

**Liberty Terrace Apartments
725 Liberty Way
Evansville, IN 47713**

**Instructions for
Application for Occupancy**

**FAILURE TO READ AND FOLLOW THESE
INSTRUCTIONS COULD RESULT IN THE
DELAY OF YOUR APPLICATION PROCESS!**

- 1) Print legibly in black ink or type all entries. All items must be answered with either relevant information or "N/A" (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error and initial the change.**
 - 2) Provide complete street address and ZIP code for all addresses that are requested. Failure to do so may result in your application being returned for you to complete.**
 - 3) Each adult member of the household must initial each page and sign on final page of the application.**
 - 4) PLEASE RETURN ALL PAGES WHEN COMPLETED.**
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WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

*Instructions for Applications. Please read all lines.
Please bring the following back with your filled out application*

- Social Security Card for every member of your household.
- Picture ID for every member of your household 18 or older.
- Birth Certificates for every member of the household no exceptions.
- Most recent signed tax return for self employed.
- Please fill out every section completely. If it does not apply, draw a line through it or write N/A. Provide complete information such as account information, addresses, phone, and FAX numbers.
- You must provide emergency contact information on the form provided.
- You must list present landlord information. Previous landlord information if you've been at present less than 3 years.

Type of Unit

Sq. Ft.

1 BR. 1Bth

618

Liberty Terrace pays for Water, Sewer, and Trash

Residents pay for Electric

Laundry Room Available

FOR OFFICE USE ONLY

Program Title: 221-(d)-3

Date ___/___/___

Time Received _____

Rec. Initials _____

Liberty Terrace Apts.

Application for Residency

725 Liberty Way
Evansville, IN 47713
812-422-9034



Last Name,	First	MI	Age	Sex	Relationship	Social Security #	Date of Birth
					Head		

Are you? **Married** **Single** **Divorced** **Separated** **Widowed** (circle one)

Current Address	Telephone Number
City, State, & Zip	

How did you hear about Liberty Terrace Apartments?	
Approximately how much income do you earn each year?	\$ _____
From what source do you receive it? Work, SS, interest, etc	
Do you own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe type and weight.	
Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the race/ethnicity of the HEAD of Household?	(answer optional)
Is any household member a Full-time or Part-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you FT in the past 12 mo. or plan to be in next 12 mo.?	List student's name: _____
Do you have legal right to enter into a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you even been evicted from any type of rental unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSING REFERENCES

Present Landlord Information

Please account for at least two years

Name	Address	City	State/Zip	Telephone
Rented From / To	Reason for Leaving	Monthly Rent		

Previous Landlord Information if you've been at present location less than three years

Name	Address	City	State/Zip	Telephone
Rented From / To	Reason for Leaving	Monthly Rent		

All adults must initial each page _____

ELIGIBILITY APPLICATION

It is very important that you answer all questions and provide complete information. If this information is not provided, the processing of your application could be delayed significantly.

PLEASE REMEMBER THE FOLLOWING:

1. Provide your Social Security (6yrs. old + above), Card or Birth Certificate, and a picture ID.
2. Sign all Authorizations for Release of Information.
3. Answer every question by providing complete information.
4. **DO NOT** use pencil OR white out. To make a correction draw a single line through your mistake and initial. Then answer correctly.
5. Incomplete applications cannot be accepted.

You reside in or have applied to rent a unit that is only available to qualified and certified households of low-to-moderate income. In order to determine if you qualify, you are required to provide the following information. All information will be kept confidential by the owner, except those parties that HUD mandates as necessary.

- Y N 1. Is anyone living with you now who won't be living with you at this property? (also relatives)
Name & Relationship: _____
Explain: _____
- Y N 2. Do you expect any additions to the household in the next 12 months?
Name & Relationship: _____
Explain – List when?: _____
- Y N 3. Are you (separated / divorced)(circle one) from your spouse?
Y N Do you hold ANY joint assets?
If Yes, explain: _____
If No, complete the "Personal Affidavit" form.
4. In case of Emergency, whom shall we contact?
Contact: _____ Relationship: _____
Address: _____ Phone # (day) _____ (night) _____

All adults must initial each page _____

- Y N 5. Is any member of your household subject to a lifetime state sex offender registration program in any state? (Failure to answer this question may jeopardize approval of this application)

ASSETS

- Y N 6. Do you hold any personal property as an investment?
(This includes paintings, coin/stamp collections, artwork, collector or show cars, and antiques. This does NOT include your personal belongings such as your car, furniture or clothing.)
If yes, please explain and provide a written statement of the value.

