

ROSS PARK APARTMENTS ~ SLEEPY EYE HOUSING AUTHORITY
APPLICATION FOR ADMISSION

Please complete all three pages; sign and date on page 3.

DATE/TIME _____

Friend or relative to contact if we are
Unable to reach you:

NAME _____

Name _____

ADDRESS _____

Phone _____

CITY/STATE _____ ZIP _____

PHONE _____

FAMILY COMPOSITION: (List all household members who will live in the unit.)

Last Name, First, Middle Initial	Sex	Birth Date	Soc. Sec. #	Place of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME: (List all income for household members. Include any employment, welfare, social security, S.S.I., pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, earned tax credits, Armed Forces Reserves income, net income from operation of a business, etc.)

HOUSEHOLD MEMBER	SOURCE OF INCOME	GROSS INCOME
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

ASSETS: Check YES or NO on all the following lines. If "YES", enter the amount of value, where held, the account number.)

TYPE OF ASSET	YES	NO	AMOUNT/VALUE	WHERE HELD	ACCOUNT #
Checking Accounts	_____	_____	_____	_____	_____
Saving Accounts	_____	_____	_____	_____	_____
Certificates of Deposit	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____
Money Market Fund	_____	_____	_____	_____	_____
IRA Accounts	_____	_____	_____	_____	_____
Stocks/Bonds	_____	_____	_____	_____	_____
US Savings Bonds	_____	_____	_____	_____	_____
Contract for Deed	_____	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____	_____
Business Assets	_____	_____	_____	_____	_____

Have you disposed of any assets for less than Fair Market Value in the past two years?
Yes _____ No _____ If yes, date of disposal _____ Amount received \$ _____
Fair Market Value at the time of disposal \$ _____

MEDICAL EXPENSES: (Complete this section only if Head of Household or spouse is over age 62, disabled, or handicapped.)

Do you receive Medicare benefits? Yes _____ No _____

Do you receive Medical Assistance? Yes _____ No _____

Do you pay for additional medical insurance? (Blue Cross, etc.) Yes _____ No _____

If "Yes", please list the Insurance Company name, and the monthly premium amount:

Are all of your medical expenses covered by insurance or other outside sources? Yes _____ No _____

If "No", indicate the monthly expenses paid by you:

Prescription Drugs _____

Other Medical bills _____

Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursed by outside sources.) YES _____ NO _____

REFERENCES

Have you or any member of your household lived in any subsidized housing? YES _____ NO _____

If "YES", list the facility name and address _____

Period of time _____ to _____

Have you ever committed any fraud in a Federally-assisted housing program, or been requested to repay money for knowingly misrepresenting information for such housing programs? YES _____ NO _____

If "YES", explain: _____

Have you or anyone in your household ever been convicted of any crime other than traffic violations?

YES _____ NO _____ If yes, explain _____

Have you ever had utility services in your name at a previous address? YES _____ NO _____

If "YES", list utility company name and your previous address: _____

Please list the following information on your last two rentals:

	Address of Unit	Owner's Name	Owner's Address
1.	_____	_____	_____
2.	_____	_____	_____

APPLICANT(S) STATEMENT

I/We certify that the information given to the Sleepy Eye Housing Authority on household composition, income net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590.

*After verification by this Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), via on-line database. See the Federal Privacy Act Statement for more information about its use.