

Hale Ulu Hoi 1 & Hale Ulu Hoi 2

Hilo, Hawaii

RENTAL APPLICATION

Project Location: Hale Ulu Hoi 1 & 2 located at 1305 and 1303 Ululani St, Hilo.

Purpose of this Application: To obtain resident or household information sufficiently detailed to determine income and program eligibility.

General Instructions: Address all lines and sections. If a line or section is not applicable, cross it out, mark with "N/A", or mark with a "0" if it is a dollar amount line or section.

Specific Instructions:

1. All applicants 18 and older must sign the application.
2. All sources of earned income must be reported for all household members 18 years and older.
3. All unearned income and assets must be reported for all household members, including minors.
4. If a spouse or roommate is not working, it must be disclosed what he or she is doing, i.e. homemaker, student, etc. (An unemployed or 0 Income verification should be filled out.)
5. Application information should not exceed 90 days of move-in to be sure that income/asset sources to be verified are current and still applicable. If an application becomes out-of-date, either a new application must be submitted to update information or the applicants may be called in for the application interview (using the Income Questionnaire form) to update all information.
6. Tear off the three (3) HUD Handouts (*Things You Should Know*, *Applying for HUD Assistance* and *EIV Brochure*) that are stapled to the back of the application and keep them for your information.
7. Return completed application to Day-Lum Rentals & Management, 2 Kamehameha Avenue, Hilo, Hawaii, 96720.

PLEASE PRINT CLEARLY

Applications are placed on a Waiting List in order of date and time received and in order of project preferences. An applicant may be interviewed only after the receipt of this application.

Hale Ulu Hoi 1 & 2
Hilo, Hawaii
RENTAL APPLICATION

PLEASE PRINT

Complete applications are placed in order of date and time received. An applicant may be interviewed only after Day-Lum Rentals receives the complete tenant application. Please be sure that **ALL** blank lines are completed. If the question does not apply to you, please write "n/a."

A. GENERAL INFORMATION

Applicant Name(s) _____
First Middle Last

Current Address: _____
Street Apt. City, State Zip

Complete Mailing Address: _____

Tel. # _____ No. of Bedrooms in Current Unit _____
Do You Own _____ or Rent _____
If rental, amount of current monthly rental payment \$ _____.

Check utilities paid by you:	Approximate monthly cost of
Heat _____	utilities paid by you (excluding
Electricity _____	phone & cable TV) \$ _____
Gas _____	
Other _____	

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Day-Lum Rentals does not discriminate on the basis of race, color, national origin, sex, religion, age, and disability in employment or the provision of services.

Day-Lum Rentals does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in, its federally funded assisted programs and activities.

List ALL persons who will live in the apartment. LIST HEAD OF HOUSEHOLD FIRST:

#	FULL NAME	RELATIONSHIP TO HEAD	BIRTHDATE	SSN
1		SELF		
2				
3				

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FAMILY MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	EMPLOYER: _____ POSITION HELD: _____ HOW LONG EMPLOYED: _____	
	EMPLOYER: _____ POSITION HELD: _____ HOW LONG EMPLOYED: _____	
	SOCIAL SECURITY BENEFITS	
	SOCIAL SECURITY BENEFITS	
	SSI OR SSDI BENEFITS	
	SSI OR SSDI BENEFITS	
	PENSION SOURCE _____	
	PENSION SOURCE _____	
	VETERANS BENEFITS	
	VETERANS BENEFITS	
	EMPLOYMENT BENEFITS	
	EMPLOYMENT BENEFITS	
	AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN)	
	TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/FOOD STAMPS)	

FAMILY MEMBER NAME	SOURCE OF INCOME	
	FULL TIME STUDENT INCOME (ONLY FULL TIME STUDENTS 18 & OVER)	
	FULL TIME STUDENT INCOME (ONLY FULL TIME STUDENTS 18 & OVER)	
	ALIMONY	
	CHILD SUPPORT	
	CASH OUTSIDE SOURCE: _____	
	OTHER INCOME	
	OTHER INCOME	

TOTAL GROSS ANNUAL INCOME \$

(Base this on the total of the monthly amounts listed above and multiply x 12)

Do you anticipate any changes in this income in the next 12 months? Yes _____ N
 If Yes, Explain:

C. ASSETS

FAMILY MEMBER NAME	BANK NAME	TYPE	ACCOUNT #
		CHECKING	
		SAVINGS	
		CHECKING	
		SAVINGS	
		CHECKING	
		SAVINGS	
		TRUST ACCOUNT	
		TRUST ACCOUNT	
		CERTIFICATES ON DEPOSIT	
		CERTIFICATES ON DEPOSIT	