- Y N 7. Do you have money or valuables in a safe deposit box? If yes, value: \$ _____
- Y N 8. Are any assets held jointly with a person who does not live with you?
If Yes, please explain: _____
- Y N 9. Have you received any LUMP SUM payments in the last 24 months. If yes, what amount: \$ _____ Explain _____
- Y N 10. Do you have Cash On Hand or cash at home? Amount: \$ _____
- Y N 11. Do you own Real Estate (home, mobile home, acreage, land contracts, hold mortgage or Deed of Trust)? Please list address: _____
- Y N 12. Do you own Revocable Trusts? Where? _____
- Y N 13. Do you have Whole Life or Universal Life Insurance policies?(List company/address)

- Y N 14. In the past two years, have you disposed of any assets for less than fair market value?
If yes, please complete a "DISPOSAL OF ASSET" form.
- Y N 15. Do you hold assets in a foreign country? Type: _____ Mkt. Value:\$ _____
- Y N 16. Do you have lump sum receipts or one-time receipts? (lottery, back-pay, etc.)
- INCOME**
- Y N 17. Is anyone that will be living in the dwelling currently employed?
If no, complete "NON-EMPLOYMENT AFFIDAVIT".
- Y N 18. Does anyone outside of your household pay your expenses and/or give you money regularly? If yes, please provide amount of money given each month and from whom:
\$ _____ Name: _____
- Y N 19. Do you have any other household income (i.e. Workman's Compensation or other temporary benefits)? If, YES -
Source: _____ Amount \$ _____

All adults must initial each page _____

Please list ALL ASSETS from Bank Accounts (Checking/Savings/CDs), Stocks, Treasury Bills, Money Markets, Mutual Funds, Bonds, Trusts, Christmas Clubs, Keoughs, IRAs, 401-Ks or any other retirement accounts or securities.

Type of Account	Account Number	Name of Financial Institution	Telephone/Fax Number	Account Owner(s) And/Or

Y N **I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do NOT own the assets and receive no income from the assets.

Please list ALL INCOME you receive each month.

Income Type	Person Receiving	Name of Source or SS# of person collecting on	Monthly amount	Fax/Phone Number
Employment				
Employment				
Veterans				
Railroad				
Public Assistance				
Child Support				
Pension				
Pension				
Annuity				
Annuity				
Social Security		Check or Direct Deposit (circle one)		
Social Security		Check or Direct Deposit (circle one)		
SSI/Disability		Check or Direct Deposit (circle one)		
Other				
Other				

MEDICAL

- Y N 20. Do you receive Medicaid Benefits? How much? \$ _____
- Y N 21. Do you have a spend Down? Y N Does Medicaid pay Medicare premium? (Circle one.)
- Y N 22. Do you meet it every month?
- Y N 23. Do you receive Medicare Benefits? Y N Does Medicaid pay Medicare premium? (Circle one.)

All adults must initial each page: _____

- Y N 24. Does any household member require a live-in attendant?
- Y N 25. Do you receive long term insurance payments exceeding \$180/day or \$67,000 annually?
- Y N 26. Do you have a Medicare Discount Card (MPD Card)?
- Y N If YES, did you pay the Enrollment Fee? Am't: \$ _____ Year Paid: (deduct once) _____
- Y N Monthly Premium Amount for Policy: \$ _____
- Y N Is premium deducted through Soc. Sec.? If NO, list Ins. Co: _____
- Policy # _____ Tel # _____ Fax # _____
- Y N 27. Do you have a Supplemental Insurance Policy?
- Y N If YES, do you pay out of your pocket for it? (Perhaps through your Soc. Sec.?)
- Name of Insurance Company: _____
- Policy # _____ Telephone # _____ Fax# _____
- Y N 28. Does Medicaid pay your premium?

READ CAREFULLY:

List ONLY the health care providers YOU pay OUT-OF-POCKET.

Family Member	Kind of Doctor	Name of Doctor	Address	Telephone	Fax Number

Pharmacy Name	Address	Telephone	Fax Number

- Y N 29. Do you have any unpaid medical bills? List providers.
- Provider: _____ Phone #: _____
- Address: _____
- Provider: _____ Phone #: _____
- Address: _____
- Y N 30. Does any member of the household need Handicap Care or have Apparatus expense?
- Handicap Care Provider: _____ Pho. # _____
- Type of Apparatus: _____

All adults must initial each page: _____

CONSENT FORM

(To be attached to ALL Verification forms)

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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7) and (8).**

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Signature

Date