

Lancaster Village Cooperative
633 Palmer Drive
Pontiac, MI 48342
Telephone (248) 373-8280 Fax (248) 373-4249

Dear Prospective Member:

Thank you for your interest in Lancaster Village Cooperative. In order to process your application we will need the following documentation:

- Thirty (\$30.00) dollar money order or certified check for *each* occupant 18 years or older to cover the cost of processing the application. **THIS FEE IS NON-REFUNDABLE.**
- Completed application with all applicable documents signed and filled out in its entirety
- Current proof of Social Security Benefits and/or SSI Income for all qualified applicant(s)
- Drivers License or State Identification for everyone 18 years or older
- Original Birth Certificate(s) for all occupants of the household
- Original Social Security Card(s) for all occupants of the household
- 12 Month verification from The Friend of the Court (for dependants)
- Proof of Income (Employment: 4-6 current check stubs) All others: Current Budget Letter

Processing of the application may take from thirty (30) to ninety (90) days. You will receive notification of orientation with the Board of Directors of Lancaster Village Cooperative via the mail. Following the orientation you will receive written notification of your approval or denial.

The staff of Lancaster Village Cooperative will not release any verbal information regarding the status and/or reason(s) for approval or denial of any application submitted for processing.

Once again, thank you for your interest in Lancaster Village Cooperative. If you have any questions regarding your application, please contact us at (248) 373-8280. No applications will be accepted after 4:30pm. Our office hours are as follows:

Monday Wednesday Friday:	1:00 pm – 5:00 pm
Tuesday and Thursday:	9:00 am – 5:00 pm

Sincerely,
Lancaster Village Cooperative

**Lancaster Village Cooperative
633 Palmer Drive
Pontiac, MI 48342**

Please complete all requested information

Thank you for your interest

Date of Application _____ Desired Date of Occupancy _____
Type and size of apartment desired (Number of Bedrooms, etc) _____

Personal Information

Applicants Full Name: _____ Date of Birth: _____
Social Security Number: _____ Drivers License No./State: _____
Co-Applicants Full Name: _____ Date of Birth: _____
Social Security Number: _____ Drivers License No./State: _____
Relationship to Applicant: _____
Total Number of Vehicles (Including Company Vehicles) _____
Make/Model _____ Year _____ Color _____ Tag# /State _____
Make/Model _____ Year _____ Color _____ Tag# /State _____
Other Cars, Motorcycles, etc: _____

Full Names of All Other Residents	Relationship to Applicant	Date of Birth

How many pets do you or other occupants own? _____ *(Pets are not allowed at Lancaster Village)*
Type of pet, breed, weight and age: _____
How did you hear about our property: _____

Residential History

All Applicants must list Present Address and Landlord Information for Verification Purposes

Present Address: _____

Address	City	State	Zip Code
---------	------	-------	----------

Present Telephone: _____ Dates of Occupancy: _____
Present Landlord or Mortgage Co.: _____ Telephone Number: _____
Landlord or Mortgage Company's Address: _____
Monthly Payment: _____ Reason for Moving: _____
Previous Address: _____
Occupancy Dates: _____ Monthly Payment: _____
Previous Landlord or Mortgage Co.: _____ Telephone Number: _____

- | | | |
|--|------------------------------|-----------------------------|
| Have you or co-applicant ever been sued for non-payment of rent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Broken a Rental Agreement or Lease? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been evicted or asked to move out? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Declared Bankruptcy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been sued for damages to rental property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Income Source

(Please list all sources of income for all applicants 18 years old and over)

Present Employer: _____	Telephone: _____	
Employer Address: _____		
Dates Employed: _____	Position: _____	
Supervisor: _____	Gross Monthly Salary: _____	
Previous Employer: _____	Telephone: _____	
Prev. Emp. Address: _____		
Dates Employed: _____	Position: _____	
Co-Applicants Employer: _____	Telephone: _____	
Employer Address: _____		
Dates Employed: _____	Position: _____	
Total Gross Monthly Household Income: _____		
(If not employed please list all other sources of income)		
Sources of Income: _____	Amount: _____	(Week, Month, Year)
Sources of Income: _____	Amount: _____	(Week, Month, Year)
Sources of Income: _____	Amount: _____	(Week, Month, Year)
Comments: _____		

Financial Institution and Credit References

Bank Name and Address: _____	
Checking Account Number: _____	Savings Account Number: _____
Loan Account Number: _____	Monthly Payment: _____
Credit Reference: _____	Telephone: _____
Address: _____	Account Number: _____
Credit Reference: _____	Telephone: _____
Address: _____	Account Number: _____
Credit Reference: _____	Telephone: _____
Address: _____	Account Number: _____

In case of emergency, please notify: _____	Relationship: _____
Address: _____	Home/Work Number: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any employers, income sources, and references that I have listed above. I also authorize you to obtain my credit as well as criminal background report from your credit and criminal reporting agency, and I understand that this credit check will appear as an inquiry on my report.

