REGIONAL HOUSING AUTHORITY OF SUTTER AND NEVADA COUNTIES

1455 BUTTE HOUSE ROAD, YUBA CITY, CA 95993

**Phone (530) 671-0220** \* Fax (530) 673-0775

#### Butte View Estates Application Instruction

**READ CAREFULLY!**



**APPLICATIONS** will be distributed at the HOUSING AUTHORITY OFFICE at 1455 Butte House Rd.

All applications, complete or not, will be placed on the waiting list. However, priority will not be established until the applicant has submitted all required information. A letter to the applicant will be mailed within 10 days stating the items that are needed for the application to be considered complete. **PRIORITY WILL NOT BE ESTABLISHED UNTIL ALL REQUIRED ITEMS ARE RECEIVED.** The time and date all items are finally submitted will be noted on the waiting list to establish priority. A complete application includes receiving a signed authorization to verify employment and income.

**WE DO NOT HAVE EMERGENCY HOUSING**.

BASIC RENT/DEPOSIT AMOUNT

1 BR $775.00 DEPOSIT based on income

2 BR $865.00 DEPOSIT based on income

**INCOME REQUIREMENTS** To be eligible you must not exceed the dollar amounts listed below for your family size

**Family Size Income Limits Family Size Income Limits**

1 $21,000 5 $32,350

2 $24,000 6 $34,750

3 $27,000 7 $37,150

4 $29,950 8 $39,550

**APPLICATIONS** will be accepted at the same location **Monday - Thursday 8:00 AM to 5:00 PM.**

**CHANGE OF ADDRESS** Please contact the Housing Authority if your have a change in your current mailing address or phone number.

***This institution is an equal opportunity provider and employer."***

***If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at*** [***http://www.ascr.usda.gov/complaint\_filing\_cust.html***](http://www.ascr.usda.gov/complaint_filing_cust.html)***, or at any USDA office, or call (866) 632-9992 to request the form,  You may also write a letter containing all of the information requested in the form.  Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at*** [***program.intake@usda.gov***](mailto:program.intake@usda.gov)

 



#### REGIONAL HOUSING AUTHORITY OF SUTTER AND NEVADA COUNTIES

#### U S D A / RURAL DEVELOPMENT BUTTE VIEW ESTATES

|  |  |
| --- | --- |
| **NOTICE TO APPLICANT: Application information must be complete. If not complete, application will be returned to the applicant. It is your responsibility to contact this office to advise us of any changes in your circumstances: address, phone, income, number of household members, etc. to maintain you position on the waiting list.** Priority 1 2 3 ELI VLI LI | OFFICE USE ONLY **APPLICATION # \_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE & TIME REC’D \_\_\_\_\_\_\_\_\_**  **DATE & TIME REC’D \_\_\_\_\_\_\_\_\_**  **B/R SIZE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**I. PERSONAL INFORMATION** – Please list ALL people who will be with you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FULL NAME** | **RELATIONSHIP TO APPLICANT** | **BIRTHDATE** | **SOCIAL SECURITY NUMBER** | **WILL RESIDE UNIT P= PART TIME**  **F= FULL TIME** |
| **1** |  | **SELF** |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

**II. HOUSING HISTORY –** All notices and phone calls will go to this address and phone number:

**CURRENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_ MESSAGE/CELLNUMBER :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OCCUPIED FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT OF RENT PAID $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR LEAVING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LANDLORD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: If you answer yes to any of the following questions, please explain on a separate sheet of paper and attach to this application.

a. Have you had an additional address not listed above, or have you ever applied for housing under a different

name? Yes\_\_\_ No\_\_\_ . If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Are you related to any of the above landlords? ? Yes\_\_\_ No\_\_\_ . If yes, please state your relationship after the landlords name above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Do you anticipate a change in your household size for any reason within the next 12 months? Yes\_\_\_ No\_\_\_

d. Are you or any member 18 years or older attending school? Yes\_\_\_ No\_\_\_ If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you require a handicap accessible unit or special accommodations? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Have you or any member of the applicants household ever been arrested or convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member of the applicants household on parole or probation? Yes \_\_\_ No \_\_\_

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

g. Have you or any member of the applicants household ever lived in Public Housing or received Section 8 Rental Assistance before? Yes \_\_\_ No \_\_\_

If yes, Where:\_\_\_\_\_\_\_\_\_\_ Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: From \_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_

**III. CURRENT/PREVIOUS EMPLOYER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER** | **ADDRESS** | **TELEPHONE NO.** | **DATES EMPLOYED** |
|  |  |  |  |
|  |  |  |  |

