



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 _____

- 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

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)?

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
					<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)

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:

Telephone # _____

How Long Have You Lived There? _____

Reason for Leaving? _____

Name and Address of your Former Landlord:

How Long Did You Lived There? _____

Reason for Leaving? _____

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
Grants Management and Oversight Division

OMB Approval No. 2535-0113
(exp. 07-31-2022)

Program Title:

Grantee/Recipient Name:

Grantee Reporting Organization:

Reporting Period From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
Total:	0	0
* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		

Public reporting burden for this collection is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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

A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

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."

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 as revised by the Office of Management and Budget are defined below:

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.

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.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Note: The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethnic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

Total Number of Racial Responses: Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

Total Number of Hispanic or Latino Responses: Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

Other Multiple Race Combinations: Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Native Hawaiian or Other Pacific Islander *and* White and 12 Native Hawaiian or Other Pacific Islander *and* Asian, and those numbers (of Native Hawaiian or Other Pacific Islander *and* White and Native Hawaiian or Other Pacific Islander *and* Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander *and* White indicate they belong to the Hispanic/Latino ethnic category and 3 of the Native Hawaiian or Other Pacific Islander *and* Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%) Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	2 3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

Balance of individuals reporting more than one race: This block is intended to capture the balance of any racial categories that are not included in the list of nine above and are not included under “**Other multiple race combinations greater than one percent.**” Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

Total: On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.