(DO NOT WRITE BELOW ~ FOR OFFICE USE ONLY)

This Application: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
By: _____			
Assigned to Apartment: _____			Rent: _____
Anticipated Move-In Date: _____			
Applicant Notified by: _____			Title: _____

Lancaster Village Cooperative

SUBJECT: PERSONAL DECLARATION/CERTIFICATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their social security card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing the head of household first.

LIST ALL PERSON(S) 18 YEARS OF AGE AND/OR OLDER

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

(*) Status - Married (M) Widowed (W) Separated (SP) Divorced (D) Single (S)

LIST ALL PERSON(S) UNDER THE AGE OF 18

CHILD'S NAME (As it appears on SS card)	DATE OF BIRTH	RELATIONSHIP	S.S. NUMBER	STATUS (*)

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers compensation, retirement benefits, AFDC, Veterans benefits, rental property income, Stock Dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	Total Monthly Wage	Pension Monthly	Public Assistance Monthly	Child Support Monthly	SOC. SEC. Or SSI Monthly	Unemployment Weekly	All Other Income

I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household as well as, any changes in the household composition must be reported to management, in writing, immediately.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.



III ASSETS:

1. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home?
____ Yes ____ No (please specify) _____
2. Have you sold any real estate in the last two years?
____ Yes ____ No (if yes, explain) _____
3. Do own any stocks or bonds? ____ Yes ____ No (if yes, explain) _____
4. Do you have any savings or checking accounts? ____ Yes ____ No (if yes, name of bank, account numbers and amount(s)) _____
5. Do you own a car? ____ Yes ____ No - Model/Year _____ License # _____
6. Do you own a 2nd car? ____ Yes ____ No - Model/Year _____ License # _____
7. Does anyone outside of your household pay any of your bills or give you money?
____ Yes ____ No (if yes, explain) _____
8. Have you or any of your household members ever used any name(s) or Social Security number(s) other than the one you are currently using? ____ Yes ____ No (if yes, explain) _____
9. Have you or anyone in your household lived in any assisted housing?
____ Yes ____ No (if yes, list where and when) _____
10. Have you or any of your household ever been convicted of a felony? ____ Yes ____ No (if yes, explain the circumstances, outcome and present status) _____
11. Do you or anyone in your household currently use any illegal drug or other illegal controlled substance?
____ Yes ____ No (if yes, describe) _____
12. Have you or any member of your household ever engaged in drug related criminal activity such as use, possession, distribution, trafficking or manufacturing of an illegal drug? ____ Yes ____ No (if yes, explain the circumstances, outcome and present status) _____
13. Have you or any member of your household been involved in a criminal activity that poses a threat to the health, safety and welfare of others? ____ Yes ____ No (if yes, when & where) _____
14. Have you or any member of your household ever committed fraud in a Federally Assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? ____ Yes ____ No (if yes, explain) _____

I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household as well as, any changes in the household composition must be reported to management in writing immediately.

Signature of Head of Household

Date

Signature of Spouse

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.



Lancaster Village Cooperative

SUBJECT: ELIGIBILITY CERTIFICATION CHECKLIST

I HAVE THE FOLLOWING ASSETS: FOLLOWING SOUCES:

- | <u>Yes</u> | <u>No</u> |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Checking Accounts; How many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Savings Accounts; How many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Certificates of Deposits/Time Certificates; How many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> IRAs/Keogh Accounts/Retirement Funds; How many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Inheritances |
| <input type="checkbox"/> | <input type="checkbox"/> Cash in a Safe Deposit Boxes |
| <input type="checkbox"/> | <input type="checkbox"/> A Mortgage or Deed Trust |
| <input type="checkbox"/> | <input type="checkbox"/> Personal Property held as an investment |
| <input type="checkbox"/> | <input type="checkbox"/> Life insurance with cash surrender value |
| <input type="checkbox"/> | <input type="checkbox"/> Money Market Funds/Treasury Bills |
| <input type="checkbox"/> | <input type="checkbox"/> Trust (Revocable) |
| <input type="checkbox"/> | <input type="checkbox"/> Lump Sum or One-Time Receipts (Lottery Winnings) |
| <input type="checkbox"/> | <input type="checkbox"/> Real Estate; How many _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Other: Type _____ |

I HAVE THE FOLLOWING EXPENSES:

- I am elderly (age 62 or older), Handicapped or Disabled and pay Medicare Premiums
- I am Elderly (age 62 or older), disabled and pay medical insurance premiums other than Medicare
- I am Elderly (age 62 or older), disabled and pay medical or prescription expenses which are not reimbursed by insurance.
- I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
- I pay handicap care expenses for a disabled family member in order to be gainfully employed.
- I pay handicap equipment expense which is not covered by Insurance.

