



PRELIMINARY SUBSIDIZED APPLICATION

Property Name: _____ Date: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in.

Name (First, Middle Initial, Last)	Relationship to Head of Household	Sex (M/F)	Social Security #	Date of Birth (mm/dd/yy)
	Self			

Unit Type:

1st Choice: 2 BR 3 BR 4 BR 5 BR Other _____

2nd Choice: 2 BR 3 BR 4 BR 5 BR Other _____

- We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Subsidized Program and/or to give special considerations regarding allowances in determining rent. Please check the box or boxes that apply: 62 years of age or older 55 years of age or older 50 years of age or older Handicapped Disabled
- Reasonable accommodations will be provided to any resident or person with a disability and there is a disability-related need for the reasonable accommodation, as long as they do not fall under the definition of structural impracticability, or if it would impose an undue financial and administrative burden, or it would fundamentally alter the nature of FRH or the property's operations. If the reasonable accommodation request falls under one of the aforementioned as unreasonable, and an alternative accommodation would effectively meet the requester's disability-related need(s), and that alternate is reasonable, FRH will engage in an interactive dialogue process with the requestor to discuss how the requester's needs can be met. Do you require any special accommodations? Yes No
- Will you or anyone in your household require a live-in care attendant? Yes No
 - Name of Live-In Care Attendant: _____
 - Relationship (If any): _____

Household Info Continued:

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No If YES, explain

2. Do you expect the number of household members to change in the future? Yes No If YES, explain how many members will be added or reduced, and when that change will take place

3. Are any or ALL members of the household full-time students? Yes No If YES, explain

4. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No If YES, provide the nature of the crime: _____

Date: _____ State: _____ City: _____ County: _____

a. Are any of the above convictions a felony? Yes No If YES, please explain

b. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If YES, please explain

c. Are there any criminal charges pending now? Yes No If YES, please explain

5. Do you live in subsidized housing now or have you in the past? Yes No If YES,

a. Where? _____

b. Dates _____

c. Were you evicted? Yes No If YES, why?

6. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No If YES, explain

7. Have you ever filed or are you currently filing for bankruptcy? Yes No If YES, give reason and date of filing:

8. Have you ever lived at any other property managed by Foothills Regional Housing or Jefferson County Housing Authority? Yes No If YES,

a. Where? _____

LANDLORD INFORMATION:

Must include rental history as of the age of 18. If additional space is needed, attach a separate sheet with relevant information to this application.

Present Address: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address (Street, City, State and Zip): _____

Landlord's Phone Number or Email: _____ Dates of Residency: _____

Previous Address: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address (Street, City, State and Zip): _____

Landlord's Phone Number or Email: _____ Dates of Residency: _____

Previous Address: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address (Street, City, State and Zip): _____

Landlord's Phone Number or Email: _____ Dates of Residency: _____

List any additional cities and states you have lived in since the age of 18, if not listed above:

INCOME INFORMATION: Income includes Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space or use the "Income Source" table provided immediately below:

Household Member Name	Source of Earned/ Employment Income (Include Employer Name)	Rate of Pay	Payment Basis (Hourly, Weekly, Monthly, Annually, etc.)

Income Source (Choose all that apply) Note: All Pay intervals must be calculated as monthly frequency	Frequency	Stated Income
Earned / Employment Income	Monthly	
Unemployment Insurance	Monthly	
Supplemental Security Income (SSI)	Monthly	
Social Security Disability Income (SSDI)	Monthly	
Veteran's Service-Connected Disability Compensation	Monthly	
Veteran's Non-Service-Connected Disability Pension	Monthly	
Private Disability Insurance	Monthly	
Workers Compensation	Monthly	
Temporary Assistance for Needy Families (TANIF)	Monthly	
General Assistance (GA)	Monthly	
Retirement Income from Social Security	Monthly	
Pension or Retirement Income from a Former Job	Monthly	
Child Support	Monthly	
Alimony / Other Support	Monthly	

Applicant Assets:

Asset Source	Yes	No	Amount	Income or Interest Rate	Contact Name, Address, Phone
Checking Account #1			\$		
Checking Account #2			\$		
Savings Account #1			\$		
Savings Account #2			\$		
Direct Express Debit Card for Benefits			\$		
Cash on Hand			\$		
Cash in a Safety Deposit Box			\$		
CD (Certificate Deposit)			\$		
Money Market Account(s)			\$		
Stocks/Bonds			\$		
Treasury Bills			\$		
Annuities			\$		
IRA/Keogh Account			\$		
401K			\$		
Whole or Universal Life Policies			\$		
Assets in a Foreign County			\$		
Trust Funds			\$		
Inheritances (Lump Sum)			\$		
Capital Gains (Lump Sum)			\$		

1. Have you disposed of or given away any asset in the past two years? Yes No
 - a. If YES did you dispose of or give it away for less than fair market value? Yes No

2. Are any of your assets held jointly with anyone else? Yes No If YES,
 - a. Relationship _____ Name _____

3. Have you received any lump sum payments? Yes No

VEHICLE(S):

Year/Make _____ Color _____ Plate #/State _____ Registered To _____

Year/Make _____ Color _____ Plate #/State _____ Registered To _____

ANIMALS:

Type of Animal _____ Breed _____ Weight _____ Color _____ Name _____

Type of Animal _____ Breed _____ Weight _____ Color _____ Name _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Current Address (Street, City, State, and Zip): _____

Phone #: _____ Email: _____

MARKETING INFORMATION:

How did you hear about Foothills Regional Housing? Facebook FRH Website Agency HUD Website

Other: _____

Foothills Regional Housing (FRH) supports the fair housing act as amended, and we are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, national origin, or sexual identity/orientation.

FRH and its communities do 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. Rules of acceptance and participation in the program are the same for everyone, without regard to race, color, creed, national origin, age, gender, sexual orientation or marital status.

Criminal Review: In addition to the previously listed documents required to verify identity FRH Apartment Communities conduct screenings on any person over the age of 18 applying to live at its communities. FRH uses an applicant screening process to evaluate the probability that an applicant may or may not satisfactorily fulfill his/her lease obligations. Prior to acceptance of any applicant, FRH will use a consumer reporting agency to obtain credit reports and public record information regarding the applicant.

Signature Clause:

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and Jefferson County Housing Authority *DBA* Foothills Regional Housing the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Application Date: _____ Time: _____

Application Received by Owner/Owner Agent: _____

