

APPLICATION

Date and Time Stamp

Complete all blanks; use n/a if item does not apply.

Complex Location _____

Head of Household:

Name: _____ Birth Date: _____

First M.I. Last Height: _____ Weight: _____

Social Security Number: _____ Age: _____ Sex: _____

Driver's License No. or Gov't issued ID Card No. _____

Current Address: _____
Street City State Zip

Phone #: _____ Date moved in: _____ Reason for leaving current residence: _____

Apartment complex where tenant lives: _____ Phone # _____

Manager/Landlord's name: _____ Current rent: _____

Waiting List preference: _____ 0 Bedroom/Studio _____ 1 Bedroom _____ Both

Need accessible unit: Yes ___ No ___

Race: ___ White ___ Black ___ Amer.Ind./Alaska Native ___ Asian ___ Native Hawaiian ___ Other

Ethnicity: ___ Not-Hispanic or Latino ___ Hispanic or Latino ___ Declined to Report

Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated

Are you currently living in government subsidized housing? _____

Have you lived at any Christopher Homes site before? _____ **Where:** _____

How did you hear of Christopher Homes? ___ Phone book ___ Internet ___ Radio ___ Event ___ Flyer
___ Newspaper ___ Magazine ___ Brochure ___ Other ___ Person Referral Name _____

List other household member who will be living in assisted unit:

Name: _____ Birth date: _____

First M.I. Last Height: _____ Weight: _____

Social Security Number: _____ Age: _____ Sex: _____

Need accessible unit: yes ___ no ___ Driver's Lic. or Gov't issued ID Card# _____

Race: ___ White ___ Black ___ Amer.Ind./Alaska Native ___ Asian ___ Native Hawaiian ___ Other

Ethnicity: ___ Not-Hispanic or Latino ___ Hispanic or Latino ___ Declined to Report

Does anyone live with you not listed above? _____ If yes, explain _____

Previous 2 Landlord/ Character References:

Your signature on this application gives us permission to contact previous landlords or character references.

1) Landlord Name: _____ Address: _____

Phone: _____ How long did you live at this address? _____

APPLICATION

(continued) Previous Landlord/ Character References

Complex Location _____

2) Landlord Name: _____ Address: _____
Phone: _____ How long did you live at this address? _____

General Information:

List vehicle to be parked by tenant: Make _____ Model _____ Color: _____
Year: _____ License No. _____

Does tenant desire to have an animal on the premises? _____ Kind: _____ Weight: _____

Emergency contact: _____ Location: _____ Phone: _____

Relationship to Applicant: ___Spouse ___Daughter ___Son ___Friend ___Other

I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize Christopher Homes to verify the above information and consent to the release of the necessary information to determine my eligibility.

I hereby authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, credit, or rental history checks.

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 Social Security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

The attached four checklists must be completed and signed, as part of this application:

Attachment 1: Income, Assets, and Allowances Checklist.

Attachment 2: Family Composition and Eligibility.

Attachment 3: Declaration of Citizenship (Do not complete for Hot Springs, Monette, North Little Rock, Palestine or Strong)

Supplement: Optional Contact - HUD Form - 92006 (Separate PDF File)

Signature Head of Household

Date

Signature Adult Household Member

Date

A Christopher Homes Tenant Selection Plan is attached for your information regarding our criteria for selection of applicants. It, too, must be signed as acknowledgment that you have received and read the Tenant Selection Plan.

**CHRISTOPHER HOMES INC.
CHECKLIST INCOME ASSETS AND ALLOWANCES**

**APPLICATION
Attachment 1 of 3**

Complex Location _____

This checklist must be completed at initial certification and at each annual and interim recertification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial or termination of assistance

Last Name First Name M.I.