C. ASSETS, (continued)

FAMILY MEMBER NAME	BANK NAME	TYPE	POLICY/ACCT NUMBER	MATURITY DATE	VALUE
		SAVINGS BONDS			
		SAVINGS BONDS			
FAMILY MEMBER NAME	BANK NAME	TYPE	POLICY/ACCT NUMBER	FACE VALUE	CASH VALUE
		LIFE INSURANCE POLICY			
		LIFE INSURANCE POLICY			

Real Property: Do you own any property? Yes No
 If Yes, Type of Property _____
 Location _____
 Appraised Market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of most recent tax bill \$ _____

I have you sold/dispensed of any property in the last 2 years? Yes No
 If Yes, Type of Property _____
 Market value when sold/dispensed \$ _____
 Amount sold/dispensed for \$ _____
 Date of transaction _____

1. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable Trust Accounts)? Yes No
 If Yes, Describe Asset _____
 Date of Disposition _____
 Amount Disposed \$ _____

2. Do you have any other assets not listed above (Ex. Personal Property)? Yes No
 If Yes, List _____

E. PROGRAM INFORMATION

		YES	NO
1	ARE YOU APPLYING FOR STATUS AS AN "ELDERLY HOUSEHOLD", WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER? YOUR ELIGIBILITY MUST BE VERIFIED.		
2	WOULD YOU OR ANYONE IN YOUR HOUSEHOLD BENEFIT FROM A WHEELCHAIR OR OTHER ADA ACCESSIBLE UNIT?		
3	IF SO, WOULD YOU LIKE TO REQUEST AN ADAPTED UNIT?		
4	ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING?		
5	HAVE YOU EVER RESIDED IN A PROJECT FINANCED AND/OR SUBSIDIZED BY THE GOVERNMENT? IF YES, NAME & ADDRESS OF PROJECT & YOUR UNIT NUMBER:		
6	HAVE YOU EVER BEEN EVICTED FROM PUBLIC HOUSING OR ANY OTHER FEDERAL HOUSING PROGRAM? IF YES, WHERE _____ WHEN _____ DESCRIBE REASONS:		
7	HAVE YOU EVER BEEN EVICTED FROM OTHER HOUSING?		
8	ARE YOU CURRENTLY USING ILLEGAL DRUGS?		
9	HAVE YOU EVER BEEN CONVICTED OF SALE, DISTRIBUTION, OR POSSESSION OF ILLEGAL DRUGS?		
10	ARE YOU NOW OR WILL YOU BECOME A PART OR FULL TIME STUDENT PRIOR TO MOVE-IN?		
11	ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE?		
12	HOW DID YOU HEAR ABOUT THIS HOUSING? _____		
13	WILL YOU TAKE AN APARTMENT WHEN ONE IS AVAILABLE?		
14	BRIEFLY DESCRIBE YOUR REASONS FOR APPLYING:		
15	LIST ALL STATES THAT YOU AND ALL OTHER HOUSEHOLD MEMBERS HAVE EVER LIVED IN HEAD: _____ CO-HEAD: _____ OTHER MEMBER: _____		

F. HOUSING HISTORY

CURRENT LANDLORD

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

PREVIOUS RENTAL INFORMATION (REQUIRED IF CURRENT IS LESS THAN 3 YEARS OCCUPANCY)

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

PREVIOUS RENTAL INFORMATION (REQUIRED IF CURRENT + PREVIOUS IS LESS THAN 3 YEARS OCCUPANCY)

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

G. CREDIT REFERENCES:

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

H. PERSONAL NON-RELATED REFERENCES:

NAME:	
PHONE:	
MAILING ADDRESS:	

NAME:	
PHONE:	
MAILING ADDRESS:	

NAME:	
PHONE:	
MAILING ADDRESS:	

IN CASE OF EMERGENCY NOTIFY:

NAME:			
RELATIONSHIP TO YOU:			
PHONE:		ADDRESS:	

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes,
Describe _____

APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION:

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race _____ Ethnic Group _____ Sex _____

J. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on income limits and by the project tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

AUTHORIZATION

I/We do hereby authorize **Day-Lum Rentals & Management, Inc.** and its staff or authorized representative to contact any agencies, credit reporting agencies, national sex offender registry, national criminal check, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by **Day-Lum Rentals & Management, Inc.** I further authorize **Day-Lum Rentals & Management, Inc.** to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED



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.

form HUD-1141
(12/2005)

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@hud.oig.gov. You can write the Hotline at:



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

form HUD-1141
(12/2005)

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Hale Ulu Hoi 3

Hilo, Hawaii

RENTAL APPLICATION

Project Location: Hale Ulu Hoi 3 is located at 485 Laukapu St, Hilo.

