

**Housing Services, Inc.**  
**Hartford Square Apartments**  
 1400 E 16<sup>th</sup> St  
 Russellville, AR 72802  
 (479) 967-5570

*Office Use Only*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Method Received:  Mail  Email Time: \_\_\_\_\_

In Person  Other \_\_\_\_\_

**Application for Admission and Rental Assistance**

- How did you find out about Hartford Square Apartments?
  - Internet  Newspaper  Health Professional
  - Other \_\_\_\_\_

**Applicant Contact Information:**

Name: \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_  
 Current City, State, Zip Code: \_\_\_\_\_  
 Work/Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Household Composition:**

1. List the head of household and all members who will be living in the unit:

*If you wish to decline to disclose gender or marital status please check here  and fill in all other sections.*

	<i>Family Member Name</i>	<i>Relationship</i>	<i>Birth Date</i>	<i>Age</i>	<i>Sex</i>	<i>Social Security No.</i>
1		Head				
2						

2. Does anyone live with you now who is not listed above?  Yes  No

3. Do you expect a change in your household composition?  Yes  No

a. If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

4. What is the ethnicity of the head of the household? *(For Statistical Purposes Only)*

- American Indian / Alaskan Indian  Asian/Pacific Islander
- Black or African American  Native Hawaiian or Other Pacific Island
- White

5. What is the ethnicity of Head of Household? *(For Statistical Purposes Only)*

- Hispanic or Latino  Non-Hispanic or Latino

6. Is any member of the household a fulltime student?  Yes  No  
If yes, please list school attending, address and phone number of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide a list of states where the applicant and household members have resided:  
*(Please use the back of the page if you need more room)*  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you now living in a subsidized housing unit?  Yes  No  
a. If yes, please complete the following:  
Name of Complex: \_\_\_\_\_  
Name of Property Manager: \_\_\_\_\_  
Contact Phone Number for Manager: \_\_\_\_\_

9. Does anyone in your household have need of an accessible unit?  Yes  No

10. Is the head of household a military veteran?  Yes  No

11. If there are children in the household is there a custody arrangement?  Yes  No  
If yes, please give a brief explanation of arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eligibility**

1. **For program and unit eligibility purposes only:** Does the head of the household or spouse meet the following definition for a person with a disability?  
a. Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing condition?  Yes  No  
b. Is a person with a developmental disability as defined in Section 102 (7\_ of the Developmental Disabilities Assistance and Bill of Rights Act \*42 U.S.C. 6001 (8)), i.e., a person with a severe, chronic disability that: Is attributable to a mental and/or physical impairment or combination of mental and physical impairments. Is manifested before the person attains age 22; Is likely to continue indefinitely. Results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, receptive and expressive language, leaning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the person’s need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.  Yes  No

- c. Is a person with a chronic mental illness, i.e., if he/she has severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions?  Yes  No
- d. Is a person whose sole impairment is alcoholism or drug addiction?  Yes  No
2. Do you or anyone in your household subject to a state lifetime registration requirement for sex offenders in any state?  Yes  No,
- a. If Yes, what state(s)? \_\_\_\_\_
- b. Which household member? \_\_\_\_\_
3. Is any applicant 62 or older as of January 31, 2010, and who does not have an SSN, and were receiving HUD rental assistance at another location on January 31, 2010?  Yes  No  
This information is needed for property management to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

**Income and Asset Information:**

1. Please fill in information:

<i>Household Member</i>	<i>Source of Income/Type of Income</i>	<i>Annual Income</i>

2. Please answer each of the following questions. For each “yes” please make sure the chart below shows the details. Does any member of your household:
- a. Work full-time, part-time or seasonally?  Yes  No
- b. Expect to work for any period during the next year?  Yes  No
- c. Work for someone who pays them cash?  Yes  No
- d. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?  Yes  No
- e. Now receive or expect to receive unemployment benefits?  Yes  No
- f. Now receive or expect to receive child support?  Yes  No
- g. Not receiving child support that he/she is entitled to?  Yes  No
- h. Now receive or expect to receive alimony?  Yes  No
- i. Have an entitlement to receive alimony that is not currently being received?  Yes  No
- j. Now receive or expect to receive public assistance (TANF)?  Yes  No
- k. Now receive or expect to receive Social Security or disability benefits?  Yes  No
- l. Now receive or expect to receive income from a pension or annuity?  Yes  No
- m. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?  Yes  No
- n. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?  Yes  No

- o. Own real estate or assets for which you receive no income (checking account, cash, savings account)?  
 Yes  No
- p. Have you sold or given away real property or other assets (including cash) in the past two years?  
 Yes  No

3. List all checking and savings accounts (including IRA, Keogh accounts, Certificates of Deposits) of all household members:

<i>Household Member</i>	<i>Bank Name</i>	<i>Type of Account</i>	<i>Account No.</i>	<i>Current Balance</i>

4. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

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5. List any assets disposed of for less than their fair market value during the past two years:

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**Expenses**

1. Do you have expenses for child care of a child aged 12 or younger?  Yes  No

a. If yes, please provide the name, address, and telephone number of care provider:

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b. If yes, what are the weekly costs to you for the childcare? \_\_\_\_\_

2. Do you pay a care attendant of for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?  Yes  No

a. If you do pay a care attendant, provide their name, address, and telephone number:

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b. What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

**Countinue to next page to finalize this application...**

**Rental History**

1. Please provide your current landlord information:

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Move in date: \_\_\_\_\_ Move out date (if you've moved out): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Please provide your former landlord information (*prior to previous listed landlord information*):

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Move in date: \_\_\_\_\_ Move out date : \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Application Certification**

I/We certify that if selected to receive assistance, 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. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords, or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. 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 understand that false statements or information are punishable under Federal law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Occupant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager/PHA Representative

\_\_\_\_\_  
Date

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 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). Violations of these provisions are cited as violations of 42 USC 408 (a)(6), (7) and (8). Counseling Associates, Inc does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Lee Koone 350 Salem Rd, Ste 9 Conway, AR 72034, 501-328-2242

