state. Even if you are using marijuana medicinally/recreationally per your state law, you may not be moved into this Federally-assisted property.

6. Do you abuse alcohol to the extent you are a danger to others health, safety, or right to peaceful enjoyment? _____ YES _____ NO

7. Have you or any member of your household ever been convicted of any drug offense?
 _____ YES _____ NO

If yes, who _____
 Explain: _____

8. Have you or any member of your household ever been evicted from HUD or subsidized housing for drug related criminal activity? _____ YES _____ NO

If yes, who _____
 Explain _____

9. Have you or any member of your household even been convicted of a felony? _____ YES _____ NO

If yes, who _____
 Explain: _____

10. Are you or any member of your household subject to a lifetime state sex offender registration program? _____ YES _____ NO

If yes, who _____
 Explain: _____

Where Registered _____



11. For you and each household member, please list all STATES in which you have lived.

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

Name _____ State _____

12. Have you been displaced as a result of a government action or presidentially declared disaster?
_____ YES _____ NO

13. Do you have a live-in aide for whom you have a doctor's verification showing a medical need for supportive services? ____ YES ____ NO

14. Are you or a member of your household a current or former member of the US military?
____ YES ____ NO

15. Do you or a member of your household currently receive HUD housing assistance, or have you received housing assistance in the past?

If yes, list Landlord Name/Address/Dates:



Landlord Information

YOU MUST PROVIDE A MINIMUM OF FIVE (5) YEARS OF HISTORY. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE.

1. With regards to your **present** housing, do you

- _____ Rent.....Monthly Rent \$ _____
- _____ Own.....Monthly Mortgage Payment \$ _____
- _____ Live With Family.....Monthly Costs \$ _____
- _____ Fleeing Violence
- _____ Other.....Explain _____

Are you receiving subsidy (Sec. 8) on this housing? _____ **YES** _____ **NO**

Rental History: (If you currently own your home or are living with family or friends, or are homeless or fleeing violence, enter N/A for Landlord.)

Current Landlord Name _____

Current Landlord Address _____

Current Landlord Telephone (Include Area Code) _____

How long have you lived here: From _____ to _____
(Month/year) (Month/year)

Reason for Leaving: _____

2. With regards to your **previous** housing, did you

- _____ Rent.....Monthly Rent \$ _____
- _____ Own.....Monthly Mortgage Payment \$ _____
- _____ Live With Family.....Monthly Costs \$ _____
- _____ Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____



Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
(Month/year) (Month/year)

Reason for Leaving: _____

3. With regards to your **previous** housing, did you

_____ Rent.....Monthly Rent \$ _____
_____ Own.....Monthly Mortgage Payment \$ _____
_____ Live With Family.....Monthly Costs \$ _____
_____ Other.....Explain _____

Previous Address _____

Previous Landlord Name _____

Previous Landlord Address _____

Previous Landlord Telephone (Include Area Code) _____

How long at this address: From _____ to _____
(Month/year) (Month/year)

Reason for Leaving: _____

Employment Information

1. Are you currently employed? _____ YES _____ NO
2. Is any member of your household who will be residing in the unit currently employed?
_____ YES _____ NO

***IF YOU ANSWERED NO TO BOTH QUESTIONS you may SKIP to the next section – Benefits.
If you answered yes to either question, you must complete the following:***



Head of Household

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(Street address) (City/state) (Zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(Street address) (City/state) (Zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Spouse or Other Household Member

Present Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(Street address) (City/state) (Zip code)



Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____

Name of Immediate Supervisor _____

Employer Address _____
(Street address) (City/state) (Zip code)

Employer Phone _____

Occupation: _____

Starting Date of Employment _____

Salary \$ _____ per () Hour () Week () Month () Year

Please list all current annual employment income for all members of your household:

Name of Recipient	Wages Full Time	Wages Part Time	Overtime Pay	Commissions or Fees	Tips or Bonuses



Income & Benefits

Please list the total benefit income of all members of the household. Where no income is received, write no under received column for the type of income. **Do not leave any spaces blank.**

Benefit Type	Received Yes/No	Gross Amount	Frequency	Name of Household Member
Social Security (Adult)				
Social Security (Child)				
SSI (Adult)				
SSI (Adult)				
SSI (Child)				
Disability				
Disability				
Death Benefits				
Public Assistance				
Alimony				
Child Support				

Other Income

Do you or any other member of the household have income from any of the following? Where no income is received, write no under received column for the type of income. **Do not leave any spaces blank.**

Income Type	Received Yes/No	Gross Amount	Frequency	Organization Name	Name of Household Member
Self-Owned Business					
Gifts, Recurring Cash Contributions (including rent and utility payment)					



Worker's Comp					
Unemployment Benefits					
Severance Pay					
Payments from Insurance Policies/Annuities					
Retirement Benefits					
Pension Benefits					
Pension Benefits					
Veterans Benefits					
Military Reserve/National Guard					
GI Bill Benefits					
Disability Pay – (Pay from a source other than Social Sec. Adm.)					
Periodic Payments from Lottery					
Other					

- Do you have any rental property or business property income? _____ YES _____ NO

If yes, give name and address of rental or business:

Name _____

Address _____

Amount of Income/Rent per Month \$ _____

- Does anyone regularly give you cash or help you financially in any way? _____ YES _____ NO

If yes, explain: _____

- Does anyone regularly pay some of your bills such as rent, electric, gas, internet, phone, cable, car payment, gas, and train or bus transportation? _____ YES _____ NO

If yes, identify: _____

- Do you receive SS benefits under someone else's number? _____ YES _____ NO

If yes, list their SSN _____



Asset Information

Has any member of the household disposed of any assets at less than fair market value during the past two (2) years? (Given money away, set up irrevocable trust, sold property for less than fair market value...) (Indicate yes or no)

_____ NO

_____ YES – if yes:

- a. Type of Asset: _____
- b. Market Value when sold or disposed: \$ _____
- c. Amount sold/disposed of for: \$ _____
- d. Date of Transaction: _____

Please provide information on any of the following assets held. If you do not have the asset listed write **no** in the blank. Do not leave any spaces blank.

