

Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

800-654-5984 TTY



# RESIDENCY APPLICATION

## For Affordable Housing Programs



Date Received: _____	Time Received: _____	AM/PM _____	Staff Initial _____
*** Management Use Only ***			

You must answer all questions on this application. Information you provide will be used strictly to determine your eligibility for housing in this Community. All information you provide will be handled confidentially. **Incomplete applications will not be accepted.** The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

What size of apartment do you wish to apply for?   \_\_1BR   \_\_2BR   \_\_3BR   \_\_4BR

### HEAD OF HOUSEHOLD INFORMATION

*(Use Legal Name)*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Driver License No. \_\_\_\_\_ I am:  Married  Widowed  Divorced  
State Issued: \_\_\_\_\_  Single  Separated  
Do you own a vehicle?  Yes  No If yes, \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_

**How did you hear about our Community?** \_\_\_\_\_

We are required to report the Race and Ethnic Origin of the Head of Household for each applicant. Please assist us in supplying accurate information by answering the following questions. This question is optional and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, enter **(D)** in the appropriate spaces below and the owner will notate your file that you did not wish to complete.

**KEY CODES:** (D)-Do not wish to Disclose

**RACE:** (W)-White, (B)-Black, (I)-American Indian/Alaskan Native, (P)-Native Hawaiian/Other Pacific Islander, (A)-Asian

**ETHNICITY:** (H)-Hispanic, (NH)-Non Hispanic

**HOUSEHOLD COMPOSITION**

*(List below the legal names of all persons who will reside in the apartment)*

Legal Name (First, MI, Last)	Sex	Birth Date	Relationship to Head of Household	Social Security Number	Race (key letter above)	Ethnicity (key letter above)

Check all that apply:

A member of the Household:  Receives Medicare Benefits  Receives Medicaid Benefits:  
 Is a Person with a Disability\*

*\*A definition for disability can be provided by a staff member*

Please list any special housing accommodations that the household will require (e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.)

---

---

Are there any absent household members who under normal conditions would live with you, or plan on living with you in the future?  Yes  No

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

Are there any family members confined to a nursing home or hospital on a permanent basis?  Yes  No

Name & Relationship: \_\_\_\_\_

Will you or any ADULT household member require a live-in care attendant to live independently?  Yes  No

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

### RESIDENCE HISTORY / REFERENCES

*Please list your address(es) of residency for the past three (3) years, plus list all states that you have ever resided  
Use backside of this page if you need more space*

**RENTAL HISTORY:**

Present Landlord			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From:	To:	Mort./Rent: \$
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #1			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From:	To:	Mort./Rent: \$
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**UTILITY PROVIDERS:** You must be able to establish utility service in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE LIST ALL STATES RESIDED IN BY ALL HOUSEHOLD MEMBERS**

---



---

**INCOME INFORMATION**

*(Include all income received and anticipated for all household members including minors in the next 12 months)*

Do YOU or ANYONE in your household receive OR EXPECT to receive income from:

- Employment wages or salaries?  Yes  No  
*(include overtime, tips, bonuses, commissions and payments received in cash)*

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment?  Yes  No  
*(include overtime, tips, bonuses, commissions and payments received in cash)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Armed Forces/Military/Veterans Administration?  Yes  No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment Benefits/Worker Compensation?  Yes  No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Cash Assistance from Dept. of Public Welfare  Yes  No

<u>Household Member</u>	<u>Welfare Address</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

***Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.***

***Child support amounts awarded by the courts but not received can be excluded only when the applicant / resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been taken.***

***As part of the qualification process required by the federal and / or state housing programs with jurisdiction over this development, the following information is needed:***

Do you have full custody of your child(ren)?  Yes  No

1. Have you been awarded child support by court order?  Yes  No

2. County and State where court ordered \_\_\_\_\_  
*Provide copy of entire court document.*

3. Is payment being received as awarded?  Yes  No

*PLEASE NOTE\*\*\* If payment is not received or is received in a lesser amount than awarded, we will be required to count the amount of the court ordered support, unless you can provide details and documentation of collection efforts.*

**CHILD SUPPORT INFORMATION**

Child's Name (First and Last)	\$ Amount	How Often	Source (Name of Court/Agency or Person)	Court Ordered	Payment received as agreed
1. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
2. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
3. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
4. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
5. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
6. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No

- Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Pension, retirement benefit or annuity payments?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from an accident settlement, insurance settlement or any other settlement?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular gifts or payments from anyone outside of your household?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from rental property or other types of real estate transactions?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Any other income sources or types not listed? (Severance, alimony, lottery winnings, inheritance)  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Do you or any other household members expect any changes to your income in the next 12 months?  Yes  No

<u>Household Member</u>	<u>Source/Increase/Decrease</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Are you or any other ADULT household members claiming zero income?  Yes  No

Household Member (s): \_\_\_\_\_  
 \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_

**ASSET INFORMATION**

*(Include all assets currently held and anticipated to be received in the next 12 months by all household members INCLUDING minor children. Please include the anticipated income derived from current or future asset)*

Do YOU or ANYONE in your household hold:

- Checking or Savings Account?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Certificates of Deposits, Money Market accounts or Treasury Bills?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Stocks, Bonds or Securities?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Trust Funds?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- IRA, 401(k), Keogh or other retirement accounts?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Personal Property held as an investment?  Yes  No  
*(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing)*

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Whole Life Insurance Policy?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- A Safe Deposit Box?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Real Estate, rental property, land contracts/contract for deeds or other real estate holdings?  Yes  No  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes, timeshares, or commercial property)*

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____



- Have you or has anyone in your household disposed of any business or asset for LESS than fair market value during the past two (2) years?  Yes  No

Household Member

Value of Disposed Asset

Date of Disposition

---



---

**STUDENT STATUS**

- Are you or any other household member enrolled as a FULL TIME student at an institute of higher education?  Yes  No
- Were you or any other household member a FULL TIME student At any time in the current calendar year?  Yes  No
- Do you or any other household member expect to be a FULL TIME student at any time in the current calendar year?  Yes  No

Do you or any other household members (INCLUDING MINORS) expect to be a full time student in the next 12 months?  Yes  No

**ADDITIONAL REQUIRED INFORMATION**

Are you currently receiving assistance from HUD? (tenant based or project based)  Yes  No

Will this be your sole place of residency?  Yes  No

Does your household have any pets? If yes, Type \_\_\_\_\_ Weight \_\_\_\_\_  Yes  No

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  Yes  No  
(failure to respond to this question may jeopardize the approval of your application)

Has applicant or any household member been evicted in the last 3 years from federally assisted housing for drug related criminal activity?  Yes  No

Has applicant or any household member ever been evicted or otherwise involuntarily removed from rental housing?  Yes  No

Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program?  Yes  No

Does any applicant household member have a pattern of alcohol abuse?  Yes  No

Is anyone in your household a current user of or addicted to an illegal or controlled substance?  Yes  No

Has anyone in your household ever been arrested for or convicted of the manufacture, distribution, or sale of a controlled substance?  Yes  No

Has anyone in your household ever been arrested for, charged with or convicted of a felony or misdemeanor crime?  Yes  No

**If yes to any of the above Additional Information questions, please provide details:** \_\_\_\_\_

---

---

- I/We understand that management is relying on this information to prove my household's eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Program requirements applicable to this Community.
- I/We consent to release the necessary information to determine eligibility. I/We authorize management to obtain one or more "consumer reports": AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.
- I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, or asset information.
- I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.
- I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.
- I/We certify that if approved for occupancy, the unit I/we occupy shall be my/our only residence.
- **All Household Members 18 years of age or older must review this application and then sign below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

*We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, elderliness or national origin, (The Fair Housing Amendment Act of 1988).*

*In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.*

**WARNING! 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 OR AGENCY OF THE UNITED STATES.**

**Management Agent:**

NDC Asset Management, LLC  
1133 Penn Avenue, Suite #600  
Pittsburgh, PA 15222  
Office: (412) 647.7400  
TTY: 800-654-5984  
Fax: (412) 578-7889

*NDC Asset Management, LLC, 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.  
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 dated June 2, 1988).*

**Vicki Megon  
504 Coordinator  
1133 Penn Avenue, Suite #600  
Pittsburgh, PA 15222  
Office: 412- 647-7406  
TTY: 800-654-5984  
Fax: 412-578-7889**

**05/01/2020  
TC/HOME PDF**