Purpose of this Application: To obtain resident or household information sufficiently detailed to determine income and program eligibility.

General Instructions: Address all lines and sections. If a line or section is not applicable, cross it out, mark with "N/A", or mark with a "0" if it is a dollar amount line or section.

Specific Instructions:

1. All applicants 18 and older must sign the application.
2. All sources of earned income must be reported for all household members 18 years and older.
3. All unearned income and assets must be reported for all household members, including minors.
4. If a spouse or roommate is not working, it must be disclosed what he or she is doing, i.e. homemaker, student, etc. (An unemployed or 0 Income verification should be filled out.)
5. Application information should not exceed 90 days of move-in to be sure that income/asset sources to be verified are current and still applicable. If an application becomes out-of-date, either a new application must be submitted to update information or the applicants may be called in for the application interview (using the Income Questionnaire form) to update all information.
6. Return completed application to Day-Lum Rentals & Management, 2 Kamehameha Avenue, Hilo, Hawaii, 96720.
7. Must show minimum \$1,100/Month Household income

PLEASE PRINT CLEARLY

Applications are placed on a Waiting List in order of date and time received and in order of project preferences. An applicant may be interviewed only after the receipt of this application.

Hale Ulu Hoi 3
Hilo, Hawaii
RENTAL APPLICATION

PLEASE PRINT

Complete applications are placed in order of date and time received. An applicant may be interviewed only after Day-Lum Rentals receives the complete tenant application. Please be sure that ALL blank lines are completed. If the question does not apply to you, please write "n/a."

A. GENERAL INFORMATION

Applicant Name(s) _____
 First Middle Last

 First Middle Last

Current Address: _____
 Street Apt. City, State Zip

Complete Mailing Address: _____

Tel. # _____ No. of Bedrooms in Current Unit _____
Do You Own _____ or Rent _____
If rental, amount of current monthly rental payment \$ _____.

Check utilities paid by you:	Approximate monthly cost of
Heat _____	utilities paid by you (excluding
Electricity _____	phone & cable TV) \$ _____
Gas _____	
Other _____	

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Day-Lum Rentals does not discriminate on the basis of race, color, national origin, sex, religion, age, and disability in employment or the provision of services.

Day-Lum Rentals does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in, its federally funded assisted programs and activities.

List ALL persons who will live in the apartment. LIST HEAD OF HOUSEHOLD FIRST:

#	FULL NAME	RELATIONSHIP TO HEAD	BIRTHDATE	SSN
1		SELF		
2				
3				
4				
5				

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FAMILY MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	EMPLOYER: _____ POSITION HELD: _____ HOW LONG EMPLOYED: _____	
	EMPLOYER: _____ POSITION HELD: _____ HOW LONG EMPLOYED: _____	
	SOCIAL SECURITY BENEFITS	
	SOCIAL SECURITY BENEFITS	
	SSI OR SSDI BENEFITS	
	SSI OR SSDI BENEFITS	
	PENSION SOURCE _____	
	PENSION SOURCE _____	
	VETERANS BENEFITS	
	VETERANS BENEFITS	
	EMPLOYMENT BENEFITS	
	EMPLOYMENT BENEFITS	
	AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN)	

FAMILY MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	FULL TIME STUDENT INCOME (ONLY FULL TIME STUDENTS 18 & OVER)	
	FULL TIME STUDENT INCOME (ONLY FULL TIME STUDENTS 18 & OVER)	
	ALIMONY	
	CHILD SUPPORT	
	CASH OUTSIDE SOURCE: _____	
	OTHER INCOME	
	OTHER INCOME	

TOTAL GROSS ANNUAL INCOME **\$**

(Base this on the total of the monthly amounts listed above and multiply x 12)

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, Explain:

C. ASSETS

FAMILY MEMBER NAME	BANK NAME	TYPE	ACCOUNT #	BALANCE
		CHECKING		
		SAVINGS		
		CHECKING		
		SAVINGS		
		CHECKING		
		SAVINGS		
		TRUST ACCOUNT		
		TRUST ACCOUNT		
		CERTIFICATES ON DEPOSIT		
		CERTIFICATES ON DEPOSIT		