**IV. HOUSEHOLD INCOME INFORMATION**

|  |  |  |
| --- | --- | --- |
| **INCOME (State type of work)** | **MONTHLY** | **ANNUALLY** |
| **1. Employment:** |  |  |
| **2. Other Employment:** |  |  |
| **3. Unemployment Compensation:** |  |  |
| **4. TANF- aid-families, dependent children** |  |  |
| **5. SSI-Social Security** |  |  |
| **6. Alimony/Child Support** |  |  |
| **7. Pension, Annuities, or Dividends** |  |  |
| **8. Interest** |  |  |
| **9. Other (Specify)** | TOTAL ANNUAL INCOME |  |
|  |  |  |

V. ASSETS: List ALL Saving/Checking Accounts you have. If none, mark NONE.

|  |  |  |  |
| --- | --- | --- | --- |
| **BANK NAME** | **ACCOUNT NUMBER** | **ADDRESS** | **PHONE #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List any other asset (real estate, life insurance, CD’s or IRA’s, etc.) List details on a separate sheet. If none, mark NONE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. CHILD CARE:** (Complete only if your child/children is/are 12 years of age or younger and living in your household).

Do you employ childcare in order for a household member to work or continue education? ( ) Yes ( ) No

Are these expenses paid by you? ( ) Yes ( ) No Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII.** MEDICAL EXSPENSES: Do you have medical expenses that exceed three percent of your annual income?

( ) Yes ( ) N0 Note: Medical expenses can only be deducted for elderly households (head, spouse or sole member who is party to the least must be 62 yrs of age or older OR an individual with a disability.

**VIII.** Deductions for Disability Expenses: Do you have any disability expenses? ( ) Yes ( ) No

(Reasonable expenses for the care of an individual with disabilities in excess of three percent of annual income may be deducted from annual income if the expenses).

**IX. VEHICLES:** Auto Make/Model:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_ License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_ License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/We certify the housing I/We are applying for will be my/our primary home. I/We further certify that I/We will not maintain a separate subsidized rental unit in a different location.**

**APPLICANT HEREBY VERIFIES THAT THE ABOVE IS ACCURATE AND COMPLETE AND THAT ANY MISREPRESENTATION WILL DISQUALIFY THE APPLICANT. APPLICANT HEREBY AUTHORIZES INVESTIGATION AND VERIFICATION THEREOF.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT SIGNATURE DATE CO-APPLICANT SIGNATURE DATE**

**X. RACE/ETHNICITY**

**The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.**

**Ethnicity:**

**Hispanic or Latino \_\_\_\_** **Not Hispanic or Latino \_\_\_\_**

**Race:**

1. **American Indian/Alaska Native \_\_\_\_**
2. **Asian \_\_\_\_**
3. **Black or African American \_\_\_\_**
4. Native Hawaiian or Other Pacific Islander \_\_\_\_
5. **White \_\_\_\_**

**Gender: Male \_\_\_\_ Female \_\_\_\_**

**OFFICE USE ONLY: Complete application received: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Priority: 1 2 3 V L M

**Income**: (adjusted for household size) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deductions:** Dependent\_\_\_\_\_\_\_\_ Childcare\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Elderly Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability expenses: (3% of annual income may be deducted)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualify:** Yes/No Rental Assistance Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITHIN 10 CALENDAR DAYS OF RECEIPT OF COMPLETE APPLICATION THE APPLICANT WILL BE NOTIFIED OF THEIR STATUS:**

Status of application: Housed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placed on Wait List\_\_\_\_\_\_\_\_\_\_\_\_ Incomplete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dates) Rejected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach copies of written correspondence to application in file) Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME, ASSETS AND ALLOWANCES**

The requirement to collect the information requested herein is found in the Federal Government Regulations covering Assistance Payments on behalf of eligible tenants/households residing in this federally assisted housing project. EVERY QUESTION MUST BE ANSWERED, and if the answer is YES, then an explanation must be given. In the event there is insufficient space to write your answer immediately following the question, please use the space on the back of the form.

**NET FAMILY ASSETS.** Do you or any member of your household…..

1. Have cash in Savings and/or Checking accounts, safety deposit boxes, the home, etc? YES/NO

If yes, how much and under whose control?

