



EQUAL HOUSING
OPPORTUNITY

Please list all states where the applicant or member's of applicants household have resided:

Are you or any member in your household a student? _____

Rental Information: Please complete if you currently rent.

Current Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____ Tel # (____) _____

Landlord: _____ Tel # (____) _____

Landlord Address: _____

Date of Residency: From: _____ To: _____

Please Circle the Appropriate Answer to the Following Questions:

Have you ever been evicted, filed bankruptcy, or refused to pay rent when due? Yes or No

Has management ever begun eviction proceedings or asked you to move out? Yes or No

Have you ever been arrested or convicted of a misdemeanor? Yes or No

Are you currently listed on the lease at the above address? Yes or No

All applicants must meet the following criteria in order to qualify for residency:

1. Twelve (12) months verifiable previous housing experience sufficient to demonstrate your ability to comply with the terms of the lease agreement.
2. No record of eviction of housing related judgements.
3. Applicant must meet all income qualifications as established by the Housing Provider for any applicable housing assistance program.
4. No record of criminal activity.
5. Submission of an accurate and complete Rental Application.

Is the applicant or any member of the applicant's household subject to a lifetime state sex offender registration program in any state?

YES or NO

The above information is supplied to the Housing Provider as an inducement to rent to me and is true and accurate in all respects, and I authorize whatever background investigation they may consider appropriate.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Section 8 Income Certification Questionnaire

Hilltop Residence is a Federally Funded Low Income Housing Facility committed to providing quality low-income housing and service to seniors and individuals with mobility impairments. As a condition of occupancy and building financing commitments, applicants **must income qualify** to reside at Hilltop Residence. The maximum amount of **gross annual income** per one-person household is **\$24,500** per year. If your household income, including interest earned on assets is greater than this amount, you will not be eligible for housing at this facility, unless a market rate apartment is available at **\$661.00** per month.

Please use the questionnaire below to indicate your household income. Hilltop Residence is required to third party – verify all income, asset and medical information provided. If upon verification of household income, management determines that you do not income-qualify, Hilltop Residence reserves the right to reject your application for housing or terminate your ongoing subsidy assistance. If you are a current resident, you will be allowed to remain at Hilltop Residence; however, you will be required to pay the market rate rent for your apartment.

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful or false statements, or misrepresentation of any material fact involving the use or obtaining federal funds.

Household Income Information (All information received will be verified by a third party)

For each household member age 18 or older, list current and anticipated **gross income** for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

| Income Question | YES | NO | Gross Annual Amount |
|---|---------|---------|---------------------|
| Do you receive or expect to receive: | | | |
| 1. Wages, salaries (includes overtime, tips, bonuses, commissions, Self employment) | ___ ___ | ___ ___ | \$ _____ |
| 2. Does anyone work for someone who pays them cash? | ___ ___ | ___ ___ | \$ _____ |
| 3. Regular pay for a member of the armed forces? | ___ ___ | ___ ___ | \$ _____ |
| 4. Welfare or disability benefits? (AFCD, SS, GA)? | ___ ___ | ___ ___ | \$ _____ |
| 5. Worker's Compensation? | ___ ___ | ___ ___ | \$ _____ |
| 6. Unemployment Benefits or Severance Pay? | ___ ___ | ___ ___ | \$ _____ |
| 7. Child support? | ___ ___ | ___ ___ | \$ _____ |

8. Alimony? _____ \$ _____
9. Education grants, scholarship grants or VA student benefits? _____ \$ _____
10. Social Security Payments? _____ \$ _____
11. Pensions (PERA, Railroad Retirement, etc.)? _____ \$ _____
12. Death Benefits? _____ \$ _____
13. Retirement Benefits? _____ \$ _____
14. Annuities or life insurance dividends? _____ \$ _____
15. Lump sum payments (including inheritance,
insurance settlement, lottery winnings, etc)? _____ \$ _____
16. Net income from rental property? _____ \$ _____
17. Regular cash contributions or gifts from individuals
not living in the unit? _____ \$ _____
18. Cash rent? _____ \$ _____
19. Other income? (please list) _____ \$ _____
-

