



APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
FOUR SEASONS VILLAS, INC. DBA THE VILLAS APARTMENTS
Ph: (812)379-1225 Fax: (812)379-1227 IN Relay TTY #711

APPLICANT NAME _____ APPLICATION # _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

1. List the Head of Household (HOH) and all other members who will be living in the unit.
Give the relationship of each family member to the Head of Household.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Member's Full Name	Relationship	Birth Date	Age	Disabled (If Under 62)	Social Security #

NOTE: Disclosure of SSN's is required for all Applicants and Household Members, except anyone who does not contend eligible immigration status; AND Applicants who were 62 or older as of January 31, 2010 if they were receiving HUD rental assistance at another location on January 31, 2010. If you qualify for one of these exceptions, please indicate here:

2. Does any member of your household require a mobility accessible unit? ☐ Yes ☐ No

3. Do you have a pet? ☐ Cat ☐ Dog ☐ No

4. 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. _____

5. Please identify any special housing needs your household has. _____

6. Is the Head or Co-Head an Eligible Student (enrolled in an Institution of Higher Education)? If Yes, you must complete the "Student Eligibility Form". ☐ Yes ☐ No

7. Are you currently an illegal user of a controlled substance? ☐ Yes ☐ No

8. Is any member of your household a Veteran? ☐ Yes ☐ No
Branch of Service: _____

9. Is the applicant seeking housing as a result of a Presidentially declared disaster? ☐ Yes ☐ No

10. Have you or any member of your household been convicted of the illegal manufacture and/or distribution of a controlled substance? ☐ Yes ☐ No
11. Have you or any member of your household been evicted from a federally assisted housing facility? ☐ Yes ☐ No
12. Have you or any member of your household been convicted of a felony? ☐ Yes ☐ No
If "Yes", list date of conviction. _____
13. Do you have a legal right to be in the United States? ☐ Yes ☐ No
14. Are you or any member of your household subject to a lifetime registration requirement under any State sex offender registration program? ☐ Yes ☐ No
15. List all states (and countries) where HOH has lived: _____

List all states (and countries) where each other family member on the application has lived: _____

16. Are you currently 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays them cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to layoff, medical, maternity/military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive public assistance (welfare)? |

INCOME (continued)

Yes No

- ☐ ☐ 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's Name	Income Source (Social Security, Employment, Pension, Unemployment, etc.)	Annual Income

ASSETS

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

Member Name	Financial Institution	Type	Acct. #	Balance	Joint Acct.
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ASSETS (continued)

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

If 'Yes', please specify. _____

4. List any life insurance policies from which you have access to cash (and their value):

EXPENCES

1. Do you have expenses for childcare (child aged 12 or younger)? ☐ Yes ☐ No
If 'Yes', provide the name, address and telephone number of the care provider:

What is the monthly cost? _____

2. Do you pay a caregiver for any household member(s)? ☐ Yes ☐ No
If "Yes", provide their name, address and telephone number:

What is the monthly cost? _____

3. Do you pay for any medical equipment that enables you to remain in a housing setting? ☐ Yes ☐ No

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:

ELDERLY/DISABLED FAMILIES (continued)

Yes No

- ☐ ☐ Do you have any outstanding medical bills for which you have payment arrangements?
If "Yes", list them below and be prepared to provide documentation.

- ☐ ☐ Do you use over-the-counter medicines that your doctor has prescribed for a specific condition? If "Yes", list them below, with the name of the doctor who ordered the use.

Please list the name and address of your current pharmacies:

Please provide the name, address, and phone number of your Primary Physician(s)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Do you make payments directly to the Physicians listed above? ☐ Yes ☐ No

PREVIOUS RENTAL HISTORY

At least three years of rental history is required.

Name and Address of your Present Landlord:

<hr/>	Telephone # <hr/>
<hr/>	How Long Have You Lived There? <hr/>
<hr/>	Reason for Leaving? <hr/>

Name and Address of your Former Landlord:

<hr/>	
<hr/>	How Long Did You Lived There? <hr/>
<hr/>	Reason for Leaving? <hr/>

EMPLOYMENT HISTORY

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

Telephone # _____
Supervisor's Name _____
How Long Have You Been Employed? _____

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

Telephone # _____
Supervisor's Name _____
How Long Have You Been Employed? _____

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 Recieved: _____
Time Recieved: _____

The Villas does not discriminate on the basis of race, religion, national origin, color, sex, disability, sexual orientation, gender identity, or familial status. The Villas also does not discriminate on the basis of handicapped status in the admission or access to its federally assisted programs and activities.



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

The Villas Apartments	07311356	4101 Waycross Drive, Columbus, IN 47203
Name of Property	Project No.	Address of Property

BHI Retirement Communities	202/8
Name of Owner/Managing Agent	Type of Assistance or Program Title:

Name of Head of Household	Name of Household Member
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Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: 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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.