

APPLICATION FOR ADMISSION AND RECERTIFICATION

Name: _____ Date: _____ Time: _____
 Address: _____ Apt. # _____ Race: _____
 City/State: _____ Zip _____ Hispanic: Yes _____ No _____
 Phone: Home _____ Work _____
 Friend or relative to contact if we are unable to reach you: _____
 Phone: _____

FAMILY COMPOSITION: (List all household members who live or will live in the unit. Indicate if any member is a full time student or foster child.)

Last Name, First, Middle	Relationship	Sex	Birth Date	Social Security	Occupation
1. ^(Head)					
2.					
3.					
4.					
5.					
6.					

INCOME: (List all income for household members. Include full and part time employment, employed earnings, welfare, social security, pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarship and/or grants, net income from operation of a business, etc.)

Household Member #	Source of Income	Gross Income
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

ASSETS: (Check "yes" or "no" on all of the following lines. If "yes", enter the amount or value of the asset, and the current income from the asset.)

	<u>Yes</u>	<u>No</u>	<u>Amount/Value</u>	<u>Int. Rate/Div.</u>	<u>Bank or Financial Institution</u>
Cash on hand over \$100	___	___	\$ _____	_____	_____
Checking Accounts	___	___	\$ _____	_____	_____
Cash Management Accounts	___	___	\$ _____	_____	_____
Savings Accounts	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
			\$ _____	_____	_____
Certificates of Deposit	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
Annuities	___	___	\$ _____	_____	_____
Money Market Funds	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
IRA Accounts	___	___	\$ _____	_____	_____
Stocks'/Bonds/Mutual Funds	___	___	\$ _____	_____	_____
U.S. Savings Bonds	___	___	\$ _____	_____	_____
Contract for Deed	___	___	\$ _____	_____	_____
Real Estate	___	___	\$ _____	_____	_____
Business Assets	___	___	\$ _____	_____	_____
Life Insurance/ Burial Funds	___	___	\$ _____	_____	_____

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 time of disposal \$ _____

MEDICAL EXPENSES (Complete this section only if head of household or spouse is elderly, disabled, or handicapped.)

	Yes	No
Do you receive Medicare benefits?	_____	_____
Do you receive medical assistance through welfare?	_____	_____
Do you pay for additional medical insurance? (BlueCross, etc.)	_____	_____
Are all of your medical expenses covered by insurance or outside sources?	Yes _____	No _____
If "no", indicate expenses paid by you:		
Prescription drugs _____	Dental _____	
Eye _____	Medical _____	
Other: _____		
Outstanding bills: _____		
	Yes	No
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 source.)	_____	_____
Do you pay for childcare for children 12 years old or younger while a household member is employed or attending school?	_____	_____

REFERENCES

Have you or any member of your household lived in any assisted housing? Yes _____ No _____
 If yes, list 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 below:

Have you or anyone in your household ever been arrested for any crime other than traffic violations? Yes _____ No _____
 If yes, explain below:

Have you had utility service in your name at a previous address? Yes _____ No _____
 If yes, list utility company name and your previous address below:

Please list the following information on your rental units for the past 5 years:

Address of Unit	Dates	Owner's Name and Address
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Are you employed? Yes _____ No _____
 Are you being assisted, or have been assisted under a State TANF or Welfare to Work Program? Yes _____ No _____
 Are you now employed when you have previously been unemployed for one or more years? Yes _____ No _____

JOB TRAINING PROGRAM

Are you currently enrolled in an employment-training program? Yes _____ No _____
 Were you enrolled in an employment-training program prior to October 1, 1999? Yes _____ No _____

PET

I am interested in having a pet and request a copy of the pet ownership rules. Yes _____ No _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact Park Towers at 320-587-2168.

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information* given to the Hutchinson Housing Agency 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 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), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

FOR PHA USE: Tenant Selection Preferences:
 Elderly or Disabled w/ service agreement
 Elderly or Disabled
 Near Elderly