Yes No Answer Yes or No to Each Item:

NON-ASSET INCOME

1. Wages or Unemployment income I receive (answer each of the following) :

		I am employed. List all the companies you work for:_____ Amount rec'd:_____
		I receive tips, bonuses, or commissions Amount rec'd:_____
		I am currently working overtime, or expect to work overtime in the next 12 months. Employer:_____
		I am self-employed. Type of business:_____
		I own my own small business. Name of business: _____
		I receive income from Military employment Amount rec'd:_____
		I receive unemployment or Worker's compensation benefits Amount rec'd:_____

2. If you receive a pension, answer each of the following (If not receiving a pension, skip to Item 3 below) :

		I receive Social Security Amount rec'd:_____
		I receive Supplemental Security Income. Amount rec'd:_____
		I receive quarterly payments from the Fam. Independence Agency for the State-Paid portion of SSI:_____
		I receive Veteran's Administration benefits or benefits from the GI Bill. Amount rec'd:_____
		I receive income from retirement funds. List all companies:_____ Amount rec'd:_____
		I receive income from one or more pensions. List all pensions:_____ Amount rec'd:_____
		I receive disability or death benefits other than Social Security from _____ Amount rec'd:_____
		I receive Public Assistance (welfare) Amount rec'd:_____
		I am currently having a benefit reduced to adjust for a prior overpayment.

3. If you are divorced or have children, answer each of the following (If not, skip to Item 4 below) :

		I receive alimony. Amount rec'd:_____
		I receive child support. How many providers?_____. Is it paid directly to Social Services?_____
		I have a child under the age of 18 with non-employment income Amount rec'd:_____

4. Other income I receive (answer each of the following) :

		I receive regular cash contributions or gifts (i.e. utility, phone, rent paid for you). Amount rec'd:_____
		I receive income from annuities, an inheritance, or a nonrevocable trust fund. List sources:_____
		_____ Amount rec'd:_____
		I receive regular payments from insurance policies. List all policies:_____
		I receive periodic payments from lottery winnings. Amount rec'd:_____
		I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.
		I have received a delayed periodic payment. List agency:_____
		I have income from other sources not listed above. Explain:_____

ASSET INCOME

1. If you own Real Estate or property rights of any kind, answer each the following (If not, skip to top of Page 2) :

		I own real estate. Name location(s):_____ Market Value _____
		I have equity in rental property or other capital investments. Name:_____
		I receive rental income from real estate. Name location(s):_____ Amount rec'd:_____
		I receive income from rental of farm land. Name locatin(s):_____ Amount rec'd:_____
		I receive income from oil or gas rights. Name location(s):_____ Amount rec'd:_____
		I own a land contract, mortgage or deed of trust. Name:_____
		I have a vacant house or land that currently receives no income. Name location(s):_____
		I own a mobile home: I receive _____ monthly rental income from it. It is vacant_____

(complete reverse side)

**CHRISTOPHER HOMES INC.
CHECKLIST INCOME ASSETS AND ALLOWANCES**

**APPLICATION
Attachment 1 of 3**

Complex Location _____ Tenant Name _____ Unit # _____

Yes	No	Answer Yes or No to Each Item:
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2. Non-Real Estate assets, answer each of the following:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust. Cash value of trust: _____ . Income from trust: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have savings accounts (i.e.Christmas clubs,etc). List all institutions: _____
Current balance in each account: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have checking accounts. List all institutions: _____
Average balance of last 6 consecutive months in each account: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time certificates. How many? _____. List all institutions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have certificates of deposit. How many? _____. List all institutions: _____
Cash value of each CD: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have money market accounts. How many? _____. List all institutions: _____
Current balance in each account: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have IRA's or Keogh's. How many? _____. List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have stocks. List all companies: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have bonds. List all types: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have treasury bills. |

3. Other Assets Held, answer each of the following:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a retirement or pension account. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have life insurance policies. Name of companies: _____ Cash Value: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a funeral account. With what company? _____ Cash Value: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets other than what are listed above. Explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets and receive no income from the assets. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have joint ownership in one or more of the above assets. |

DIVESTITURE: Total assets exceeding \$1,000 that have been disposed of for less than fair market value: i.e. sale of home, gifts to charity, family, college tuition gifts, etc.):

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years.
Explain: _____ |
|--------------------------|--------------------------|---|

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | STUDENT RULE: Are you or any member of your family enrolled as a part or full time student at an institution of higher learning? If so, name of school _____. |
|--------------------------|--------------------------|--|

