PROFESSIONAL MANAGEMENT INC.
APPLICATION

INFORMATION/ DOCUMENTS TO BRING WITH YOU WHEN YOU RETURN THIS APPLICATION:

Income/Assets/Liabilities:

- ✓ **Birth certificates for everyone in the household**
- ✓ **Social Security cards for everyone in the household**
- ✓ **Photo ID for any person over 18 years of age**
- ✓ **Employment- Bring 4-6 your last check stubs, showing wage rate and hours worked**
- ✓ **Bank statements- Bring latest bank statement for all accounts including prepaid debit cards**
- ✓ **Alimony and Child Support- bring the court order for the support**
- ✓ **Educational Scholarships & Grants- bring award letters and billings**
- ✓ **Support for Foster Children- Bring your award letter**
- ✓ **Veteran's Benefits, Social Security, and Security Supplement Income- bring award letter showing the amount of your last check.**
- ✓ **Trade Union Benefits- Bring a statement from the union or check stub**
- ✓ **Other Public Assistance- Bring your award letter showing amount of last check**

Care of Children or Care of Sick

If you pay for someone to take care of your children under 13 years of age or to care for disabled or handicapped family household members, please bring any receipts from the person or agency that provides this care.

If there is a Student over 18 years of age in your household

If any member of your household is 18 years of age or older and a full-time student, we will need to see his or her current registration form. If the student has been accepted but has not yet enrolled, we will need a letter of acceptance from the school or institution.

Medical Expenses if you are 62 years of age or older, Disabled, or Handicapped

Please bring in copies of all cancelled checks or other proof of payments for expenses you made over the past 12 months for doctor bills, hospital care, medical insurance premiums, prescription medicines, over the counter medications, eye glasses, hearing aids, etc., which were not paid by insurance and which you expect to reoccur this year. (if you anticipate additional expenses, please bring any proof you may have.) Please bring addresses of all medical providers or sources of expenses.

For Office Use Only: Date received _____	Time received _____	By (Initials) _____	HOH Name _____

Applicant Name					
How did you hear about us?	☐ Newspaper ☐ Radio ☐ Internet ☐ HUD ☐ Other				
Gender	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mx. ☐ No salutation ☐ Male ☐ Female ☐ Nonbinary ☐ Other ☐ Prefer not to disclose				
What is your relationship to the Head of Household (HOH)?	☐ Head of Household ☐ **Co-head* ☐ **Spouse* ☐ *Child* ☐ *Other adult* ☐ *Foster adult/child* ☐ *Live-in Aide (live in aides complete a different application and must be approved before move in)* ☐ *None of the Above* **You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.*				
If not HOH, please provide the name of the HOH					
Current Address					
Address Line 2					
City, State, Zip					
Home Phone		Cell Phone			
Work Phone		Email address			
May we contact you at work?			☐ NA	☐ Yes	☐ No
Birth date		Social Security Number		☐ No SSA Assigned	
If you do not have a Social Security Number, you claim you are exempt because: ☐ NA ☐ You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.)* ☐ You are not contending eligible immigration status.					
Are you disabled? *You are not required to disclose if you are disabled, however, if a member is disabled, you may qualify for additional deductions that may reduce your rent.*			☐ Prefer not to disclose	☐ Yes	☐ No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?				☐ Yes	☐ No

Are you a victim of a recent presidentially declared disaster?	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?	☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?	☐ Yes	☐ No
If yes	☐ Full-time	☐ Part-time
Are you currently using marijuana?	☐ Yes	☐ No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? *This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.*	☐ Yes	☐ No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	☐ Yes	☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when?		

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DE	☐ FL	☐ GA	☐ HI	☐ IA	☐ ID	☐ IL
☐ KS	☐ KY	☐ LA	☐ MA	☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NI
☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT
☐ VT	☐ WA	☐ WV	☐ WI	☐ WY	☐ Washington, D.C.								