1. Have a trust available to them to which they have access? YES/NO If yes, what is the value of the trust and who is the beneficiary?
2. Have equity in rental property or other capital investments? YES/NO If yes, describe the property(s) and/or investment(s), the value represented therein, and in whose name(s) they are held.
3. Have investments in stocks, bonds, treasury bills, certificates of deposit, money market funds, or other negotiable investments not covered elsewhere in this questionnaire? YES/NO If yes, describe investment (s), state the dollar amount (s) and in whose name (s) they are held.
4. Have an individual retirement account (IRA), or Keogh Account? Yes/No If yes, list the controlling party(s) name (s) on the account(s) and value of the account(s).
5. Have benefits in a retirement and/or pension fund? YES/NO If yes, and the beneficiary are still employed, state the amount the individual and/or family can withdraw without retiring or terminating employment.
6. Have anticipated Lump Sum receipts accruing to them such as inheritances, capital gains, one-time lottery winnings, settlements on insurance and/or other claims? YES/NO If yes, describe type of receipt, state the anticipated amount(s) and to whom payable.
7. Have any personal property held as an investment, such as gems, jewelry, coin collection, or antiques of any kind? YES/NO If yes, describe the type of personal property, state the value on each and the name or names of the owner(s).
8. Has anyone disposed of any assets which had a value in excess of $1,000, within two years prior to the effective date set forth on this Certification? YES/NO If yes, give the particulars, incl. dollar amount(s) and the name(s) of the person(s) that have or are receiving the proceeds.

**ALLOWANCES –** Do you or any member of your household…..

1. Have to pay Child care expenses on a regular basis? YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members. \_\_\_\_\_\_
2. Pay for handicapped assistance, such as care or apparatus? YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members.
3. Anticipate paying for medical expenses including health insurance premiums during the next 12 months? (This potential allowance applies to households where the HEAD or the SPOUSE is age 62 years or older, handicapped or disabled). YES/NO If yes, please list to whom the expenses are paid, how much is paid, and for which family members.
4. Are there any expected changes in your household including:

Baby due on YES/NO

Adopting a child (ren) on YES/NO

Obtaining custody of child (ren) on YES/NO

Obtaining joint custody of child (ren) on YES/NO

Receiving a foster child (ren) on YES/NO

**OTHER**

If you are handicapped/disabled, do you have a need for accessible features? If so, what

Are you or any other members of the household enrolled as a student at an institution of higher education? YES/NO

\**Institutes of higher education include post-secondary vocational institutes; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation”, and accredited post-secondary colleges and universities. If you are not sure, please mark “yes” and we will verify it. If you answer “yes”, you must complete the Student Verification Form included in this application*

**APPLICANT SIGNATURE AND VERIFICATION**

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our rental agreement.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact pervious and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, and we agree to comply with such information.

We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required Consent Form (“Authorization for Release of information”) before we can be offered a unit.

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

Signature of Head of Household Date

Signature of spouse/co-applicant Date

Signature of Co-Applicant Date

Signature of Co-Applicant Date

**Student Questionnaire**

Are you a full time student at an institution of higher education? YES/NO

\**Institutes of higher education include post-secondary vocational institutes; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation”, and accredited post-secondary colleges and universities. If you are not sure, please mark “yes” and we will verify it.*

If you have answered ‘No’, please skip the following questions and sign below.

If you answered yes, we are required to determine your eligibility as a student. Please answer the following questions:

1. Are you a full time student YES/NO
2. Will you be living with your parents? YES/NO
3. If no:
4. Are your parents receiving or eligible to receive Section 8 assistance? YES/NO
5. Are you claimed as a dependent on your parent’s tax return? YES/NO
6. Are you a graduate or professional student? YES/NO
7. Are you at least 24 years of age? YES/NO
8. Are you a veteran of the United States Military? YES/NO
9. Are you married? YES/NO
10. Do you have a dependent child? YES/NO
11. Do you have dependents other than a child or spouse? YES/NO
12. Have you been independent of your parents for at least one year? YES/NO
13. Are you disabled? YES/NO If yes, were you receiving housing assistance as of 11/30/2005? YES/NO

Are you receiving any financial assistance to pay for your education? YES/NO

If you answered yes to either question on number 11, please list all resources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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(s) who knowingly or willfully request, obtains, or discloses any information under false pretenses concerning an application 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the 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 U.S.C. 408 (a), (6), (7) and (8).

Print Name

Signature Date

**CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION**

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Butte View Estates will deny the application of any applicant who doesn’t provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? YES/NO
2. Do you currently use illegal drugs or abuse alcohol? YES/NO
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? YES/NO
4. Have you been convicted of any drug-related crime within the past 5 years? YES/NO
5. Have you been convicted of any felony within the past five years? YES/NO
6. Have you been convicted of any crime involving fraud or dishonesty within the past 5 years? YES/NO
7. Have you been convicted of any crime involving violence within the past 5 years? YES/NO
8. Are you currently charged with any of the above criminal activities? YES/NO
9. Please list all states in which you have lived or have held driver’s licenses or ID’s, and include DL or ID #’s.
10. Have you ever used or been known by any other name? YES/NO If so, what name(s)?

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

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Devonshire Apartments, to a public housing authority, or to an agency contracted by Devonshire Apartments to conduct criminal background checks.

Applicant’s Printed Name Date

Applicant’s Signature