I RECEIVE INCOME FROM THE

- | <u>Yes</u> | <u>No</u> |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> | <input type="checkbox"/> FIA – Public Assistance (AFDC, TANF or GA) |
| <input type="checkbox"/> | <input type="checkbox"/> Interest/Dividends |
| <input type="checkbox"/> | <input type="checkbox"/> Military Active Duty Allotments |
| <input type="checkbox"/> | <input type="checkbox"/> Other: Type _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Ownership of a business or profession/Self Employment |
| <input type="checkbox"/> | <input type="checkbox"/> Pension/Retirement Funds |
| <input type="checkbox"/> | <input type="checkbox"/> Real or Personal Property (Rental income) |
| <input type="checkbox"/> | <input type="checkbox"/> Regular support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> Severance Pay |
| <input type="checkbox"/> | <input type="checkbox"/> Social Security or Railroad Retirement Act |
| <input type="checkbox"/> | <input type="checkbox"/> SSI – Supplementary Security Income |
| <input type="checkbox"/> | <input type="checkbox"/> FIA – Quarterly payment for SSI (\$42 every 3 months) |
| <input type="checkbox"/> | <input type="checkbox"/> Strike Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> Tips, Bonuses |
| <input type="checkbox"/> | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> | <input type="checkbox"/> Unearned income for family members age 17 and under; Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> Veterans Administration/GI Bill Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> Employment Wage, Salaries, Pay |
| <input type="checkbox"/> | <input type="checkbox"/> Worker's Compensation |

OTHER:

- I have provided proof of Social Security Number for all household members age 6 and over.
- I am a US citizen/Permanent Legal Resident
- I am a Full Time student
- I am a Part Time student
- I receive Educational Grants/Scholarships to assist with my education

ASSET DISPOSAL CERTIFICATION

- I have disposed of assets for less than fair market value within the last 2 years proceeding this certification/recertification.
- I have not disposed of assets for less than fair market value within the last 2 years proceeding this certification/recertification.

I certify that to the best of my knowledge all statements are true and that when circumstances change, I will notify the resident manager to determine my continued eligibility for a federally assisted housing program in accordance with the regulations of the Department of Housing and Urban Development (HUD).

Member/Applicant
Signature

Date

Member/Applicant
Signature

Date

Lancaster Village Cooperative
 633 Palmer Drive
 Pontiac, MI 48342
 Telephone (248) 373-8280 Fax (248) 373-4249

Criminal & 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.

Lancaster Village Cooperative will deny the application of any applicant who does not 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you currently use illegal drugs or abuse alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been convicted of any drug-related crime within the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been convicted of any felony within the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you been convicted of any crime involving violence within the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you currently charged with any of the above criminal activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Please List all states in which you have lived and have held licenses to drive (include driver's license #s)	<input type="text"/> <input type="text"/> <input type="text"/>	
10. Have you ever used or been known by any other name? If yes, please list names used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 Lancaster Village Cooperative to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

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

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

A. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

- 1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

B. The five racial categories to choose from are defined below: You should check as many as apply to you.

- 1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- 3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- 4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Race and Ethnic Data
Reporting Form**

**U.S. Department of Housing
And Urban Development
Office of Housing**

OMB Approval No. 2502-0204
(Exp. 4/30/09)

Lancaster Village Cooperative Palmer Drive Pontiac, MI 48342
Name of Property Project No. Address of Property

Professional Property Services Type of Assistance or Program Title:
Name of Owner/Managing Agent

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All That Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

❖ **Definitions of these categories may be found on the previous page**

There is no penalty for persons who do not complete this form

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended the Housing and Urban Rural Recover Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owner/Agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

**Race and Ethnic Data
Reporting Form**

**U.S. Department of Housing
And Urban Development
Office of Housing**

OMB Approval No. 2502-0204
(Exp. 4/30/09)

Lancaster Village Cooperative Palmer Drive Pontiac, MI 48342
Name of Property Project No. Address of Property

Professional Property Services Type of Assistance or Program Title:
Name of Owner/Managing Agent

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All That Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

❖ **Definitions of these categories may be found on the previous page**

There is no penalty for persons who do not complete this form

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended the Housing and Urban Rural Recover Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owner/Agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

**LANCASTER VILLAGE COOPERATIVE
CITIZENSHIP
TENANT
DECLARATION FORMAT**

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

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

DECLARATION

I, _____ hereby declare, under penalty of
(print or type first name, middle initial, last name)

perjury, that I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

**LANCASTER VILLAGE COOPERATIVE
CITIZENSHIP
TENANT
DECLARATION FORMAT**

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

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

DECLARATION

I, _____ hereby declare, under penalty of
(print or type first name, middle initial, last name)

perjury, that I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

Lancaster Village Cooperative

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

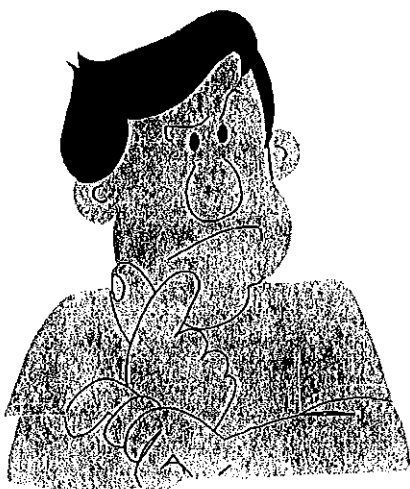
--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410