

Independent Living Services, Inc.

P.O. Box 1070, Conway, AR 72033 ♦ (501) 327-5234 or (501) 358-6192 ♦ Fax (501) 327-7251
www.indliving.org

HUD FUNDING

ILS Apartments, Independent Living of Greenbrier, Sheltered Living Services Inc., ILS Group Homes, Florentz Estates are facilities that are assisted financially through the Department of Housing and Urban Development (HUD). If you would like to apply for housing assistance at one of these facilities, please fill out the attached application.

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 the 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 who is 6 years old or older.

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 number 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 or your eligibility approval.



APPLICATION FOR HUD SERVICES



PERSONAL INFORMATION

Full Name: _____
First Name MI Last Name

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Message Number _____

Is the head of household or any family member a person with a disability? _____

If yes, does this person require a handicapped accessible unit? _____

If age 62 or older as of January 31, 2010 and do not have a SSN, were you receiving HUD rental assistance at another location on January 10, 2010? _____

If any household member is a student, what is the student status? _____

Is the family seeking housing due to a Presidential Declared Disaster? _____

If any household members are children, Is there a custody arrangement? _____

Is any household member a veteran and can supply identification? _____

How did you learn about our facilities? _____

Current housing circumstance: (circle one) standard/substandard, conventional/public housing, lacking a fixed nighttime residence, fleeing/attempting to flee violence

Facility (Please check each facility for which you would like to apply.)

- ILS Apartments—Conway
- ILS Group Homes
- Florentz Estates
- Independent Living of Greenbrier
- Sheltered Living Services (Patterson House)

First Name	Middle Name	Last Name	Sex M/F or decline to dispose	Relationship	Birthdate	Social Security #

SCREENING INFORMATION

How many people currently live in your unit? _____ How many bedrooms do you have? _____

Are you being evicted?_____ If yes, why?_____

Prior Landlords:

1. _____
Name Address

2. _____
Name Address

3. _____
Name Address

Have you ever been convicted of a felony?_____ If yes, when?_____

Is any household member listed on any state's lifetime sex offender registry? Y or N

List all states that all household members have ever lived :_____

HUD requires that a background/criminal record check be completed on all applicants before moving into a facility that receives HUD funding.

ASSET INFORMATION

List all checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposits) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Account Number	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets:_____

Do you own a home or other real estate? Yes _____ No _____

Have you sold or given away real estate or other assets in the past two years?

Yes _____ No _____ If yes, what is the current market value of the real estate or assets? \$_____.

INCOME INFORMATION

Please answer each of the following questions. For each “Yes” answer, provide the details in the chart following the questions.

	YES	NO
1. Is any member of your household employed, full-time, part-time, seasonally?	_____	_____
2. Does any member of your household expect to work for any period in the next 12 months?	_____	_____
3. Does any member of your household work for someone who pays him or her in cash?	_____	_____
4. Is any member of your household on leave of absence from work due to layoff, medical, maternity, or military leave?	_____	_____
5. Does any member of your household now receive, or expect to receive unemployment benefits?	_____	_____
6. Does any member of your household now receive, or expect to receive child support?	_____	_____
7. Is any member of your household entitled to child support that he/she is not receiving?	_____	_____
8. Does any member of your household now receive, or expect to receive alimony payments?	_____	_____
9. Is any member of your household entitled to alimony payments that he/she is not receiving?	_____	_____
10. Does any member of your household receive, or expect to receive social security benefits?	_____	_____
11. Does any member of your household receive, or expect to receive AFDC income?	_____	_____
12. Does any member of your household receive, or expect to receive income from a pension or annuity?	_____	_____
13. Does any member of your household receive any cash contributions from individuals not living in the unit or from other agencies/sources?	_____	_____
14. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and	_____	_____

- dividends from certificates of deposit, stocks or bonds, income from rental of property? _____
15. Does any member of your household receive, or expect to receive an earned income tax credit? _____
16. Does any member of your household receive financial aid from attending a college or university? _____
17. Does anyone outside of your household pay for any of your bills or give you or a member of your household money? If yes, explain _____
18. Have you, or any other member of you household, used any other name(s) or social security number(s) other than the one you are currently using? _____
If yes, explain: _____

Additional explanation for previous question responses (please note question number):

Income Information Continued

Family Member	Employer Name	Rate of Pay	Annual Salary

It is required that all applicants fill out the attached Declaration Format to establish their citizenship status. Applicants are also required to fill out the attached consent for an individual record check. Applicants will be required to sign consent forms to verify the information supplied in this application.

Independent Living Services does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988).

Robin Jones
1615 Independence
Conway, AR 72032
501-358-6192 x406

I certify that the information supplied in this application is accurate and complete to the best of my knowledge.

“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 at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 ***U.S.C. 408 (a) (6), (7) and (8).***”

Signature of Applicant

Date

Signature of Co-applicant

Date