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

☐	I currently live on this property and am requesting a new unit (Unit Transfer or Household Split Preference)
☐	I live in another property owned or managed by
☐	I am a veteran of the United States armed forces and I am homeless
☐	I am homeless, but I am not a veteran of the United States armed forces
☐	I am a victim of a recent presidentially declared disaster.
☐	I have been or am being involuntarily displaced due to circumstances beyond my control *(e.g., fire, flood)*
☐	I am in imminent danger.

RENTAL HISTORY:

Are you currently homeless? *If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.*	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD?	☐ Yes	☐ No

If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? *(if Yes, continue to the Previous Landlord information; if No, Complete the Information below)*			☐ Yes	☐ No
Present Landlord				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long have you lived at this address				
Reason for leaving				
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*			☐ Yes	☐ No
Do you currently have any outstanding overdue balances owed to this landlord?			☐ Yes	☐ No
Have you given this landlord notice that you will be moving?			☐ Yes	☐ No
Have you been evicted or is this landlord attempting to evict you or another person living with you?			☐ Yes	☐ No
Have you ever been asked to sign a repayment agreement to return money to HUD?			☐ Yes	☐ No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? *(If Yes, continue to the next section. If No, complete the Information below)*			☐ Yes	☐ No
Previous Landlord #1				
Address				
Address				
City, State, Zip				
Contact Name (if known)		Phone Number		
How long did you live at this address				
Reason for leaving				
Were you or any member of your household evicted from this property?			☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*			☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?			☐ Yes	☐ No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?			☐ Yes	☐ No

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit. Please review the property Pet/Assistance Animal Rules. These Rules are available upon request.

Do you plan to house an animal in the unit?				☐ Yes	☐ No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?				☐ Yes	☐ No
ANIMAL TYPE *(I.E. DOG, CAT, TURTLE, ETC.)*	**BREED** *(IF APPLICABLE)*	**HEIGHT** *(MEASURED AT WITHERS IF APPLICABLE)*	**WEIGHT**	**NOTES**	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than two people will live in the unit. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip to questions about income and assets.

Will anyone else live in the unit with you? *If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.*				☐ Yes	☐ No
If yes, how many people will live in the unit?	Adults		Minors		

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide ☐ None of the Above			
SSN	or ☐ No SSA Assigned	Date of Birth	

If this member does not have a Social Security Number, member is exempt because: ☐ NA
☐ Member was 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.)*
☐ Member is not contending eligible immigration status.
☐ Member is a minor added to the family within the last six months (Exempt for 90 days with possible extension).
☐ Member is a foster child/adult
☐ Other. Please Explain

Please indicate each state where the member has lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DE	☐ FL	☐ GA	☐ HI	☐ IA	☐ ID	☐ IL	☐ IN
☐ KS	☐ KY	☐ LA	☐ MA	☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NE	☐ NH
☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT	☐ VA
☐ VT	☐ WA	☐ WV	☐ WI	☐ WY	☐ Washington, D.C.									

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME	
3	

☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide ☐ None of the Above

SSN	or ☐ No SSA Assigned	Date of Birth	

If this member does not have a Social Security Number, member is exempt because: ☐ NA
☐ Member was 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.)*
☐ Member is not contending eligible immigration status.
☐ Member is a minor added to the family within the last six months (Exempt for 90 days with possible extension).
☐ Member is a foster child/adult
☐ Other. Please Explain

Please indicate each state where the member has lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DE	☐ FL	☐ GA	☐ HI	☐ IA	☐ ID	☐ IL	☐ IN
☐ KS	☐ KY	☐ LA	☐ MA	☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NE	☐ NH
☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT	☐ VA
☐ VT	☐ WA	☐ WV	☐ WI	☐ WY	☐ Washington, D.C.									

