

# Woodside Haven, Inc. Application for Tenancy

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<b>Applicant received application:</b>	<b>Office received completed application:</b>
<b>DATE:</b>	<b>DATE:</b>
<b>TIME:</b>	<b>TIME:</b>
	<b>APPLICATION NUMBER</b> _____

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**PROJECT NAME: WOODSIDE HAVEN, INC.**

HEAD OF HOUSEHOLD: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_ MALE \_\_\_ FEMALE  
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CO-APPLICANT/CO-TENANT: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
MONTH DAY YEAR

Will live in attendant be a household member? \_\_\_ Yes \_\_\_ No If yes, please note above.  
Do you require a wheelchair accessible unit? \_\_\_ Yes \_\_\_ No  
(Please note, this will need to be verified by a doctor/physician) \_\_\_ Yes \_\_\_ No

**RESIDENCE HISTORY**

Please provide complete addresses including zip codes for all places you have lived in the previous ten (10) years. Attach a separate sheet if necessary.

A. Present Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Present Landlord: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

B. Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

C. Have you ever been evicted from conventional or subsidized housing? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCOME INFORMATION

FAMILY MEMBER NAME	SOURCE OF INCOME	ANNUAL AMOUNT

## ASSET INFORMATION

1. Do you own any real estate?  Yes  No (If yes, provide current property tax statement.)

Location: \_\_\_\_\_

Value: \_\_\_\_\_ Home: \_\_\_\_\_ Lot: \_\_\_\_\_

2. Do you have any bonds?  Yes  No

3. Do you have any stocks?  Yes  No

4. Do you have any Certificates of Deposit?  Yes  No

5. Do you have checking accounts?  Yes  No

6. Do you have any savings accounts?  Yes  No

7. Name and full address of banks, including zip codes.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

8. Have you disposed of any assets in the last two (2) years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires that we conduct a criminal background check as well as a sex offender registry check on all adult members of a household applying for federally assisted housing. Persons subject to lifetime registration under any state sex offender registry program are not allowed to receive housing or rental assistance under the federal program(s) this facility participates in. All information is confidential and will be used solely to determine eligibility for housing and housing assistance. These inquiries are being made to protect the health, safety and welfare of existing tenants and the building staff.

***This facility will automatically reject the application for occupancy of any household that does not provide complete and accurate information in this section and/or does not consent to a background check related to criminal or sex offender activity.***

1. Has any member of the applicant household been evicted from a federally assisted site for drug-related criminal activity within the past ten (10) years? \_\_\_ Yes \_\_\_ No
2. Has any member of the applicant household been convicted of a sex related criminal act at any time regardless of whether or not they are subject to lifetime registry requirements? \_\_\_ Yes \_\_\_ No
3. Has any member of the applicant household been convicted of any drug-related crime within the past ten (10) years? \_\_\_ Yes \_\_\_ No
4. Has any member of the applicant household been convicted of a felony or Class A misdemeanor within the past ten (10) years? \_\_\_ Yes \_\_\_ No

**CHARACTER REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

CONSENT TO THE RELEASE OF INFORMATION: I/we certify that if selected to move into this project, 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 for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD or HUD contracted auditor. 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 fully understand that Title 18, Section 1001 of the United States 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. I/we, therefore, certify that the foregoing information is true and complete to the best of my/our knowledge.

I/we hereby authorize inquiries to be made to verify the statements above.

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Co-applicant Signature Date

\_\_\_\_\_  
 Owner/Management Agent Signature Date & Time Received