

# APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH PASADENA INTERFAITH MANOR

<b>Office Use Only:</b>	___ EL Income	___ Very Low Income	___ Low Income
<b>Date/Time Received:</b>	___ Accessible Unit		
<b>Dates Application Was Updated:</b>			
<b>Date Application Was Withdrawn:</b>			

*Instructions to Applicant:*

1. *Each household member over the age of 18 must complete a separate application. However, married household members may complete only one application.*
2. *All lines must be filled in. You may write 'NONE' or N/A in a line, but do not leave a line blank.*
3. *All information should be complete and correct. False, incomplete, or misleading information will cause your application to be declined. **If it is discovered at a later date that the applicant and/or household members misrepresented information, it can be grounds for rejection and/or eviction.***
4. *If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.*
5. *After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Tenant Selection Plan (TSP), your application will be declined.*
6. *We process your application according to our standard procedures which are summarized in our TSP, available in the Management Office.*

**1. Household Composition and Characteristics & Family Summary Sheet:** *(List the head of the 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 Print)*

Mbr. No.	Last Name	First Name	Rel. to HOH	Age	Sex*	Date of Birth	Social Security Number
1			Head				
2			Spouse/Co Head				
3							
4							

*\*\*Disclosure of this column's information is strictly voluntary*

Current Mailing Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City, State, Zip Code Telephone (area code)

\*To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No

If Yes, please list the language and services requested:

\*Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?  Yes  No



If yes, please list the request: \_\_\_\_\_

\*Are you or is anyone in your household fleeing a Federal or Presidential Disaster and therefore seeking temporary housing?  Yes  No

If yes, please describe the situation and supply a copy of your FEMA/similar letter:

2. **Live-In Attendant:** Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician.  Yes  No

**If a Live-In Attendant is needed, name of Attendant (screening of this person is required including disclosure of their social security number for EIV purposes):** \_\_\_\_\_

Name/Address of a Doctor who can verify this need: \_\_\_\_\_

3. **Current/Former Housing Status:** Please list your current and last two addresses where you resided, plus every state you or any household member has ever lived in. This would include living with family members, friends, prior residences, etc. (Use additional sheet if necessary.)

Address (including Apt. #)	City/State/Zip	Dates	Rental	Manager
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list every state each person in the household has ever resided in, by state/household member \_\_\_\_\_

4. **Employment:** Are you or a household member currently employed?  Yes  No. If yes, give name and address of your employer(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Area Code) \_\_\_\_\_

5. **Income:** Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, or SSI (circle one)			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroad Retirement			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Contributions			Bank Stmt/Receipts or Notarized Stmt
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Support			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not previously listed?  Yes  No.  
If yes, please describe \_\_\_\_\_

**6. Assets:** Do you or any members of your family have any of the following assets?

Please Select An Answer	Asset	Current Value	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment		Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts		Most Recent Statement

**Do you or any members of your household own a home, mobile home, commercial property, or other real estate either here in the United States and/or in a foreign country?**

Yes  No. If yes, please list and provide documents.

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

**7. Do you or any members of your household have any life insurance policies with permanent cash value?** (May be called “whole life,” universal,” or “paid up” coverage.)  Yes  No. If yes, please list policies below:

Mbr. #	Name of Company	Policy #	Face Value	Current Cash Value

**8. Student Status;** Are you or any member of your household currently enrolled in an institution of higher education?  Yes  No

*On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, “Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937,” implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student’s parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.*

If Yes, please list family member(s) and institution:  
 \_\_\_\_\_

**9. Do you have Medicare?**  Yes  No. Please provide documentation.

Do you have **other medical insurance**?  Yes  No. If Yes, give the name of the insurance company and your policy number: \_\_\_\_\_

Are your medical bills paid by insurance? \_\_\_\_\_

Are you receiving medical assistance through Welfare? \_\_\_\_\_

**If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.**

**10. Do you have any dependents who live with you?**  Yes  No

Do you pay for child care for any dependents who live with you?  Yes  No

If Yes, please list amount and frequency \_\_\_\_\_

**11. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years?**  Yes  No

If yes, please describe and list the fair market value of the asset when disposed of: \_\_\_\_\_

\_\_\_\_\_

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

Name	Address, City, St., Zip	Phone

**13.Criminal history: Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity, including a violation of the Controlled Substance Act, within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.**

Yes  No. If Yes, please explain and name household member:

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**Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program?**  Yes  No. If Yes, please explain and name household member:

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**Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This includes but is not limited to drug-related criminal activity.**  Yes  No  
If Yes, please explain and name household member:

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**Are you or any member of your household currently engaged in illegal drug use?**

Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

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**Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?**

Yes  No. If Yes, please explain and name household member:

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*Pasadena Interfaith Manor may prohibit admission of a household to federally assisted housing if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

*(1) Drug-related criminal activity;*

*(2) Violent criminal activity;*

*(3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*

(4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

**14. Enterprise Income Verification (EIV) System Use:**

Were you 62 years of age or older before January 31, 2010?  Yes  No

Did you previously have subsidy or are you currently receiving subsidy?  Yes  No

If so, please list the housing/facility name, address, and the dates you received subsidy.

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**15. Repayment Agreements with HUD Facilities:**

**Is anyone in the household currently in a repayment agreement with HUD and/or a HUD funded property?**  Yes  No. If Yes, please explain the details of the repayment agreement(s), such as property it is with, total amount owed and monthly payment amount, when the agreement was started, and the current status (current, late, past due, etc.):

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**16. Other Required Information:**

\*Are you or is anyone in your household a U.S. Veteran?  Yes  No

If yes, please list the household member:

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\*Do you plan to use a service or assistance animal in this facility?  Yes  No

If yes, please describe the animal:

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\*Do you have pet you wish to bring onto the property?  Yes  No

If yes, please describe the animal:

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\*Do you have a vehicle(s) you wish to bring onto the property?  Yes  No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of the household?

Yes  No

What size unit are you applying for? \_\_\_\_\_ Studio \_\_\_\_\_ One-Bedroom \_\_\_\_\_ Two-Bedroom

Do you require the features of an accessible unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, do you require a roll-in shower or a standard bathtub?* \_\_\_\_\_

Are you disabled, per the Fair Housing definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about *Pasadena Interfaith Manor*?

- \_\_\_ Current resident or resident family member
- \_\_\_ Friend
- \_\_\_ Employee
- \_\_\_ Religious organization
- \_\_\_ Information provided by a government agency?
- \_\_\_ Advertisement (Where?) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**NOTE:** If there is a member of your family who is the survivor of domestic violence, **HUD** has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2013 (VAWA) protections apply to families (adults and children) applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-91066, Certification of Domestic Violence. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

**NOTE:** In the event you wish to designate a person or entity to represent you during the application process, **HUD** has a form you can voluntarily fill out. 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. Applicants can request **HUD-92006** form during the application process.

## 16. Applicant(s)' 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 above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. 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 could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact *Pasadena Interfaith Manor* in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the Applicant on Filling-In the Appl. \_\_\_\_\_ Date \_\_\_\_\_

Signature of *PIM* Rep: \_\_\_\_\_ Date \_\_\_\_\_

*Pasadena Interfaith Manor does not discriminate in any fashion based upon a person's race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes.*