Will any children be added in the next 12 months?	☐ Birth #	☐ Adoption #	☐ Foster #	☐ None

INCOME Self-Certification: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Name		HOH Name if Different	
Are you employed?		☐ Yes	☐ No
If yes, please provide the name and address of your present employer below.			
Employer			
Address			
Address 2			
City, State, Zip			
Contact		email	
Phone		Web address	
How much employment income did you receive in the last 12 months?	$	☐ NA	
How much employment income do you expect to receive in the next 12 months?	$	☐ NA	

Do you currently have more than one employer? ☐ NA ☐ Yes ☐ No
If yes, please provide additional employment information on a separate sheet.

Please provide the following income information					
Fixed Income					Current Annual Income
Social Security	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
SSI	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Social Security Dual Entitlement	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Social Security for someone else (e.g., Representative Payee).	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
SSI for someone else (e.g., Representative Payee).	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Name of beneficiary.	☐ NA or				
Income for someone living in the unit paid directly to someone who does not live in the unit (e.g., Representative Payee).	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Retirement Benefits including RMD	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
If receiving Retirement Benefits… Annually (RMD) ☐ NA		☐ Monthly	☐ Quarterly	☐	

Regular Periodic Payments from a pension	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Retirement Benefits received in the last 12 months				$	
Regular Periodic Payments from an Annuity	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Annuity Payments received in the last 12 months				$	
VA Benefits	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
VA Aid & Attendance	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Unemployment Benefits – Regular	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Public Assistance	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Public Assistance Received in the last 12 months				$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount of Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits received in the last 12 months				$	
Assistance with Utilities (Other than HUD or HHS)	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Assistance with Utilities received in the last 12 months				$	
Income That is Not Fixed Income					
Income from Gig Source (Lyft, Door Dash, Rover, etc.)	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount received from Gig Source in the last 12 months				$	
Child Support	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Child Support received in the last 12 months				$	
Alimony	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Alimony received in the last 12 months				$	
Contributions from organizations	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Contributions received in the last 12 months				$	
Contributions from family, friends or other organization for rent, childcare, other bills.	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Contributions received in the last 12 months				$	
Student Financial Assistance	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount Student Financial Assistance received in the last 12 months				$	
Contributions to Your Crowdfunding Account	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$

Amount received in the last 12 months				$	
Contributions from a Crowdfunding Account	☐ Check	☐ Direct Deposit	☐ Debit Card	☐ None	$
Amount received in the last 12 months				$	
Other Income?					$
Other Income?					$

Asset Self-Certification:

An asset, as defined by HUD, is cash or something that you own that can be converted to cash. Personal property, such as clothes, wedding rings, personal vehicles, etc. are not counted as assets.

☐ I/we do not have any assets at this time. (If this is the case, continue to page 3 and answer questions about disposed assets)

My/our assets include:

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income	
Checking Account		$	$	%	$	☐ Unknown
Checking Account		$	$	%	$	☐ Unknown
Savings Account		$	$	%	$	☐ Unknown
Savings Account		$	$	%	$	☐ Unknown
Peer-to-peer Payment Account (*e.g., Venmo, PayPal, Apple Pay, etc.*)		$	$	%	$	☐ Unknown
Peer-to-peer Payment Account (*e.g., Venmo, PayPal, Apple Pay, etc.*)		$	$	%	$	☐ Unknown
Money Market Account		$	$	%	$	☐ Unknown
Debit Card including Direct Express Card or Other Benefit Card		$	$	%	$	☐ Unknown
Sport vehicle or other like Non-necessary Personal Property		$	$	%	$	☐ Unknown
Collection or other like Non-necessary Personal Property		$	$	%	$	☐ Unknown
Cash		$	$	%	$	☐ Unknown

