

APPLICATION INSTRUCTIONS

Do not leave any sections or questions on this application blank even if the questions do not apply to you. Enter "NONE" or "NA" for those questions. Applications will not be considered unless they are filled out completely.

For any income or expenses, please use the back of the page to write the names and addresses of people who can verify the information you have provided. (For example, for employment income write the address of your employer, etc.) Also, feel free to use the back of the pages to record additional information if there isn't enough room for any entry.

Before we offer your family a unit we will give you a CONSENT FORM (Authorization for Release of Information). This form gives us permission to check on any of the information that you have given US. Have each adult family member sign this form and return it to us at your earliest convenience, until you return this CONSENT FORM to us we can not offer you a unit.

STATUTORY PREFERENCE

Applicants with the following Statutory Preferences and qualify will be put on the top of the Waiting List and given priority for housing.

"Family or Single Persons who have been displaced from Urban Renewal Areas, or as a result of Government Action or as a result of a disaster, determined by the President to be a major disaster, such as flood, tornado, earthquake or etc."

Do you meet the above HUD definition of displaced? YES NO

OFFICE USE ONLY REFERENCE #: _____ APPLICANT NAME: _____ DATE RECEIVED: _____ TIME RECEIVED: _____
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EQUAL HOUSING OPPORTUNITY

Complete this information for the entire family

Head of Household Initials: _____

1. Name of the Head of Household _____

2. What is your present address and telephone number? _____

3. Do you have any pets and if yes what kind? _____

4. Do you or have you ever lived in Subsidized Housing and if so when and where? _____

5. Does the family need a special unit to accommodate any of the following:

Vision Impaired: _____

Hearing Impaired: _____

Mobility Impaired: _____

If the answer to any of these are YES, list the names of the members who need these special features and what type of accommodations they will need. (For example, for mobility impairment, do you need a wheelchair accessible unit or just a bar on the wall to help get in and out of the tub.)

6. How many vehicles does the family own? _____ List the make, model, year and color of each: _____

7. If a live-in attendant is required for any elderly, handicapped, or disabled member please enter the name of the attendant and the name and address of a Physician who can verify the need for the attendant.

Attendant Name: _____

Physician Name: _____

Physician Address: _____

8. How many people live in your household now? _____

Will any of these people live anywhere except the unit you are applying for? _____

If yes, please explain _____

Will anyone else live in the apartment on either a full or part time basis? _____

If yes, explain: _____

9. If you are renting now, list below your Landlords name, address and telephone number.

Landlord's Name: _____

Landlords Address: _____

Landlords Telephone number: _____

How long have you lived there: _____ What is your current rental amount \$ _____

If you are not renting at this time explain your current living arrangements

10. If you have moved within the past five years give the name and addresses of your previous Landlords.:

Landlord Name, Address and Telephone Number: _____

Dates you rented from this Landlord: _____

Landlord Name, address and telephone number; _____

Dates you rented from this landlord: _____

Please list any other on the back of this sheet

11. Has any member of the household ever been convicted of any felony? _____

If yes, please explain _____

12. Have you or any other household member, ever been convicted of any felony or misdemeanor other than traffic violations? _____ If yes, please explain _____

13. Do you or any member of your household use illegal drugs or other illegal substances? _____

14. Have you, or any member of your household ever been convicted of illegal distribution or manufacture of an illegal drug or other illegal controlled substance? _____

15. Have you, or your spouse/co-applicant ever used different names from the names given in this application? _____ If yes, please list the names _____

16. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing? _____ If yes, please explain _____

17. Please list three references (other than family)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Please list an emergency contact

Name	Address	Phone
_____	_____	_____

19. VERIFICATION INFORMATION

#1 Head of Household _____
Full-Time Student _____ Part-Time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Type of Income _____ Gross Monthly Income \$ _____
Employer name and Address: _____
Place of Birth: _____

#2 Spouse/co-Applicant _____
Full-Time Student _____ Part-Time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Type of Income _____ Gross Monthly Income \$ _____
Employer name and Address: _____
Place of Birth: _____

#3 Child _____
Full-time Student _____ Part-time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Place of Birth: _____

#4 Child _____
Full-time Student _____ Part-time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Place of Birth: _____

#5 Child _____
Full-time Student _____ Part-time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Place of Birth: _____

