



APPLICATION FOR AFFORDABLE HOUSING

FOR OFFICE USE ONLY

(Circle one)

HUD

RD

LIHTC

HOME

Date/time received: _____

Application fee amount/date paid: _____

FOR APPLICANT USE

Property Name/Location: _____

Date of Application: _____ Size unit requested: _____

Applicant Instructions: Answer all questions in full. Enter 'none' or 'n/a' for questions which do not apply.

- Include all members who you anticipate will occupy the unit at least 50% of the time during the next twelve (12) months.
- For financial information, please provide the names and addresses of people who can verify the information you provide.
- Please use a separate page to record additional information if there is not enough room for an entry. Assistance in completing the application will be made available upon request.

APPLICANT INFORMATION

Applicant Legal Name: _____

Current Street Address: _____

City/State/ZIP: _____ Cell #: _____

Email Address: _____



CURRENT PLACE OF RESIDENCY

Do you currently live in an apartment? Yes No

If YES, Complex Name? _____

Is your rent currently subsidized (based on income)? Yes No

Current Landlord: _____ From: _____ To: _____

Landlord Street Address: _____

City: _____ State: _____ Zip: _____

Landlord Phone Number: _____

PREVIOUS LANDLORD REFERENCE

For the last three (3) years

1. Applicant's Previous Address: _____

Previous Landlord: _____ From: _____ To: _____

Landlord Address: _____

Landlord phone #: _____

2. Applicant's Previous Address: _____

Previous Landlord: _____ From: _____ To: _____

Landlord Address: _____

Landlord phone #: _____

If any household member has lived in another state at any time, list your name used at the time with the full address, including County name.

Name: _____ County: _____

Address: _____



EMERGENCY CONTACT

Name/Relationship: _____

Address: _____ Phone: _____

If you become unable to look after your affairs, is this person authorized to dispose of or remove any and all belongings from the apartment? (Y/N) _____

If NO, please list name, address, and phone number of who should be contacted.

Name: _____

Address: _____ Phone: _____

HOUSEHOLD COMPOSITION

Please list all people who will occupy the apartment.

FIRST, MIDDLE, LAST NAME	SSN OR ALIEN REGISTRATION NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	MARITAL STATUS	SEX	FULL-TIME STUDENT: Y/N



Do you expect a change in family size in the future? (Y/N) _____

If so, explain change and provide expected date of change: _____

Are there any absent family members? (Y/N) _____

If YES, please provide name and date of return: _____

If you do not have a SSN and you were 62 years or older as of January 31, 2010, did you begin receiving HUD rental assistance at another location before that date (1/31/10)? (Y/N) _____

INCOME (Employment, ADC, SSI, SS, pension, etc.)

INCOME TYPE	INDIVIDUAL RECEIVING INCOME (SELF, SPOUSE, ADULT, CHILD. ETC.)	NAME OF SOURCE	ADDRESS/PHONE	AMOUNT RECEIVED PER WEEK/MONTH/YEAR

ASSETS (Checking, savings, CDs, etc.)

ACCOUNT TYPE	NAME ON ACCOUNT	NAME OF FINANCIAL INSTITUTION	ADDRESS	PHONE



GENERAL INFORMATION

How did you hear about our community? _____

If referred by a resident, who were you referred by? _____

Will this be the only residence of everyone listed on the application? (Y/N) _____

If no, please explain: _____

Do you have any pets? (Y/N) _____ If YES, what type? _____

Has anyone in your household used an alias or had their name changed? (Y/N) _____

If YES, who and what was their prior name? _____

Does any member of the household require a mobility-accessible or sensory-accessible unit?
(Y/N) _____ If YES, who and what is their relationship? _____

Do you or any member of your household own any real estate? (Y/N) _____

If YES, where and what is the assessed value? _____

Has any member of your household sold real estate in the last two (2) years for less than full market
value? (Y/N) _____

If YES, where and what was the assessed value? _____

Do you or any member of your household regularly receive cash or non-cash gifts (e.g. bills or
purchases paid for you by another person / party)? (Y/N) _____

If YES, please explain: _____

Have you ever filed bankruptcy? (Y/N) _____

If YES, please explain. _____

Have you ever had a foreclosure? (Y/N) _____

If YES, please explain: _____

Have you ever received rental assistance (Section 8, Metropolitan Housing, etc.)? (Y/N) _____

If YES, please explain: _____



Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to recertify? (Y/N) _____

If YES, please explain: _____

Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other violations? (Y/N) _____

If YES, please explain.: _____

Have you or any member of your household ever made a rental application to Fairfield Homes, Inc. (previously known as Gorsuch Management)? (Y/N) _____

If YES, when and under what name? _____

Have you or anyone in your household ever been convicted of a felony? (Y/N) _____

If YES, please explain. _____

Have you or any household member ever been convicted of a felony or involved in criminal activity that posed a threat to the health, safety, or welfare of others? (Y/N) _____

If YES, please explain. _____

Have you been convicted of any non-traffic misdemeanors? (Y/N) _____

If YES, please explain. _____

Have you or any member of your household been convicted of illegal use, distribution or manufacture of an illegal drug or other controlled substance? (Y/N) _____

If YES, please explain. _____

Are you or any member of the household subject to a lifetime sex offender registration requirement in any state? (Y/N) _____ If yes, what state? _____

VEHICLE INFORMATION: Please list all automobiles, motorcycles, etc.

MAKE	MODEL	YEAR	COLOR	PLATE NUMBER



Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than twelve (12) months. There are circumstances that would require the owner to verify information that is up to five (5) years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Fairfield Homes, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Fairfield Homes, Inc. 504 Coordinator is Rochelle Fosah at 603 West Wheeling Street, PO Box 190 in Lancaster, Ohio 43130. (740) 653-3583 or TTY 1-800-750-0750 has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).
EQUAL HOUSING OPPORTUNITY

Applicant is responsible for notifying management of any changes in address, phone number, income or family composition and updating the application as needed to keep information current. Applicant should contact the rental office at least once every six (6) months to advise of continued interest in receiving housing. This institution is an equal opportunity provider.

I / We certify that all application information is true and complete to the best of my knowledge.

I hereby authorize Fairfield Homes, Inc. and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application, including rental, credit, criminal, employment and local law enforcement history.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Other Household Adult Signature _____ Date _____

Community Manager Signature _____ Date _____



For use at Rural Development Properties Only

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race (Mark one or more)

_____ American Indian / Alaska Native

_____ Asian

_____ White

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

Gender

_____ Male

_____ Female

