

# Conway Village Apartments

300 Woodard Blvd.  
P.O. Box 585  
Conway, NC 27820  
(252) 585-0606  
TTY 1-800-735-2962

**Thank You** for your interest in Conway Village Apartments, offering 2- and 3-bedroom apartments. Enclosed is our rental application that must be filled out completely. If a question does not apply to your situation, please answer N/A. We also ask that you use a pen when filing it out. Again, thank you for inquiring about Conway Village Apartments!

The following income restrictions apply for all persons applying for housing.

Household <u>Size</u>	Extremely Low <u>Income</u>	Very Low <u>Income</u>
2	18,310	26,200
3	23,030	29,450
4	27,750	32,700
5	32,470	35,350
6	37,190	37,950
7	40,550	40,550

## 2BR

## 3BR

Rent Schedule:                                 \$762 Contract Rent                                 \$886 Contract Rent

NOTE: Rent Based on 30% of Adjusted Monthly Income  
Section 8 Assistance Available

Utilities Allowance:                                 \$155   \$178  
(estimated utility cost per month – based on average utility cost for water, sewer & electricity)

Security Deposit:   One Month's Total Tenant Payment (\$50.00 Minimum)

No Pets Allowed

**Smoking, including E-cigarettes will be prohibited in all residential units including porches and balconies. Smoking will be permitted 25 feet and beyond from all buildings. This policy applies to all residents, guests, employees, service personnel, and all other visitors to the property.**

### Application Requirements

1. **Completed and signed application.**
2. **Enclose a copy of each household member(s) birth certificate.**
3. **Enclose a copy of each household member(s) social security card or one of the following documents to provide the social security number - Driver's license with SSN, Identification card issued by a federal, State, or local agency, a medial insurance provider, or an employer or trade union, earnings statements on payroll stubs, Bank Statement, Form 1099, Benefit award letter, life insurance policy or court records.**

Return the above information to: Conway Village Apartments  
300 Woodard Blvd.  
P.O. Box 585  
Conway, NC 27820



EQUAL HOUSING OPPORTUNITY





# RENTAL APPLICATION

(RD/HUD)

COMPLEX \_\_\_\_\_

RECEIVED \_\_\_\_\_

COMPLETE \_\_\_\_\_

### APPLICANT INFORMATION

Do you have a Section 8 Certificate or Voucher? ( ) Yes ( ) No

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at this address? \_\_\_\_\_ Home Phone # \_\_\_\_\_ Current Landlord \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Current Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Reason for Moving \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ How Many Vehicles? \_\_\_\_\_

Previous residences for last 5 years. **\*Are you or will you be a Student anytime during the next 12 months? F/T P/T No**

Complete Address \_\_\_\_\_ Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_ From - To \_\_\_\_\_

### CO-APPLICANT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at this address? \_\_\_\_\_ Home Phone # \_\_\_\_\_ Current Landlord \_\_\_\_\_

Landlord Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Current Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Reason for Moving \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ How Many Vehicles? \_\_\_\_\_

Previous residences for last 5 years: **\*Are you or will you be a Student anytime during the next 12 months? F/T P/T No**

Complete Address \_\_\_\_\_ Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_ From - To \_\_\_\_\_

### OTHER INTENDED OCCUPANTS OF APARTMENT

Full Name	Relationship	DOB	Soc. Sec. #	Student Status		
				F/T	P/T	No
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### AUTOMOBILE INFORMATION

Model \_\_\_\_\_ Make \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_

### IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT, PLEASE NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital \_\_\_\_\_

RD/HUD regulations require that all applicants/tenants reveal all sources of income and assets. This application is not considered complete and therefore can not be processed until the following questionnaire of income and assets has been completed by both the applicant and co-applicant. In cases of elderly, handicapped or disabled applicants a medical expense questionnaire must also be filled out as part of the application process. To determine if you meet the definition of handicapped or disabled, refer to the handicapped/disabled definition and questionnaire which must be completed by both the applicant and/or co-applicant in order to receive the deduction.