#6 Child _____
Full-time Student _____ Part-time Student _____ Pregnant _____
Social Security Number: _____ Sex: _____ Date of Birth _____
Place of Birth: _____

Head of Household Signature _____ Date _____

Spouse/co-Applicant Signature _____ Date _____

DOES YOUR FAMILY HAVE ANY OF THE FOLLOWING INCOME/ASSETS WHICH WE HAVE NOT ALREADY DISCUSSED AND/OR CERTIFIED:

1. Do you have any of the following?	<u>Yes</u>	<u>No</u>
Checking Accounts -----	_____	_____
If yes, please list average six month balance \$ _____		
Savings Accounts -----	_____	_____
If yes, please list current balance \$ _____		
Money Market Funds -----	_____	_____
If yes please list value\$ _____		
Trust -----	_____	_____
If yes is the trust irrevocable/ _____		
If yes please list value\$ _____		
IRA/Keogh Accts or other Capital Retirement Accounts -----	_____	_____
If yes please list value\$ _____		
Stock/Bonds -----	_____	_____
If yes please list value\$ _____		
Certificates of Deposits -----	_____	_____
If yes please list value\$ _____		
Equity in Rental Property or Other Capital Investments -----	_____	_____
If yes please list value\$ _____		
Personal Property held as an investment -----	_____	_____
If yes please list value\$ _____		
Other Accounts not listed above -----	_____	_____
If yes please list value\$ _____		

Yes No

2. Have you received any lump sum payments such as:

Inheritances-----

If yes, please list the amount received \$ _____

Lottery Winnings-----

If yes, please list the amount received \$ _____

Capital Gains-----

If yes, please list the amount received \$ _____

Social Security Benefits, Unemployment Comp, etc.-----

If yes, please list the amount received \$ _____

Other-----

If yes, please list the amount received \$ _____

3. Have you disposed of any assets for less than Fair Market Value in the past two years? (If yes, please complete the Divestiture of Asset form.)

4. Are any assets held jointly with other person(s)

Describe: _____

5. Do you receive periodic income such as:

Retirement Funds-----

If yes, please list gross monthly income \$ _____

Pension-----

If yes, please list gross monthly income \$ _____

Annuities-----

If yes, please list gross monthly income \$ _____

Yes No

Insurance Policies-----

If yes, please list gross monthly income \$ _____

Disability or Death Benefits-----

If yes, please list gross monthly income \$ _____

Other-----

If yes, please list gross monthly income \$ _____

6. Do you regularly receive monetary gifts or non-cash contributions from person(s) outside your household?

If yes, amount \$ _____

Please describe _____

7. Do you receive any income under the Title V of the Older Americans Act (such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparent Programs)?

8. Are any household members temporarily absent?

9. Have you listed any household members who will be permanently absent from the unit?

10. Are you receiving or will you receive in the future an Earned Income Tax Credit from your IRS tax return?

11. Are there any part or full time students in the household 18 or older?

Please list the students: _____

Is there any financial assistance received?

If yes, what type and how much? Type _____

Amount \$ _____

12. Are there child care expenses paid in order for you to continue your education?

If yes list the amount: \$ _____

Yes No

Please give the name and address of the Childcare provider

- 13. Has the employment status of any household member(s) changed? Yes No
 - 14. If employed, is child care paid as a result of work or looking for work? Yes No
 - 15. Does anyone in the unit benefit from Handicap Assistance? Yes No
 - 16. Are there any foster children or foster adults who are apart of the household? Yes No
 - 17. Are there any Live-In Care Attendants who are part of the household? Yes No
 - 18. Are you or any member over 18 years of age employed? Yes No
- If yes please list your employer name and addresses

I/WE CERTIFY THAT I/WE HAVE BEEN ASKED THE ABOVE STATEMENTS AND THEY ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY TO REPORT TO MANAGEMENT IF SUCH CHANGES IN INCOME AND ASSETS WHENEVER THEY OCCUR. SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

Head of Household

Spouse/Co-Head

Date

Manager

Date

Livermore Heights Apts. does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR part 8 date June 2, 1988).

Name: Jane Cross

Voice: (314)862-5955

TDD: 711

Address: 7730 Forsyth Ave, Suite 300 Clayton, MO 63105