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income	
Deed of Trust/Loan (*you have loaned someone money and they are paying you back with or without interest*)		$	$	%	$	☐ Unknown
		$	$	%	$	☐ Unknown
		$	$	%	$	☐ Unknown
INVESTMENT ACCOUNTS *Please do not include assets that are part of a Retirement Account or an Irrevocable Trust. Those assets are excluded.*						
Type of Asset	**Owned by**	**Balance/ Value**	***Cash Value**	**Interest %**	**Annual Income**	
Annuity		$	$	%	$	☐ Unknown
Certificate of Deposit		$	$	%	$	☐ Unknown
Crowd Funding Account (e.g., GoFundMe, Kickstarter, etc.);		$	$	%	$	☐ Unknown
Bonds (not Baby Bonds)		$	$	%	$	☐ Unknown
Insurance		$	$	%	$	☐ Unknown
Investment Accounts (accounts that include stocks, bonds, and other like investments)		$	$	%	$	☐ Unknown
Investments in Precious Metals including Gold, Silver, Copper, etc.		$	$	%	$	☐ Unknown
Debit Card including Direct Express Card or Other Benefit Card		$	$	%	$	☐ Unknown
Crypto Currency (e.g., Bitcoin, Altcoins, Crypto coins, etc.)		$	$	%	$	☐ Unknown
Revocable Trust		$	$	%	$	☐ Unknown
Collection or other like Non-necessary Personal Property		$	$	%	$	☐ Unknown
Special Needs Trust		$	$	%	$	☐ Unknown
		$	$	%	$	☐ Unknown

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
		$	$	%	$ ☐ Unknown

REAL PROPERTY				
Does Any Family Member Own…	For Sale?	Market Value	Cost to Sell	*Cash Value
☐ No ☐ Yes A Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence	☐ No ☐ Yes ☐ NA	$	$	$
☐ No ☐ Yes Rental Property - Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in.	☐ No ☐ Yes ☐ NA	$	$	$
Rental Income $	☐ Weekly ☐ Monthly ☐ NA		Annual Expenses $	
☐ No ☐ Yes Real Property not used for a business a member has legal authority to sell such property	☐ No ☐ Yes ☐ NA	$	$	$
☐ No ☐ Yes Real Property used for a business when a member has legal authority to sell such property	☐ No ☐ Yes ☐ NA	$	$	$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.

Member Name			
☐ No ☐ Yes Have you received a tax credit or tax refund in the last year?		If Yes, total amount.	$
What did you do with those funds?	☐ NA ☐ Gave it away ☐ Spent It ☐ Deposited in		
Please provide a copy of the tax return and proof of funds received if amount received differs from return.			

Member Name			
☐ No ☐ Yes Have you received a tax credit or tax refund in the last year?		If Yes, total amount.	$
What did you do with those funds?	☐ NA ☐ Gave it away ☐ Spent It ☐ Deposited in		
Please provide a copy of the tax return and proof of funds received if amount received differs from return.			

Assets Disposed of For Less Than Fair Market Value (choose one)

☐ I have not disposed of any assets for less than fair market value. Or

During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated below:

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.)	☐		$
Property sold for less than fair market value (this identifies property that was given away or sold for substantially less than current real estate market would bear such as a Quit Claim)	☐		$
Trust/Savings/Investment Accounts opened for another person	☐		$
Transfer of Assets for Free or For Less Than Market Value (for example, giving a child stock or mutual funds	☐		$

or setting up a trust for someone who does not live in the unit)			
Other	☐		$

PENALTIES FOR MISUSING THIS FORM

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). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate.

_____

HOH Date

_____

Member Date

Deductions

Health & Medical Expenses: Households in which the **Head-Of-Household, Co-Head Of Household/Spouse is disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Medical expenses for all family members are included when determining the Medical Expense Deduction. You will be asked to provide receipts to verify the expense. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1– annual premium		$
Health Insurance - 1 – annual deductible		$
Health Insurance - 2 – annual premium		$
Health Insurance - 2 – annual deductible		$
Dr. visit/medical treatments - annual out-of-pocket expense		$
Prescription Drugs - annual out-of-pocket expense		$
Do you have an HMO or a medical plan/policy that pays all or part of the cost of your medications?	☐ Yes	☐ N
If yes, please give the name of the HMO, plan, or insurance company.		
What amount (or percentage) of the cost must YOU pay?	$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	☐ Yes	☐ N
If yes, who reimburses you?		
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense *(i.e., aspirin to treat a heart condition or calcium supplements to treat osteoporosis)*		$
Personal use items annual out-of-pocket expense *(i.e., glasses, incontinent supplies, hearing aids)*		$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense		$
Mileage to and from medical appointments		$
Other		$
Other		$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?		
Other?		$
Other?		$

