

Alexander Oaks**4922 Nuckols Crossing, Austin, TX 78744****PRE-APPLICATION FOR ALEXANDER OAKS****APARTMENTS RAD HOUSING PROGRAM****Carleton Companies****TO BE COMPLETED BY MANAGEMENT****CLIENT #** _____**BDRM #** _____**REC'D DATE** _____**REC'D TIME** _____

Last Name _____ First Name _____ M.I. _____

Present Address _____ Apt # _____

City _____ State _____ Zip Code _____

Mailing Address if different from above _____

City _____ State _____ Zip Code _____

Other Names Used _____

Name as it appears on social security card _____

Phone # _____ Alternate phone # _____

Email _____ How did you hear about us? _____

BEGINNING WITH YOURSELF, please list all the people who will live in your household. All information must be given to each person.

	Last Name	First Name	Circle Sex	Date of Birth	Circle Relationship (Circle only one)	Social Security Number	Circle Race* (See below)	Student Status (Circle one)
1			M/F/Decline		Head of Household		B C H A P N O	FT / PT / NA
2			M/F/Decline		Spouse/Co-Head Other Adult/Child		B C H A P N O	FT / PT / NA
3			M/F/ Decline		Other Adult/ Child		B C H A P N O	FT / PT / NA
4			M/F/Decline		Other Adult/ Child		B C H A P N O	FT / PT / NA
5			M/F/Decline		Other Adult/ Child		B C H A P N O	FT / PT / NA
6			M/F/Decline		Other Adult/ Child		B C H A P N O	FT / PT / NA

*For statistical purposes only, please circle the race/ethnicity of each household member from the following choices **B**lack, **C**aucasian, **H**ispanic, **A**sin, **P**acific Islander/Hawaiian, **N**ative American/Alaskan, **O**ther. If other, Please list: _____

Please answer the following questions.

- Have you ever lived in Public Housing or Section 8 Housing in any city? ☐ **Yes** ☐ **No** Where? _____
- Indicate your marital status: ☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Separated** ☐ **Never Married** ☐ **Decline**
- Is any member of the household subject to a lifetime sex offender registration? _____
- Please list all states each household member has lived in: _____
- List the kind and amount of all income received by ALL members of your household, including yourself: _____
- As of January 31st, 2010, were you 62 years of age or older and receiving HUD rental assistance at another property location? ☐ **Yes** ☐ **No**
- Are you or any member of the household a Veteran? ☐ **Yes** ☐ **No**

8. Is your Household seeking Housing due to a Presidentially Declared Disaster? ☐ Yes ☐ No
9. Does your Household request a need for an accessible unit? ☐ Yes ☐ No

Please list all sources of Income

Source	Amount (Per Pay Period)	Frequency (circle one)	Source	Amount (Per Pay Period)	Frequency (circle one)
		Weekly/Bi-Weekly Semi-Monthly/Monthly			Weekly/Bi-Weekly Semi-Monthly/Monthly
		Weekly/Bi-Weekly Semi-Monthly/Monthly			Weekly/Bi-Weekly Semi-Monthly/Monthly
		Weekly/Bi-Weekly Semi-Monthly/Monthly			Weekly/Bi-Weekly Semi-Monthly/Monthly
		Weekly/Bi-Weekly Semi-Monthly/Monthly			Weekly/Bi-Weekly Semi-Monthly/Monthly

NOTICE: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

The Owner does not discriminate against person with disabilities.

I certify that the above statements are true to the best of my knowledge and further understand that inquiries will be made to verify the information provided on my income, family composition, criminal history, preference and any additional information needed to determine my eligibility for assistance. I authorize the release of information to Carleton Management Services by employers, any County, City, State or Federal Government entity, federally automated system, or any other entity necessary to process my application.

Signature of the Head of Household

Date

Signature of Spouse/Co-Head/ or Other Adult

Date

Signature of Other Adult

Date

For Management Staff Only:

Signature of Staff member accepting pre-application

Date and Time

Printed name



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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
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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.