Sources of Income Name & Address Information

| Type of Income | Family Member receiving income | Name of income source | Address |
|----------------|--------------------------------|-----------------------|---------|
| | | | |
| | | | |
| | | | |

| Asset question | Yes | No | Estimated Amount/Value |
|---|-----|-----|------------------------|
| Do you have money held in: | | | |
| 1. Checking accounts? | ___ | ___ | \$ _____ |
| 2. Savings accounts? | ___ | ___ | \$ _____ |
| 3. Stocks? | ___ | ___ | \$ _____ |
| 4. Capital Investments? | ___ | ___ | \$ _____ |
| 5. Bonds? | ___ | ___ | \$ _____ |
| 6. Trusts? | ___ | ___ | \$ _____ |
| 7. Securities? | ___ | ___ | \$ _____ |
| 8. IRA/KEOGH Accounts? | ___ | ___ | \$ _____ |
| 9. Certificates of Deposit? | ___ | ___ | \$ _____ |
| 10. Pension/Retirement Funds? | ___ | ___ | \$ _____ |
| 11. Mutual Funds? | ___ | ___ | \$ _____ |
| 12. Treasury Bills? | ___ | ___ | \$ _____ |
| 13. Safety Deposit Box? | ___ | ___ | \$ _____ |
| 14. Insurance Settlement? | ___ | ___ | \$ _____ |
| 15. Other? List _____ | ___ | ___ | \$ _____ |
| 16. Do you currently hold a contract for deed? | ___ | ___ | \$ _____ |
| 17. Do you currently own real estate? | ___ | ___ | \$ _____ |
| If yes, please list the location(s), number of acres owned, expenses (ie., taxes, insurance, etc.) any income received. _____ | | | |
| 18. Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes? | ___ | ___ | \$ _____ |
| 19. Any other assets held jointly with another person? | ___ | ___ | \$ _____ |
| If yes, please list person(S) name and that asset(s) held jointly: _____ | | | |
| 20. Do you have a Social Security EBT card? | ___ | ___ | \$ _____ |
| 21. Do you have a Public Assistance EBT card? | ___ | ___ | \$ _____ |

Sources of Assets Name and Address Information

| Type of Asset | Family Member who owns Asset | Name of Asset Source/Banking Institution | Address |
|---------------|------------------------------|--|---------|
| | | | |
| | | | |
| | | | |

| Medical Expense Question | Yes | No | Estimated Expense |
|--|-----|-----|-------------------|
| Do you have the following medical expenses? | | | |
| 1. Do you have private medical insurance? | ___ | ___ | \$ _____ |
| 2. Do you private pay (out of pocket) for medications? | ___ | ___ | \$ _____ |
| 3. Do you private pay (out of pocket) for doctor visits? | ___ | ___ | \$ _____ |
| 4. Do you private pay (out of pocket) for eye glasses? | ___ | ___ | \$ _____ |
| 5. Do you private pay (out of pocket) for dental visits? | ___ | ___ | \$ _____ |
| 6. Do you have any outstanding medical expenses that you are currently making payments on? | ___ | ___ | \$ _____ |
| 7. Do you private pay (out of pocket) for transportation to and from medical appointments? | ___ | ___ | \$ _____ |
| 8. Are you currently making payments on a Long Term Life Insurance Policy? | ___ | ___ | \$ _____ |
| 9. Are you currently eligible for County Medical Assistance? | ___ | ___ | \$ _____ |
| If yes, do you have a medical assistance spenddown? | ___ | ___ | \$ _____ |

Medical Expenses Name & Address Information

| Type of expense | Family member expense | Name of expense | Address |
|-----------------|-----------------------|-----------------|---------|
| | | | |
| | | | |
| | | | |

I hereby certify that the above supplied information is true, correct and accurate to the best of my knowledge.

Resident/Applicant Signature

Date

Resident/Applicant Signature

Date