Child Care: HUD allows you to deduct a certain amount of childcare expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any childcare expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	☐ Yes	☐ No
Monthly Amount Child #1 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	

Monthly Amount Child #2 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____

Attendant Care & Auxiliary Apparatus Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities. These deductions are allowed when these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work. If no household member works, then the household does not qualify for the Attendant Care & Auxiliary Apparatus Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work because of such an expense.		
Do you pay for equipment that allows any adult family member to work? *e.g., costs to equip a vehicle to make it accessible to allow a disabled member to drive to work*	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work because of such an expense.		

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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).

☐ No ☐ Yes Do you give permission for the owner/agent to contact you electronically

(Email/Text/Applicant/resident portal/Other electronic methods)

Would you like to request a complete copy of the owner/agent's resident selection criteria?

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will by my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

_____

Applicant Name (please print)

Signature _____ Date _____

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.

Initial Notice of Requirement to Conduct Noncitizen Eligibility Review Under Section 214

Property Name:		Telephone:	
Address:		Fax:	
Address 2:		TTD/TTY:	711 National Voice Relay
Property Web Site		Email	

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

a. Section 8 Housing Assistance Payments programs;
b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance.

Applicants for HUD housing assistance must:

1. Complete an Owner/Family Summary, using the attached blank format to list all family members who will reside in the assisted unit (including minors).
2. Complete a Citizenship Declaration for all family members (including minors). If there are 3 people listed on the Owner/Family Summary Sheet, you should have 3 completed Citizenship Declarations. The Citizenship Declaration explains if any additional forms and/or evidence must be submitted.
3. If any member is claiming to be an eligible Noncitizen, the member must provide the owner/agent with required documentation as indicated and consent to verify Noncitizen Eligibility.
4. Submit the Owner/Family Summary, the Citizenship Declaration(s), and any other forms and/or evidence

This Citizen/noncitizen (Section 214) review will be completed in conjunction with the verification of other aspects of eligibility for assistance.

If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form.

Failure to provide this information or establish eligible status will result in rejection of your family's application.

If this Citizen/noncitizen (Section 214) review results in a determination of ineligibility, you will have an opportunity to appeal the decision.

If the final determination concludes that only certain members of your family are eligible for assistance based on the Noncitizen Rule, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation and has been determined to be eligible.

Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Consideration the Need for Reasonable Accommodation
You have the right to request a reasonable accommodation to assist in facilitating a meeting with the owner/agent. The owner/agent will consider extenuating circumstances where this would be required as a matter of reasonable accommodation.

Protections Provided Through the Violence Against Women Act
HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat. If you would like additional information about the property VAWA policy, please reference the property Tenant Selection Plan or contact the property staff. If you would like to exercise your VAWA protections, please contact the management office within ten (10) business days of the date of this notice.

Questions Concerning this Notice
The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de se proporcionan con acceso significativo basado en sus necesidades individuales.

We look forward to assisting you with your application process.

cc: Applicant File

Family Owner Summary

Date: _____

HOH Name:		Telephone:		email	

Member No.	Last Name of Member	First Name of Member	Date of Birth	Declaration	Date Verified To be Completed by Property Staff Only
1				☐ US Citizen ☐ Eligible Non-citizen ☐ Does not contend eligibility	By:
2				☐ US Citizen ☐ Eligible Non-citizen ☐ Does not contend eligibility	By:
3				☐ US Citizen ☐ Eligible Non-citizen ☐ Does not contend eligibility	By:
4				☐ US Citizen ☐ Eligible Non-citizen ☐ Does not contend eligibility	By:
5				☐ US Citizen ☐ Eligible Non-citizen ☐ Does not contend eligibility	By:

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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may be appropriate, against the officer or employee of HUD, the PHA 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).