ALLOWANCES (answer each of the following):

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I am under age 62 and have a dependent who is a full-time student. The school attended is _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am under age 62 and am not mobility impaired.
Skip to CERTIFICATION below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I am elderly (62 or older). |
| <input type="checkbox"/> | <input type="checkbox"/> | I am under age 62, but have a mobility impairment. Physician's Name: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a dependent who is a full-time student. The school attended is _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay for medical insurance. List company: _____ . Premium Pd: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay expenses relating to a handicap or disability. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical expenses out of my own pocket. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Medicare Prescription Drug Discount Card. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay child care expenses out of my own pocket. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay attendant care expenses out of my own pocket. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical, child care or attendant care expenses, for which I am reimbursed by an outside source or governmental agency. |

CERTIFICATION: I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I have read and understand that false or incomplete statements made on this form could result in denial or termination of housing assistance. The penalties for giving false information which could be assessed against me are termination of assistance, eviction, fines up to \$10,000, or imprisonment up to five years. I acknowledge receipt of the Privacy Act Notice, Fact Sheet, EIV & You Brochure, and Resident Rights & Responsibility brochure.

Signature _____ Date _____

Checklist for Family Composition and Eligibility

Complex Location _____

This checklist must be completed at move-in or initial certification. Each adult member of the household (age 18 or older) must complete and sign a separate form. Failure to comply could result in denial of assistance.

Last Name

First Name

M.I.

Yes No Answer Yes or No to Each Item:

General:

1. If you have children/foster children or adults, are adopting, are becoming a parent/foster parent, complete **each** of the following. If not, skip to 2 below:

- I have a child away at school who will live at my residence during school recesses.
- I have a family member who is temporarily absent from the home due to placement in foster care.
- I am currently expecting a baby and have a due date of: _____
- I am in the process of adopting a child(ren).
- I am in the process of taking a foster child(ren) into my home.
- I am in the process of obtaining custody of a child(ren).
- I have joint custody of the following children: _____
- I claim as exemptions on my income tax the children listed in my joint custody agreement.
- There is a foster child(ren) or adult(s) in my household.
- There is a child of a live-in attendant or foster child/adult in my household.

2. Answer **Each** Item Below:

- I have a family member who is temporarily absent from the home due to employment.
- I have a family member who is temporarily absent from the home due to military service.
- I have a family member who is absent due to a temporary placement in a nursing home or hospital.
- I have a family member who is permanently confined in a nursing home.
- There is a live-in attendant in my household for whom I have a doctor's verification.
- The authorized live-in attendant in my household is a relative.
- I am currently receiving Federal housing assistance. Name the location: _____
- I have another residence which I will continue to maintain. Name the location: _____

Review of Financial Information:

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I have completed the attached checklist for "Income, Assets, and Allowances," checking each statement "yes" or "no."

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I have completed a written certification regarding any divestiture of assets that has occurred in the past two years.

Penalties for Submitting False Information:

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I have read and understand that the penalties for giving false information which could be assessed against me are denial of assistance, eviction, fines up to \$10,000, or imprisonment up to five years.

Initial Notice:

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I have been instructed that if approved to move-in, I will receive an "Initial Notice" as an attachment to my lease. This "Initial Notice" states that I have to be recertified annually on the anniversary of my move-in.

Unauthorized Live-ins:

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I have been advised and understand that if approved to move-in, I may not move any person into my unit without prior written approval of the owner/management company.

(complete reverse side)

CHRISTOPHER HOMES INC.
Checklist for Family Composition and Eligibility (con't):

APPLICATION
Attachment 2 of 3

Complex Location _____

Yes No Answer Yes or No to Each Item:

Required Interim Reporting:

I have been advised that if approved to move-in, my lease will require me to immediately report to management for an interim recertification if a household member moves out, an unemployed family member becomes employed, or if household cumulative income increases by \$200.00 or more a month.

