

Perrysburg Ecumenical Housing, Inc.
Louisiana House
129 Dr. McAuley's Court • Perrysburg, Ohio 43551 • 419-874-2376

For Office Use Only

Date Received _____ Time Received _____ Handicapped Unit _____
 By _____ Title _____

APPLICATION DATA SHEET

First Name _____ MI _____ Last Name _____ Date _____
 Age _____ Date of Birth _____ Social Security Number _____
 Address _____
 Email: _____
 Telephone (____) _____ Other number(s) for a message (____) _____
 Will any other person be living with you? _____ Relationship _____
 Other's Name _____ Age _____ Birth Date _____ Soc Sec No _____
 Where do you live now? House _____ Do you own your home? _____ Apartment _____
 Mobile Home _____ With Relatives _____ Other _____
 Do you own an automobile? _____ Make _____ Year _____
 Do you require a handicapped accessible apartment? (circle one) YES or NO

Louisiana House Values the Health and Safety of its Residents, Staff and Visitors
LOUISIANA HOUSE IS A TOBACCO-FREE COMMUNITY

Please list the anticipated monthly income for the year 20 as shown below. Please also list the current value of the assets specified on reverse side of this form.

A.	<u>Income</u>	Monthly Gross
1.	Social Security	\$ _____
2.	Supplemental Security Income	\$ _____
3.	Other Pension	\$ _____
4.	Wages	\$ _____
5.	Regular Assistance from Relative	\$ _____
6.	Net Income from Real Estate Rental	\$ _____
7.	Interest from All Sources (Including Dividends)	\$ _____
8.	Other Source of Monthly Income _____	\$ _____
TOTAL MONTHLY INCOME		\$ _____



B. Assets (Current Value)

- | | |
|---|----------|
| 1. Checking Accounts | \$ _____ |
| 2. Savings Accounts | \$ _____ |
| 3. Certificates of Deposits | \$ _____ |
| 4. Stocks, Bonds, Mutual Funds | \$ _____ |
| 5. Real Estate | \$ _____ |
| 6. Cash Value of Life Insurance | \$ _____ |
| 7. Individual Retirement Account (I.R.A.) | \$ _____ |
| 8. Other Assets _____ | \$ _____ |
-

Citizenship

Do you have a right to be in the United States?

_____ Yes, because I am a United States Citizen.

_____ Yes, because I have valid documentation from the U. S. Citizenship and Immigration Services.

_____ No.

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.

Current Landlord/Manager _____	Phone _____
Address _____	How long at this address _____
Previous Landlord / Manager _____	Phone _____
Address _____	How long at this address _____

References:

_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone

I consent to and understand that I may be subject to a criminal background investigation, credit check and or sex offender status check as required by the United States Department of Housing and Urban Development.

I attest that the information provided on this application is accurate and complete to the best of my knowledge.

Signature of Applicant

Date

PERRYSBURG ECUMENICAL HOUSING, INC.
Louisiana House
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.

Perrysburg Ecumenical Housing, Inc. 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? 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 5 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 licenses to drive (include driver's license numbers)
- 10 Have you ever used or been known by any other name? Yes No

If yes, please list names used _____

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 Perrysburg Ecumenical Housing, Inc. 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 Perrysburg Ecumenical Housing, Inc., to a public housing authority or to an agency contracted by Perrysburg Ecumenical Housing, Inc. to conduct criminal background checks.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

LH-2 Att1

Supplemental and Optional 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.

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.	

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

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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

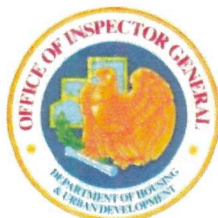
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

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