

LITCHFIELD MANOR APARTMENTS
APPLICATION FOR HOUSING



A. APPLICANT

Date: _____

Name: _____ Address: _____

Maiden Name (or any other names you have used) _____

City: _____ State: _____ ZIP: _____

Telephone: () _____ Student: _____ Yes _____ No

NAME, ADDRESSES AND PHONE NUMBERS OF RELATIVES OR FRIENDS

1. Name: _____ Relationship: _____

Address: _____ Phone: () _____

2. Name: _____ Relationship: _____

Address: _____ Phone: () _____

Are you moving from a HUD subsidized property? _____ YES _____ NO

If yes: Property Name _____ Property Phone Number _____

B. PRESENT HOUSING STATUS (Must provide for the past 5 years. If needed, list on an additional page.)

Name of present landlord: _____ Phone: _____

Name of previous landlord: _____ Phone: _____

C FAMILY OR HOUSEHOLD COMPOSITION

List head of household and all other persons who will reside in the dwelling.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX (Optional)	SOCIAL SECURITY #
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1. _____

2. _____

What is the race/ethnicity of the head of household? _____

Are any of the above subject to State lifetime sex offender registration in any state? _____ YES _____ NO

Do any of the above have a MOBILITY DISABILITY? _____ YES _____ NO

If any have a mobility disability, do they have verification from a medical professional? _____ YES _____ NO

Sent to: _____

Do any of the above have a need for an accessible unit? _____ YES _____ NO

Please list all states where any of the above have resided. _____

For Office Use Only:

Est. Move-In Date

Date: _____ Time: _____ Apt #: _____

D. INCOME

List all income sources for all members or persons who will reside in the apartment. This includes income from full and/or part-time employment. Income from welfare agencies, social security, pensions, SSI, disability income, unemployment income, child care, or regular income from any other source.

FAMILY MEMBER	TYPE AND SOURCE OF INCOME	ANNUAL GROSS AMOUNT
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1. _____
2. _____
3. _____

E. ASSETS

Do you have a checking account? _____ If so, approximate balance _____ Interest rate _____

Do you have a savings account? _____ If so, approximate balance _____ Interest rate _____

Do you own any real estate property? _____ If so, valuation of property _____

Do you own any stocks or bonds? _____ If so, what is the current value _____

Did you have any assets in the last two years not listed above? _____ If yes, did you dispose of any assets for less than fair market value? _____ (This means that the assets were either given away or sold at less than the allotted market value.) What were the assets, the market value at the time of disposition, the amount received and the date that you disposed of them? _____

Do you own a vehicle? _____ If so, make and year _____

F. MEDICAL EXPENSES

Do you have medicare? _____ Do you have any other health insurance that you are paying premiums on? _____

If so, name of company _____ Monthly premium \$ _____

Do you pay for physician or prescription expenses that are not covered by Medicare or any other agency? _____

If so, approximate monthly costs \$ _____

Is this your sole place of residence? _____ YES _____ NO

How did you hear about the property? _____

Are you self-sufficient and able to care for yourself? _____ YES _____ NO

Are you able to abide by the terms of the lease? _____ YES _____ NO

I agree to give the management agent the authority to investigate my credit rating, criminal history and my current and past rental record. The information obtained will be used for the management purposes only and will be held in strict confidence. The above information is true and correct to the best of my knowledge. I certify that I have received a copy of the Privacy Act Notice.

I UNDERSTAND THAT THIS APPLICATION MAY TAKE A MINIMUM OF FOUR WEEKS TO PROCESS.

SIGNATURE

Please return completed application to:

COMMERCIAL INVESTMENT SERVICES
PO BOX 1185
NORTH PLATTE, NE 69103
ATTN: AMANDA OR KIM

PRIVACY ACT NOTICE

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C 3543) requires applicants and participants to submit the social security number of each household member.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members, have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.