

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
FOUR SEASONS VILLAS, INC. DBA THE VILLAS APARTMENTS
Phone (812)379-1225 Indiana Relay TTY #711**

APPLICANT NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

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.

Member No.	Member's Full Name	Relation-ship	Birth Date	Age	Social Security No.

Are you male _____ female _____ Prefer not to answer _____

Have you or any family member ever lived in Public or HUD-assisted housing? _____ YES _____ NO. If yes, at what property & address:

_____ Dates of occupancy: _____

Do you or any member of your household owe money to HUD, an apartment community, or previous landlord?
_____ YES _____ NO.

If yes, to whom? _____ How much? _____

Have you ever committed fraud in a HUD-assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing programs? _____ YES _____ NO. If yes, explain:

Have you or any member of your household ever been evicted? _____ YES _____ NO. If yes, give details:

Does anyone live with you now who is not listed above? ____ Yes ____ No

Does anyone plan to live with you in the future who is not listed above? ____ Yes ____ No

Explain if you answered Yes to either question above.

Does any member of your household qualify for a specially designed unit? ____ Yes ____ No

Please identify any special housing needs your household has _____

Is a household member a US veteran? Yes No

Are you seeking housing as a result of a Presidential declared disaster? Yes No

How did you hear about this property? _____

Background Check

List all States you or any household member have lived in

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 for drug related criminal activity within the last three (3) years? Yes No

Have you or any member of your household been convicted of a felony? Yes No

Are you or any member of your household subject to a registration requirement under any State sex offender registration program? Yes No

Total Household Income

Does anyone regularly give you cash or pay some of your bills such as utilities, rent, phone, gas?

Yes No If yes, explain: _____

Is any member of your household employed? Yes No If yes, List all employers and contact phone number.

Member _____ Employer/Address _____

Phone # _____

Member _____ Employer/Address _____

Phone # _____

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, pensions, AFDC, Veterans benefits, etc.

Family Member Name	Employment Rate times Hours)	Monthly Public Assistance (not including food Stamps)	Monthly Child Support/ Alimony	Monthly SS/SSI/Pension	Weekly Unemployment	Other

Asset Information

Does any household member own or have an interest in any real estate or mobile home? ___ Yes ___ No

Have you sold or given away real property or other assets (including cash) in the past two years? ___ Yes ___ No

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

Account Type	Family Member Name	Account Number	Bank Name and Address	Value	Annual Income from Asset
Checking				\$	\$
Savings				\$	\$
CD				\$	\$
401K				\$	\$
Stocks/Bonds				\$	\$
IRA/Trust				\$	\$
Other				\$	\$

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and the information provided will be used to help us determine any eligible deductions that you may or may not qualify for.

Does any member 18 or older attend an institution of higher education, either part-time or full-time? _____ YES

_____ NO.

Does any household member pay childcare expenses to enable them to work, seek work, or attend school? _____ YES _____ NO.

Does any household member pay handicap expenses to enable them to work? _____ YES _____ NO.

Does any member require a Live-In Aide? _____ YES _____ NO.

Will you be bringing a pet? Y_____ N_____ Circle One: Cat Dog

Does any household member pay medical expenses? _____ YES _____ NO. If yes, **fill out medical deductions below.**

Medical Deductions

Households in which the heads of household, or spouse are disabled or elderly, qualify for deductions based on out-of-pocket medical expenses. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary. Any information provided will be kept strictly confidential.

Doctors:

Name of Doctor	Address	Phone

Prescription Medication Information:

Name of Drugstore	Address	Phone

Over the Counter Medication/Supplies: with doctors order and 12 months receipts

Medication/Supply	Cost	Most Often Used	Number per Package

Medical Insurance:

Do you have Medicare? YES _____ No _____ Monthly Amount _____
Do you have Medicaid? YES _____ No _____

Name of Company	Premium Amount Paid	How Often Paid	Deductible Amount

Do you have a whole life insurance policy? ___ Yes ___ No
Company Name Mailing Address

If yes please provide the following information.
Policy Number

Rental History

Present Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case Of Emergency		
First Family Member To Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____ _____		
Second Family Member To Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____ _____		

Please describe any other information that will help us to process your application:

Application information and criminal check will be processed at the time of apartment availability.

Signature of Head: _____ **Date:** _____
Signature of Spouse/Co-Head: _____ **Date:** _____
Other: _____ **Date:** _____

Owner/Manager Representative: _____
Date Received: _____ **Time Received:** _____



The Villas Apartments is an equal housing provider. Residents are accepted without regard to religion, race, color, handicap, sex, familial status or national origin



CERTIFICATION

By signing this application, I/we certify the accuracy of the following information. The information submitted is true and correct and I/we authorize management to verify any references I/we have listed. I/we authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities. I/we authorize my/our present and prior landlords to release information regarding my/our tenancy. I/we understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing development. I/we understand that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I/we hereby do swear and attest that all of the information above about me/us is true and correct. I/we also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the landlord in writing immediately.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion and/or familial status. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name Joe Wheeler Title Corporate Compliance Officer Phone 1-317-873-3371 or
Indiana Relay #711

POLICY ON RESIDENCY

The Villas Apartments

This facility is designed and operated for persons who are 62 years of age or older or mobility impaired who are fully capable of meeting the terms of the lease. The Staff provides no personal or health care services. Therefore, each resident must be able to take care of his or her own needs. This may be accomplished by taking the responsibility to arrange that someone else must perform personal and home management chores as needed to meet the lease terms. Applicants who are accepted for residency must sign a statement indicating their understanding that this facility is designed for apartment living, and that if, in the opinion of Management, they become unable to meet the lease terms, they will willingly vacate their apartment moving perhaps to a facility that can better meet their needs.

Although the lease terms state that this apartment must be one's only place of residence, residents may hold their apartment during temporary illness while absent for medical treatment and convalescence. The usual advance payment of rent would need to continue during the absence. In case of temporary or limited incapacity, family members may assist the resident in order to maintain proper care for the resident and his apartment. In absence of family assistance, there may be circumstances where temporary homemaker services can be obtained. A resident who intends to rely on the services of a full-time live-in attendant must make prior arrangements with management.

I have read and understand this Policy of Residency.

Signed: _____

Date: _____

Signed: _____

Date: _____

July 3, 2017



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