## INCOME AND ASSETS QUESTIONNAIRE

(For Entire Household)

### A. Assets Section

Est. Amount/Value

Interest Rate

1 Do you have any of the following:				
a. Checking Accounts	( ) Yes	( ) No		
b. Saving Accounts	( ) Yes	( ) No		
c. Certificate of Deposits	( ) Yes	( ) No		
d. Money Market Funds	( ) Yes	( ) No		
e. Stocks/Bonds	( ) Yes	( ) No		
f. Treasury Bills	( ) Yes	( ) No		
g. IRA/Keough Accounts	( ) Yes	( ) No		
h. Company Retirement Accounts	( ) Yes	( ) No		
i. Pension Funds	( ) Yes	( ) No		
j. Trust Accounts	( ) Yes	( ) No		
If yes, is it irrevocable?	( ) Yes	( ) No		
k. Cash Held in Safety Deposit Boxes, etc.	( ) Yes	( ) No		
l. House	( ) Yes	( ) No		
m. Rental Property	( ) Yes	( ) No		
n. Other Investments	( ) Yes	( ) No		
2 Have you received any lump sum payments such as:				
a. Inheritances	( ) Yes	( ) No		
b. Lottery Winnings	( ) Yes	( ) No		
c. Insurance Settlements	( ) Yes	( ) No		
d. Workman's Compensation Settlements	( ) Yes	( ) No		
e. Social Security Disability Settlements	( ) Yes	( ) No		
f. Unemployment Compensation Settlements	( ) Yes	( ) No		
g. VA Disability Settlements	( ) Yes	( ) No		
h. Severance Pay	( ) Yes	( ) No		
i. Capital Gains	( ) Yes	( ) No		
j. Educational Grants or Scholarships	( ) Yes	( ) No		
k. Other	( ) Yes	( ) No		
3 Have you disposed of any assets for less than fair market value in the past two (2) years?	( ) Yes	( ) No		
TOTAL ESTIMATED AMOUNT/VALUE OF ASSETS			\$	

### B. Income Section

Est. Amount

1 Do you receive any of the following:				
a. Wages, Salary, etc. thru Employment	( ) Yes	( ) No		
b. Income from a Business or Profession	( ) Yes	( ) No		
c. Social Security	( ) Yes	( ) No		
d. SSI	( ) Yes	( ) No		
e. AFDC or other Public Assistance	( ) Yes	( ) No		
f. Alimony	( ) Yes	( ) No		
g. Child Support Payments	( ) Yes	( ) No		
h. Unemployment Compensation	( ) Yes	( ) No		
i. Workman's Compensation	( ) Yes	( ) No		
j. Severance Pay	( ) Yes	( ) No		
k. Retirement Income	( ) Yes	( ) No		
l. Annuities Income	( ) Yes	( ) No		
m. Insurance Policies Income	( ) Yes	( ) No		
n. Disability or Death Benefits (Other than Social Security or SSI)	( ) Yes	( ) No		
o. Income from Rental Property	( ) Yes	( ) No		
p. Other	( ) Yes	( ) No		
2 Do you regularly receive monetary gifts or non-cash contributions from persons outside the household for:				
a. Rent	( ) Yes	( ) No		
b. Utilities	( ) Yes	( ) No		
c. Groceries	( ) Yes	( ) No		
d. Clothing	( ) Yes	( ) No		
e. Miscellaneous Household Supplies	( ) Yes	( ) No		
f. Other	( ) Yes	( ) No		
TOTAL ESTIMATED AMOUNT OF INCOME			\$	

**By signing below, I (we) certify the information provided is accurate and I (we) understand that any misrepresentations may disqualify me (us) for housing.**

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Resident Signature

\_\_\_\_\_  
Date

**C. Miscellaneous Information**

1. Do you pay any child care expenses for children age 12 or younger that enables a family member to go to work or to school? (Note: This amount should not exceed the amount earned at work or should not exceed a sum reasonably expected to cover class time and travel time to and from classes. Also, for this expense to be allowed as a deduction from income, the amount is not to be paid to a family member living in the household, is not to be reimbursed by an agency or individual and is allowed only if there is no adult member of the household capable of providing the care.)

