conifer®

PARTNERS IN BUILDING COMMUNITY

FOR OFFICE USE ONLY

DATE AND TIME STAMP:

RECIEVED BY: _____

Tioga View Apartments
412 Tioga View Apartments, LP 40 Mansfield Village Borough of Mansfield, PA 16933
PHONE: (570) 662-7188 TTY: (800) 654-5984 EMAIL: tiogaview@coniferllc.com

RENTAL APPLICATION

APPLICANT NAME	STREET ADDRESS (Present)
PHONE ( )	CITY, STATE, ZIP
REASON FOR MOVING	EMAIL
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:	

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? Check all that apply: ❑ STUDIO ❑ 1 BEDROOM ❑ 2 BEDROOM ❑ 3 BEDROOM ❑ OTHER

Please note: applicants may go on more than one bedroom size waitlist if they are eligible or need a reasonable accommodation for another bedroom size

REASONABLE ACCOMMODATION: If you are an individual with disabilities, you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months.

FOR THE HEAD OF HOUSEHOLD:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD: **HEAD**	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS:** _____		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS:** _____		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
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FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER/ITIN:	STUDENT ❑ YES ❑ NO DISABLED ❑ YES ❑ NO
INCOME SOURCE(S): EMPLOYMENT ❑ FT ❑ PT ❑ N/A SOCIAL SECURITY: ❑ SS ❑ SSI ❑ SSP ❑ DISABILITY UNEMPLOYMENT ❑ YES ❑ NO OTHER_____ **TOTAL MONTHLY GROSS INCOME**: _____		
ASSET SOURCE: CHECKING ❑ FUNDED DEBIT CARD ❑ SAVINGS ❑ OTHER _____ **TOTAL VALUE OF ASSETS: _____**		

General Information:

Would you benefit from any of the below special features of an accessible apartment?	
WHEELCHAIR ACCESSIBLE	❑ YES ❑ NO
VISUALLY IMPAIRED	❑ YES ❑ NO
HEARING IMPAIRED	❑ YES ❑ NO
Will you or any adult household member require a live-in care attendant to live independently? If YES, Name and Relationship of caretaker: _____	❑ YES ❑ NO
Other General Information	
Do you own a pet? Type _____Breed_____ Weight _____	❑ YES ❑ NO
Has anyone 18 or older listed on this application been convicted of a felony? If YES, date of conviction: _____	❑ YES ❑ NO
Has anyone 18 or older listed on this application been convicted manufacturing of a controlled substance?	❑ YES ❑ NO
Is anyone 18 or older listed on this application subject to any state lifetime sex offender registration requirement?	❑ YES ❑ NO

A. Household Composition:

If applicable, do all of the children in the household live with you 50% or more of the time?	❑ YES ❑ NO
Are there any absent household members who under normal conditions would live with you?	❑ YES ❑ NO

Signature Clause:
My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law and could result in the cancellation of a lease agreement.

APPLICANT SIGNATURES:
(All Applicants 18 and over)

_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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.

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WAITLIST PRIORITY & PREFERENCE QUESTIONNAIRE

Certain communities have waitlist and resident selection preferences/priorities for selecting residents, that determines the order in which applications are processed. The questions below help identify any potential priorities or preferences for your household. This information is only for waitlist processing and does not affect your eligibility for housing. A copy of the Resident Selection Plan for this community is available on request.

Would you consider yourself or any other household member frail elderly?	❑ YES ❑ NO
Is any household member a person with disabilities?	❑ YES ❑ NO
Is any household member enlisted in the US Military or a veteran of the US Military?	
Definition of a Veteran: Those who have served in the armed forces of the United States:: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii	
Enlisted	❑ YES ❑ NO
Reserve	❑ YES ❑ NO
Veteran	❑ YES ❑ NO
Is any household member a spouse of a deceased veteran of the US Military?	❑ YES ❑ NO
Is any household member a victim of a recent presidentially declared disaster or of a government action? **Please explain**:	❑ YES ❑ NO
Does any household member receive any assistance paying utility bills?	
HEAP	❑ YES ❑ NO
LEAP	❑ YES ❑ NO
Other:	❑ YES ❑ NO
Is any household member currently receiving housing assistance from HUD or a Public Housing Authority?	❑ YES ❑ NO
Is any household member currently on a Public Housing, subsidized, or other affordable housing program waitlist? Please name the waitlist provider(s):_____	❑ YES ❑ NO
Is any household member currently homeless or living in a homeless shelter?	❑ YES ❑ NO

APPLICANT SIGNATURES:

Printed Name	**Signature**	**Date**
Printed Name	**Signature**	**Date**
Printed Name	**Signature**	**Date**

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 use 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 §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).