By my signature I certify that the information I have provided above is true and complete.

_____

HOH Name (Please print)

_____ _____

HOH Signature Date

Citizenship/Noncitizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household (including minors) listed on the Family Summary Sheet

Applicant/Resident Name	
Alien Registration Number	or ☐ NA
Admission Number *if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)*	or ☐ NA
Nationality *(Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)*	

To Be Completed by Property Office Staff Only

SAVE Verification Number _____

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. *Note from RBD – this Spanish translation was provided by a Microsoft translator tool. Be sure to verify with someone who speaks Spanish.*

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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).

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

Citizenship/Noncitizen Declaration

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**
Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided *(Note: Proof of identity is not required for minors)*
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

_____
Applicant Name (please print)

Signature _____ Date _____

☐ Check here if adult signed for a child,

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

Citizenship/Noncitizen Declaration

From non-citizens claiming eligible status who is 62 or older:

a. This signed declaration of eligible immigration status and
b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

a. This signed declaration of eligible immigration status and
b. Verification Consent Form

AND

c. One of the following documents:
   1. Form I-551, Permanent Resident Card.
   2. Form 1-94, Arrival-Departure Record annotated with one of the following:
      a. "Admitted as a Refugee Pursuant to Section 207";
      b. "Section 208" or "Asylum";
      c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
      d. "Paroled Pursuant to Section 212(d)(5) of the INA."
   3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
      a. A final court decision granting asylum (but only if no appeal is taken);
      b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
      c. A court decision granting withholding of deportation; or
      d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
   4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
   5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

_____

Applicant Name (please print)

Signature _____ Date _____

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Citizenship/Noncitizen Declaration

_____
Applicant Name (please print)

Signature _____ Date _____

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**
If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____
Applicant Name (please print)

Signature _____ Date _____

☐ Check here if adult signed for a child.

Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

_____ _____

Borrower or Manager Signature Date

_____ _____

Tenant/Applicant Signature Date

"This institution is an equal opportunity provider."

AUTHORIZATION TO RELEASE INFORMATION

Re: _____

I hereby authorize any person, agency, or institution to supply information requested by any duly authorized representative of the Professional Management, Inc. aka Prairie View Homes concerning myself and/or my family. This information will be used to determine my eligibility for housing.

"The Department of Housing and Urban Development certifies, in compliance with the Rights to Financial privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provision of said Act."

I also release information regarding child support payments received, court order amounts, and payment history to be given to Professional Management, Inc. aka Bridgeway II Apartments.

This authorization is given only in connection with, its use by the Doland Development and its administration of rent subsidies. This authorization shall remain in effect for 18 months from the date of signature.

_____	_____	_____
Head of Household Signature	Social Security #	Date
_____	_____	_____
Co-Head or Spouse Signature	Social Security #	Date

_____

Current Address Phone Number

Doland Development
PO Box 220
Madison, SD 57042
(605) 256-6904

Acknowledgement

I hereby state that I have received a copy of the Occupancy Rights under the Violence Against Women Act (VAWA), published by the U.S. Department of Housing and Urban Development.

And

I hereby state that I have received a copy of the "White House Blueprint for a Renters Bill of Rights" published by the The Domestic Policy Council and National Economic Council January 2023.

And

I hereby state that I have received a copy of the Wage Match Notice to Tenants for Rural Development housing assistance applicants, published by the U.S.D.A Rural Development.

And

I hereby state that I understand if I occupy a handicap unit and there is a tenant or applicant who needs the features of my unit, I will be required to transfer to the first available open unit.

And

If I occupy a unit that is larger than what I qualify for and there is a tenant or applicant who qualifies for the larger unit, I will be required to transfer to the first available open unit that is appropriate size.

_____ _____

Signature Date