Type of Asset	Current Balance /Value	Bank/Institution Name	Name of Household Member
Checking Account	\$		
Checking Account	\$		
Credit Union Shares	\$		
Savings Account	\$		
Savings Account	\$		
Money Market	\$		
Certificate of Deposit	\$		
Certificate of Deposit	\$		
Cash on Hand	\$		
Direct Express Debit Card	\$		
Whole Life Ins. Policy	\$		
Stocks/Bonds	\$		
Treasury Bills	\$		
Rental Property	\$		
Real Estate/Mortgages	\$		
Safety Deposit Box	\$		
Deeds or Trusts	\$		
Annuities	\$		
Own a Mobile Home	\$		
IRA or Keogh Acct	\$		
Mutual Funds	\$		
Personal Property held for investment purposes	\$		
Other	\$		



Medical and Unusual Expenses

This section of the application requires information concerning your medical expenses. The questions asked are used in determining whether or not the applicant qualifies for medical deductions. Providing the information below is strictly voluntary. Any information provided will be kept confidential and used solely for determining eligibility for medical deductions. *Failure to provide this information may result in the applicant not receiving a medical deduction.*

Please provide the following information for all members of the household:

Description of Expense	Organization	Expense Amount	Frequency	Name of Household Member
Medicare Benefits				
Medical Assistance through Welfare Department				
Outstanding medical bills which you are currently paying				
Prescription Drug Expenses				
Other medical payments				
Medical Insurance				
Babysitting or dependent care while family member is employed				

Do you anticipate any health care related expense for the next twelve (12) months which are not covered by health insurance? _____ YES _____ NO

If yes, please give estimated amount \$ _____

Pet Information

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit is paid. If you fail to register your pet, you are not allowed to house the pet.



1. Do you own a common household pet? YES _____ NO _____

If yes, describe your household pet:

_____ Dog _____ Breed _____ Weight _____ Height
 _____ Cat _____ Breed _____ Weight _____ Height
 _____ Fish/Turtle _____ Gallon Aquarium
 _____ Bird _____ Type of Bird _____ Number
 _____ Rabbit _____ Breed _____ Weight _____ Height
 _____ Other _____ Breed _____ Weight _____ Height

2. Are you a person with a disability that has an assistance animal that performs the disability-related assistance/benefit needed by you? YES _____ NO _____

If yes, please describe your Assistance Animal:

_____ Type _____ Weight

a. Has your pet been spayed or neutered? YES _____ NO _____

b. Can you provide proof of required state/local licensing and shots? Records on pet?
YES _____ NO _____

Special Needs

1. Does anyone in your household have special needs? YES _____ NO _____

2. Are any special living accommodations required? YES _____ NO _____

If yes please explain what accommodations are required _____

Vehicle Information

Name on Driver's License _____

Drivers License Number _____

State Issued _____

Date Issued _____ Expires _____

License Plate Number _____

State Issued _____

Expires _____



Year of Vehicle _____ Make _____

Model _____ Color _____

Vehicle registered to _____

Do you currently have insurance on the vehicle? ___ Yes ___ No

Authorization/Acknowledgement

I/We understand that the information contained in this application is being collected to determine my/our eligibility for residency. I/We authorize the owner/management agent of **Worley's Place** to verify all information provided on this application and my/our signature is consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/we consent to the release of the necessary information to determine eligibility.

I/We authorize any person, law enforcement or credit checking agency having any information regarding me/us to release any and all such information to the owner/management agents or their agents or credit checking agencies. I/We understand that the credit report (rental history, arrest and/or conviction records, including pedophile and sex offender records and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in all states which I/we have resided.

I/We do hereby swear and attest that all of the information contained herein is true and correct.

By signing below, I attest that the information provided is true and I agree to allow the owner/agent or HUD to verify such information.

PENALTIES FOR MISUSING THIS FORM *“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the Contract Administrator, and any owner (or an employee of HUD, the Contract Administrator, or the owner) may be subject to penalties for unauthorized disclosure of improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD, the Contract Administrator, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations for 42 U.S.C. 408 (a), (6), (7) and (8).*



Signatures (all adult household members over 18 must sign)

Head of Household

Date

Spouse/Co Applicant

Date

Other Household Member

Date

To review our screening criteria for the Tenant Selection process ask Management to see a copy of the Tenant Selection Plan that is posted in the office on site. A copy of the Tenant Selection Plan can also be provided for you upon your request.

It is the policy of EHDOC and WORLEYS PLACE to provide housing on an equal opportunity basis and to comply with the provisions of all federal, state or local laws prohibiting discrimination in housing on the basis of race, religion, color, sex, familial status, national origin, disability, gender identity, marital status, or sexual orientation.

If your application is denied you will be notified in writing. The written notice will include:

- ***The reason the application was denied;***
- ***State the applicant has the right to respond to the owner within fourteen days of the date of the denial notice to dispute in writing the denial or the applicant can request a meeting to dispute the denial and;***
- ***State persons with disabilities have the right to request a reasonable accommodation to participate in the informal hearing process.***

If a meeting is requested the meeting will be conducted by a staff person who was not involved in the initial decision to deny admission.

Within five business days after receipt of the written response or meeting, the owner will advise the applicant in writing of the final decision on eligibility.

If you feel that you have been discriminated against during this application process, please call the EHDOC main office at (954) 835-9200 and speak with our 504 Coordinator. Dial 711 for Voice Relay Services.