Verification Procedures:

I am aware that I am required to sign the appropriate release of information consent forms at each certification or recertification, which include the HUD Form 9887, and HUD Form 9887a, and relevant individual verification consent forms. I am also aware that when a household member turns 18 years old that the 18 year old must immediately sign the HUD form 9887. Additional consent forms & checklists will be signed at next recertification.

Interfacing Information with Other Governmental Agencies:

I have been advised and understand that HUD will be comparing information supplied by families applying to and currently living in this assisted development with information held by other Federal, State, or local agencies, including information obtained through EIV (Enterprise Income Verification System) used to determine Employment Income, Unemployment Compensation Benefits and New Hire Information.

Social Security Numbers:

I am able to document Social Security numbers for all household members, including myself.

I need the allotted period of 90 days from move in to obtain & supply documents to verify the Social Security number for my household member under the age of 6.

I have supplied the attached certification that a Social Security number has not been assigned to my household member under the age of 6.

Citizenship Declaration (Write N/A for Hot Springs, Monette, North Little Rock, Palestine or Strong)

I have completed a Declaration Form for myself and any dependents under the age of 18, stating that I am either a citizen or an eligible non-citizen, or that I am not contending eligibility and understand that I am not eligible for housing assistance.

Federal Prohibitions on Discrimination against Individuals with Handicaps:

I have been advised and understand that the owner has a responsibility for making reasonable accommodations in policies, providing auxiliary aids, making units and facilities accessible, and permitting handicapped persons to use assistive animals when they may provide the tenant with equal housing opportunities.

Pet Ownership

I have been informed that as an elderly/handicapped/disabled tenant, I may not be prohibited or prevented from owning or having a common household pet in my unit.

I understand that the owner has established pet rules on keeping common household pets.

CERTIFICATION: I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I have read and understand that false or incomplete statements made on this form could result in denial or termination of housing assistance. The penalties for giving false information which could be assessed against me are termination of assistance, eviction, fines up to \$10,000, or imprisonment up to five years.

Signature

Date

Complex Location _____

(Do not complete for Hot Springs, Monette, North Little Rock, Palestine or Strong)

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Last Name: _____ First Name: _____

Relationship to Head of Household: _____ Sex: _____ Date of Birth: _____

Social Security _____ Alien Registration No. _____

Admission No. _____ if applicable (this is an 11-digit number found on DHS Form I-94, Departure record).

SAVE Verification No. _____ (to be entered by owner if and when received)

Instructions: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1,2 or 3:

DECLARATION

I, _____ hereby declare, under penalty or perjury, that I am

(print or type first name, middle initial, last name)

1. A Citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter.*

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed on the reverse side:

Note: If you checked this block and you are 62 years of age or older, you need only submit proof of age together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit a Verification Consent Form AND one of the 7 documents listed on the reverse side.

If this block is checked, sign and date below and submit the documentation required on the reverse side with this declaration and a Verification Consent Format to the name and address specified in the attached notification.*

Signature Date Check here if adult signed for a child _____

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked the block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification.*

Signature Date Check here if adult signed for a child _____

* If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date on appropriate line.

(complete reverse side)

Christopher Homes Inc.
Declaration Form (continued)

APPLICATION
Attachment 3 of 3

Complex Location _____

If you checked item 2 on the front side of these page, and are claiming to be a noncitizen with eligible immigration status, one of the following documents must be submitted with this format:

- (1) Form I-551, Alien registration receipt Card (for permanent resident aliens)
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (a) "Admitted as refugee Pursuant to Section 207"
 - (b) "Section 208" or "Asylum"
 - (c) "Section 243 (d)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212 (d)(5) of the INA."
- (3) If Form I-94, Arrival-Departure Record is not annotated it must be accompanied by one of the following documents.
 - (a) A final court decisions granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after 10-1-90) or from a DHS district director granting asylum (if application was filed before 10-1-90);
 - (c) A court decision granting withholding or deportation: or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after (10-1-90).
- (4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210."
- (5) For I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the to the document has been verified.
- (7) Form I-151, Alien registration Receipt Card.

INSTRUCTIONS: complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Form. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

I, _____ hereby consent to the following.
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further; use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in item 2 on the reverse side, but the evidence needed to support any claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date