( ) Yes      ( ) No      Estimated Annual Amount \_\_\_\_\_

2. Do you have any handicapped assistance expenses which enable a family member (including the handicapped members) to work. (Note: This deduction may be given for expense amounts which exceed 3% of annual income provided they are not paid to a member of the household or reimbursed by an agency or individual.)

( ) Yes      ( ) No      Estimated Annual Amount \_\_\_\_\_

**DEFINITION OF DISABILITY AND HANDICAP**

Individual with disability. A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:

- a. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death, and
- b. Substantially impedes the ability to live independently, and
- c. Is of such a nature that such ability could be improved by more suitable housing conditions, or
- d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.

e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.

2. The person has a developmental disability; a severe, chronic disability which:

- a. Is attributable to a mental or physical impairment or combination of mental or physical impairment; and
- b. Was manifested before age 22; and
- c. Is likely to continue indefinitely; and
- d. Results in substantial functional limitations in three or more of the following areas of major life activity:

- (1) Self-Care
- (2) Receptive and expressive language
- (3) Learning
- (4) Mobility
- (5) Self-direction
- (6) Capacity for independent living
- (7) Economic self-sufficiency

e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are of lifelong or extended duration and are individually planned and coordinated.

Individual with handicap.

1. A person with a physical or mental impairment that:

- a. Is expected to be of long-continued and indefinite duration; and
- b. Substantially impedes the person or is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.



2. The term handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF OR ADDICTION TO A CONTROLLED SUBSTANCE. As used in this definition:

a. Physical or mental impairment includes:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.  
The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

b. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.

c. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more of major life activities.

d. Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;

(2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or

(3) Has one of the impairments defined in paragraph 2 a (1) and 2 a (2) of this definition but is treated by another person as having such an impairment.

Persons which meet the definition of disabled or handicapped qualify for a \$400.00 deduction to their annual income when determining rent contribution and certain other deductions. If after reading the definitions above you feel that you qualify and would like to request this adjustment to your income, please indicate in the space provided:

Yes, I feel that I meet the definition of handicapped and/or disabled as defined above and would therefore like to request the \$400.00 adjustment to income.

No, I feel that I do not meet the definition of handicapped or disabled as defined above and therefore do not request the \$400.00 adjustment to income.

If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for the handicapped/disabled status. Failure to provide this information may result in the denial of these deductions.

Would you like to request a handicapped designed unit?

Yes

No

Would you like to request reasonable accommodations/modifications to the unit?

Yes, I would like to request \_\_\_\_\_  
\_\_\_\_\_

No

FOR CONGREGATE HOUSING ONLY

Would you like to request a specific service or services?

Yes, I would like to request \_\_\_\_\_  
\_\_\_\_\_

No

**MEDICAL EXPENSE QUESTIONNAIRE**  
**\* FOR ELDERLY, HANDICAPPED OR DISABLED ONLY \***

1. Are you currently under the care of a physician, optometrist, ENT, etc. where you are having to pay for bills not covered by medical insurance? ( ) Yes ( ) No

If yes, please provide the following:

Name of Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

2. Are you currently having to take medication that is not covered by medical insurance? ( ) Yes ( ) No

If yes, provide the following:

Name of Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

3. Are you currently paying for hospital bills not covered by medical insurance? ( ) Yes ( ) No

If yes, please provide the following:

Name of Hospital \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Hospital \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Total amount owed \$ \_\_\_\_\_

Total amount owed \$ \_\_\_\_\_

What is the estimated amount that you will spend over the next 12 months to reduce the amount owed?  
 \$ \_\_\_\_\_

What is the estimated amount that you will spend over the next 12 months to reduce the amount owed?  
 \$ \_\_\_\_\_

4. Do you pay medical insurance premiums? ( ) Yes ( ) No

If yes, please provide the following:

Name of Insurance Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Monthly premium amount \$ \_\_\_\_\_

Monthly premium amount \$ \_\_\_\_\_

I (we) understand that this application must be filled out completely and accurately. I (we) certify the information provided is accurate and I (we) understand that any misrepresentations will disqualify me (us). I (we) further certify that the housing occupied on these premises will be my (our) permanent residence and I (we) do not/will not maintain a separate subsidized rental unit at any other location.