C. ASSETS, (continued)

FAMILY MEMBER NAME	BANK NAME	TYPE	POLICY/ACCT NUMBER	MATURITY DATE	VALUE
		SAVINGS BONDS			
		SAVINGS BONDS			
FAMILY MEMBER NAME	BANK NAME	TYPE	POLICY/ACCT NUMBER	FACE VALUE	CASH VALUE
		LIFE INSURANCE POLICY			
		LIFE INSURANCE POLICY			

Real Property: Do you own any property? Yes ___ No ___
 If Yes, Type of Property _____
 Location _____
 Appraised Market Value \$ _____
 Mortgage or outstanding loans balance due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of most recent tax bill \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes ___ No ___
 If Yes, Type of Property _____
 Market value when sold/dispensed \$ _____
 Amount sold/dispensed for \$ _____
 Date of transaction _____

1. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable Trust Accounts)? Yes ___ No ___
 If Yes, Describe Asset _____
 Date of Disposition _____
 Amount Disposed \$ _____

2. Do you have any other assets not listed above (Ex. Personal Property)? Yes ___ No ___
 If Yes, List _____

E. PROGRAM INFORMATION

		YES	NO
1	WOULD YOU OR ANYONE IN YOUR HOUSEHOLD BENEFIT FROM A WHEELCHAIR OR OTHER ADA ACCESSIBLE UNIT?		
2	IF SO, WOULD YOU LIKE TO REQUEST AN ADAPTED UNIT?		
3	ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING?		
4	HAVE YOU EVER RESIDED IN A PROJECT FINANCED AND/OR SUBSIDIZED BY THE GOVERNMENT? IF YES, NAME & ADDRESS OF PROJECT & YOUR UNIT NUMBER:		
5	HAVE YOU EVER BEEN EVICTED FROM PUBLIC HOUSING OR ANY OTHER FEDERAL HOUSING PROGRAM? IF YES, WHERE _____ WHEN _____ DESCRIBE REASONS:		
6	HAVE YOU EVER BEEN EVICTED FROM OTHER HOUSING?		
7	ARE YOU CURRENTLY USING ILLEGAL DRUGS?		
8	HAVE YOU EVER BEEN CONVICTED OF SALE, DISTRIBUTION, OR POSSESSION OF ILLEGAL DRUGS?		
9	ARE YOU NOW OR WILL YOU BECOME A PART OR FULL TIME STUDENT PRIOR TO MOVE-IN?		
10	ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE?		
11	HOW DID YOU HEAR ABOUT THIS HOUSING? _____		
12	WILL YOU TAKE AN APARTMENT WHEN ONE IS AVAILABLE?		
13	BRIEFLY DESCRIBE YOUR REASONS FOR APPLYING:		
14	LIST ALL STATES THAT YOU AND ALL OTHER HOUSEHOLD MEMBERS HAVE EVER LIVED IN HEAD: _____ CO-HEAD: _____ OTHER MEMBER: _____		

F. HOUSING HISTORY

CURRENT LANDLORD

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

PREVIOUS RENTAL INFORMATION (REQUIRED IF CURRENT IS LESS THAN 3 YEARS OCCUPANCY)

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

PREVIOUS RENTAL INFORMATION (REQUIRED IF CURRENT + PREVIOUS IS LESS THAN 3 YEARS OCCUPANCY)

NAME:	
LANDLORD MAILING ADDRESS:	
LANDLORD PHONE & FAX	
YOUR FULL ADDRESS	
DATES OF OCCUPANCY	

G. CREDIT REFERENCES:

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

LOAN OFFICER, UTILITY COMPANY, CELL PHONE COMPANY, ETC

NAME:	
PHONE:	
MAILING ADDRESS:	

H. PERSONAL NON-RELATED REFERENCES:

NAME:	
PHONE:	
MAILING ADDRESS:	

NAME	
PHONE:	
MAILING ADDRESS	

NAME:	
PHONE:	
MAILING ADDRESS:	

IN CASE OF EMERGENCY NOTIFY:

NAME:			
RELATIONSHIP TO YOU:			
PHONE:		ADDRESS:	

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes,
Describe _____

APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION:

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race _____ Ethnic Group _____ Sex _____

J. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on income limits and by the project tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

AUTHORIZATION

I/We do hereby authorize **Day-Lum Rentals & Management, Inc.** and its staff or authorized representative to contact any agencies, credit reporting agencies, national sex offender registry, national criminal check, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by **Day-Lum Rentals & Management, Inc.** I further authorize **Day-Lum Rentals & Management, Inc.** to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED



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.

form HUD-1141
(12/2005)

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@hud.oig.gov. You can write the Hotline at:



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

form HUD-1141
(12/2005)