

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
HOOSIER MANOR, INC., DBA CRAWFORD MANOR
(If the Application is incomplete – it will NOT be processed.)**

APPLICANT NAME _____ APPLICATION NUMBER _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household. Please specify racial category using the following guidelines: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Pacific Islander; White; or Other. Please specify ethnicity as either “Hispanic or Latino” or “Not-Hispanic or Latino”.

| Member's Full Name | Relation-ship | Birth Date | Age | Sex | Racial Category | Ethnicity | Disabled (If Under 62) | Social Security No. |
|--------------------|---------------|------------|-----|-----|-----------------|-----------|------------------------|---------------------|
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- Does any member of your household require an accessible unit? Yes No
- Does any member of your household require a special accommodation to allow the ability to use and enjoy our community? Yes No
If “Yes”, please specify. _____
- Please identify any special housing needs your household has. _____
- Is the Head or Co-Head an Eligible Student? Yes No
(If Yes, you must complete the “Student Eligibility Form”.)
- Are you currently an illegal user of a controlled substance? Yes No
- Have you or any member of your household been convicted of the illegal manufacture and/or distribution of a controlled substance? Yes No
- Have you or any member of your household been evicted from a federally assisted housing facility?
 Yes No



9. Have you or any member of your household been convicted of a felony? __Yes __No
If "Yes", list date of conviction. _____
10. Do you have a legal right to be in the United States? __Yes __No
11. Are you or any member of your household subject to a lifetime registration requirement under any State sex offender registration program? ___Yes ___No
12. Are you now living in a federally subsidized housing unit? __Yes __No
If "Yes":
Name of Complex: _____
Name of Manager: _____ Mgr's Telephone #: _____

INCOME AND ASSET INFORMATION

INCOME

Please answer each of the following questions. For each "Yes," provide details in the charts following.

Does any member of your household:

Yes No

1. Work full-time, part-time or seasonally?
2. Expect to work for any period during the next year?
3. Work for someone who pays them cash?
4. Expect a leave of absence from work due to layoff, medical, maternity/military leave?
5. Now receive or expect to receive unemployment benefits?
6. Now receive or expect to receive child support?
7. Now receive or expect to receive alimony?
8. Now receive or expect to receive public assistance (welfare)?
9. Now receive or expect to receive Social Security benefits?
10. Now receive or expect to receive income from a pension or annuity?
11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
12. Receive income from assets including interest on checking or savings accounts; interest or dividends from certificates of deposit; stocks or bonds; or income from rental property?

| Member Name | Income Source (SS, Employment, Pension, Unemployment, etc.) | Annual Income |
|-------------|--|---------------|
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ASSETS

- List all checking, savings, and investment accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

| Member Name | Financial Institution | Type of Account | Account Number | Balance | Joint Account (Y or N) |
|-------------|-----------------------|-----------------|----------------|---------|---------------------------|
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Joint account refers to assets shared with another person.

- List the value of any other assets owned by any household member (trust funds, real estate, etc.):

- Have you sold or given away real property or other assets (including cash) in the past two years?

 Yes No

If "Yes", list the items and their values:

4. List value of whole life insurance policies (policies from which you have access to cash):

EXPENSES

Yes No

Do you have expenses for childcare (child aged 12 or younger)?
If "Yes", provide the name, address and telephone number of the care provider:

What is the monthly cost? _____

Do you pay a caregiver for any household member(s)?
If "Yes", provide their name, address and telephone number:

What is the monthly cost? _____

Do you pay for any medical equipment that enables you to remain in a housing setting?
If "Yes", what is the monthly cost? _____

ELDERLY/DISABLED FAMILIES

Yes No

Do you have Medicare? If "Yes", what is your monthly premium? _____

Do you have any other medical insurance? If "Yes", answer the following:

Name, address, policy number, and monthly premium amount:

Do you have any outstanding medical bills for which you have payment arrangements? If "Yes", list them below.

Do you use over-the-counter medicines that your doctor has prescribed? If "Yes", list them below:

Please list the name and address of your current pharmacies:

Please provide the name, address, and phone number of your Primary Physicians.

1. _____ 2. _____

Do you make payments directly to the Physicians listed above? __Yes __No

PREVIOUS RENTAL HISTORY

Name and Address of your Present Landlord:

_____ Telephone No. _____

_____ How Long Have You Lived There? _____

_____ Reason for Leaving? _____

Name and Address of your Former Landlord:

_____ County _____

_____ How Long Did You Live There? _____

_____ Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head of Household's Present Employer:

_____ Telephone No. _____

_____ Supervisor's Name. _____

_____ How Long Have You Been Employed There? _____

Name and Address of Spouse's or Co-Head of Household's Employer:

_____ Telephone No. _____
 _____ Supervisor's Name. _____
 _____ How Long Have You Been Employed There? _____

PERSONAL

List name and address of person to be contacted in an emergency:

_____ Relationship _____
 _____ Phone Number _____

Please indicate how you heard about Crawford Manor Apartments. _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current 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 and will cause my application to be denied.

Application information and verifications will be processed at the time of unit availability.

SIGNATURES

Head of Household: _____ Date: _____
 Spouse/Co-Head _____ Date: _____
 Owner/Manager: _____ Date Received: _____
 Time Received: _____

“Extremely Low” Income __ Yes __ No