

I am submitting my application for the following list(s): **Sound Communities 1-bedroom**\_\_\_\_  
**Staff member receiving application:** \_\_\_\_\_

# Sound Communities

## Full Application for Admission to Housing

Are you or anyone in your family a person with disabilities that require a specific accommodation in order to fully utilize our programs and services? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

What is your preferred language? \_\_\_\_\_ Do you need an interpreter? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### Please print or type:

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

### Household Composition & Characteristics

Members Name	Relationship to Head	Date of Birth	Birth Place (City, State)	Disabled	Age	Sex	Social Security #
	<b>Head</b>						

### Current Employment:

Name and Address \_\_\_\_\_

### Residential History:

1 Present Landlord/Property Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt.: \$ \_\_\_\_\_ per month  
 Date Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

2. Previous Landlord/Property Name \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt.: \$ \_\_\_\_\_ per month  
 Date Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

### General Questionnaire:

1. What is the race/ethnicity of the Head of Household?

<b>Ethnic Categories</b>	<b>Select One</b>
Hispanic or Latino	

Not Hispanic or Latino	
<b>Racial Categories</b>	<b>Select All That Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

2. Have you or any members of your household ever been evicted from a rental property?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Are you or any members of your household currently receiving assistance from HUD?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
4. Have you or anyone else listed above ever lived in Public Housing?  Yes  No  
If Yes, When/where \_\_\_\_\_
5. Have you ever been convicted of a criminal offense?  Yes  No  
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
6. Are you a student at an institution of higher education?  Yes  No
7. Are you or any family member in the military?  Yes  No
8. Have you or anyone else listed above ever participated in the Section 8 Program?  Yes  No  
If yes, when/where \_\_\_\_\_
9. Have you or any members of your household ever been evicted in the last three years from federally assisted housing for drug-related criminal activity?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
12. Are you or any member of your household subject to the State Sexual Offenders Registration?  Yes  No.  
If yes, list the State where the offense occurred: \_\_\_\_\_
13. Will the apartment for which you are applying be the family's only residence?  Yes  No.
14. Have you or anyone else listed above given away any Real Estate?  Yes  No
15. Have you or anyone else listed above owned Real Estate property in the last 10 years?  Yes  No.  
If yes, explain \_\_\_\_\_
16. How did you hear about our apartment community? \_\_\_\_\_

**Eligibility:**

**Yes**

**No**

1. I have a family member who is absent from the home due to:

Employment

\_\_\_\_\_

\_\_\_\_\_

Military Service

\_\_\_\_\_

\_\_\_\_\_

Placement in foster care	_____	_____
Temporarily in nursing home or hospital	_____	_____
Permanently confined to nursing home	_____	_____
Away at school	_____	_____
Other: _____	_____	_____

2. I have a live-in attendant \_\_\_\_\_

Live-in attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan. \_\_\_\_\_

3. Expected changes in household:

Baby due on \_\_\_\_\_

Adopting a child(ren) on \_\_\_\_\_

Obtaining custody of a child(ren) on \_\_\_\_\_

Obtaining joint custody of a child(ren) on \_\_\_\_\_

Receiving a foster child(ren) on \_\_\_\_\_

4. Are any members of the household enrolled as a student at an institution of Higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002) \_\_\_\_\_

			<b><u>Estimated</u></b>
<b><u>Income:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Annual Income</u></b>

1. Are you or any other member of the household currently receiving income from any of the following sources?

Wages/Salaries	_____	_____	_____
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, Americorps	_____	_____	_____
If yes, which program: _____			
Tips, Bonuses, Commissions, or Overtime Pay	_____	_____	_____
Scholarships, Educational Grants or Work Study	_____	_____	_____
Income from operation of a business	_____	_____	_____

Social Security	_____	_____	_____
Disability/SSI	_____	_____	_____
Death Benefits	_____	_____	_____
Pensions/retirement funds	_____	_____	_____
Annuities or non-revocable trust	_____	_____	_____
Unemployment	_____	_____	_____
Military Pay/Veterans Benefits	_____	_____	_____
Workman's Compensation	_____	_____	_____
Public Assistance/TANF	_____	_____	_____
Alimony	_____	_____	_____
Child Support	_____	_____	_____
Income from rent or sale of property	_____	_____	_____
Periodic payments from lottery winnings	_____	_____	_____
Regular recurring contributions from persons or agencies outside of household	_____	_____	_____
Insurance policies	_____	_____	_____
Severance pay	_____	_____	_____
Other: _____	_____	_____	_____

2. Did you or any other members of the household file a federal tax return last year? \_\_\_\_\_

3. Are there any adult members of the household (18 years of age or older) receiving income not listed above? \_\_\_\_\_

If yes, specify the source of the income \_\_\_\_\_

**Assets:** **Yes** **No** **Value of Assets**

1. Do you or any other members of the household have any of the following:			
Checking accounts	_____	_____	_____
Savings accounts	_____	_____	_____
Certificates of deposit	_____	_____	_____
Money market funds	_____	_____	_____

IRA/Keogh account	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Treasury bills	_____	_____	_____
Trust funds	_____	_____	_____
If yes, is the trust irrevocable	_____	_____	_____
Real Estate	_____	_____	_____
Whole life or universal life insurance policy	_____	_____	_____
Cash held in safety deposit boxes or home	_____	_____	_____
Assets held in another state or foreign country	_____	_____	_____
Other _____	_____	_____	_____

2. Have you or any other members of the household any lump sum payments, such as:

Inheritance	_____	_____	_____
Lottery Winnings	_____	_____	_____
Insurance settlements	_____	_____	_____
Other: _____	_____	_____	_____

3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?

_____	_____	_____
-------	-------	-------

If yes, please list: \_\_\_\_\_

4. Do you or any other household members have any assets that are held jointly with another person?

_____	_____	_____
-------	-------	-------

**Deductions:**

**Yes**

**No**

1. Are there any full-time students 18 years of age or older in the household?

_____	_____
-------	-------

2. Is any household member elderly (age 62 or older) or a person with disabilities?

_____	_____
-------	-------

3. Do you have medical expenses that are not paid for by an outside source such as insurance?

_____	_____
-------	-------

4. Do you have disability expenses that are not paid for by an outside source?

_____	_____
-------	-------

If yes, is this service necessary to enable a family member (including the member with a disability to be employed)? \_\_\_\_\_

5. Do you have attendant care expenses? \_\_\_\_\_  
If yes, is this service necessary to enable a family member (including the member with a disability to be employed)? \_\_\_\_\_

6. Do you currently pay for childcare services for any children under the age of 13 residing in your household? \_\_\_\_\_  
If yes, is this service necessary in order for you to be employed or to attend school? \_\_\_\_\_

If yes, are any of these expenses reimbursed by an outside source? \_\_\_\_\_

**If you or a family member previously participated in an assisted housing program, either public housing or housing choice voucher in Norwalk or anywhere else, you may be time restricted and should enquire about your current eligibility.**

**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION**

PENALTIES FOR MISUSING THIS CONSENT: 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 uses 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Co-Head of Household Date

This project 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. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable accommodations should be brought to the attention of management.