By signing this application, I (we) hereby authorize the management (or it's agent) of this complex, for purposes of this application, to contact and obtain any information required from any of the individuals or entities listed on this application, or from any other individuals or entities as may be required. Management further reserves the right to release this information for purposes of collecting outstanding debts.

I (we) understand that the managing agent will verify, in writing through a third party, the information provided on this application.

I (we) also understand that my household wages are subject to being verified through a third party source(s) by Rural Development or HUD or any successor agencies designated by the U.S. Federal government to administer this housing program.

**WARNING**

**Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined under this title or imprisoned not more than five years, or both.**

If this application is approved, one month's prorated rent and security deposit or partial payment of deposit must be paid and lease and tenant certification must be executed in advance before occupancy of the apartment. NO REFUND WILL BE MADE except to comply with state and federal guidelines. All rent is due and payable in advance on the FIRST DAY OF THE MONTH.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND ALL THE ABOVE.

**SIGNATURES**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about our apartment community? Newspaper ( ) Phonebook ( ) Resident ( )  
Drive-by ( ) Flyer/Brochure ( ) Other ( ) Explain \_\_\_\_\_

Date possession of apartment desired \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development or HUD, that federal laws prohibiting discrimination against all tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap status are complied with. You are not required to furnish the information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Sex of Applicant \_\_\_\_\_ Race \_\_\_\_\_

Sex of Co-Applicant \_\_\_\_\_ Race \_\_\_\_\_

Ethnicity:  
Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_

Ethnicity:  
Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_

Marital Status:  
Single \_\_\_ Married \_\_\_ Separated \_\_\_

Marital Status:  
Single \_\_\_ Married \_\_\_ Separated \_\_\_



Revised 11/08

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_ for purposes of verifying information  
(owner or agent)  
on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement Systems                     |
| Support and Alimony Providers                          | Social Security Administration   | Banks and Other Financial Institutions |
|  | Medical and Child Care Providers | Educational Institutions               |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

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**SIGNATURES**

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.



## APPLICATION ATTACHMENT

### IMPORTANT!!!!

HUD will not pay rent for you on two apartments for the same days.

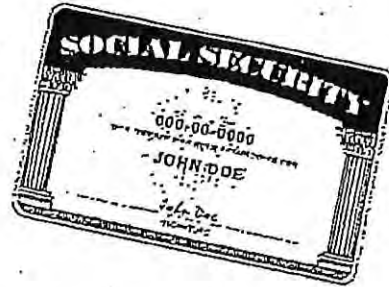
Move-ins: If you are moving into an apartment here, and you currently live in an apartment subsidized by HUD, you must notify us. We must contact your current manager to confirm the date they show you are moving out. We cannot move you in here until you are officially moved out of your current apartment. You must turn in the keys to your apartment where you currently live before you move here.

If you move in here, and your current manager has not moved you out of the HUD system, your move-in will be rejected, and you will have to pay the full market rent for any overlap period.

Move-outs: If you are moving from your apartment here to another apartment subsidized by HUD, you must notify us and the manager for the new apartment. We must coordinate your move-out and move-in dates. They cannot move you in until we move you out of the HUD system. You must turn in the keys to your apartment before you move. If we do not coordinate the dates before you move, you will have to pay the full market rent for any overlap period.

# Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

**? The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

**? I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

## Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

## No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note:** If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



U.S. Department of Housing and Urban Development  
Office of Housing

## Criminal & Sex Offender Background Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household member age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Conway Village Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?  yes  no
2. Do you currently use illegal drugs or abuse alcohol?  yes  no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  yes  no
4. Have you been convicted of any drug-related crime within the past five years?  yes  no
5. Have you been convicted of any felony within the past five years?  yes  no
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  yes  no
7. Have you been convicted of any crime involving violence within the past five years?  yes  no
8. Are you currently charged with any of the above criminal activities?  yes  no
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s) \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known by another name?  yes  no  
If yes, please list names used. \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Conway Village Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Conway Village Apartments, to a public housing authority, or to an agency contracted by Conway Village Apartments to conduct criminal background checks.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.