Please mail the completed application to the address of the building and/or buildings you wish to apply to or email to info@improved-dwellings.org

APPLICATION FOR LEASE

Head of Household Name: _____

Current Address: _____ City, State, Zip: _____

Phone Number: _____ Birth Date: _____

Social Security Number: _____ Email Address: _____

What is your preferred method of contact? ☐ Telephone ☐USPS Mail ☐Email ☐Other
If you have no Social Security Number, you claim you are exempt because: (choose one)
If you have no Social Security Number, you claim you are exempt because: ☐ You are an ineligible non-citizen or ☐ You were age 62 or over as of January 31, 2010 receiving HUD assistance at another location on January 31, 2010?
How did you hear about us?
Gender: ☐Male ☐Female ☐Prefer not to disclose
Citizenship Status: ☐ US Citizen ☐ Eligible Non-Citizen ☐Ineligible Non-Citizen

Additional Household Members

NAME	RELATION SH IP	SEX	BIRTHDATE	SOCIAL SECURITY#	BIRTHPLACE

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?
Are you a victim of a recent presidentially declared disaster? ☐Yes ☐No
Are you a victim of Domestic Violence? ☐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
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? _____
Are you currently using marijuana for recreational or medicinal purposes? ☐Yes ☐No
Are you aware of any facts or circumstances that you, your personal property or your current or previous residences were exposed to bed bugs? ☐Yes ☐No
IF YOU HAVE BEEN EXPOSED to bed bugs within the last two years, do you represent and warrant that all of your personal property has been inspected, professionally treated if warranted, and that no bed bugs are present in your personal property? ☐Yes ☐No
Are you, or is any member of your household, subject to State lifetime sex offender registration in any state?
☐Yes ☐No

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**Please list all states where the applicant and members of the applicant's household have resided:

_____

RENTAL HISTORY

Are you currently homeless? ☐Yes ☐No If yes, please skip questions about your current landlord and answer questions related to your previous landlord.

Current Landlord: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Phone Number: _____

How long have you lived at this address? _____

Reason for leaving: _____

Do you currently have an outstanding balance 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 evicting you or another person living with you?
☐Yes ☐No

Has this landlord asked you to sign a repayment agreement to return money to HUD?
☐Yes ☐No

Previous Landlord: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Phone Number: _____

How long have you lived at this address? _____

Reason for leaving: _____

Were you or any member of your household evicted from this property? ☐Yes ☐No

Do you currently have an outstanding balance owed to this landlord? ☐Yes ☐No

Has this landlord asked you to sign a repayment agreement to return money to HUD?
☐Yes ☐No

UNIT SIZE: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need of a larger or smaller unit in accordance with HUD Handbook 4350.3. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with the HUD Handbook 4350.3. Please indicate any necessary special features below.

Unit Size:

☐1 Bedroom Unit ☐2 Bedroom Unit ☐3 Bedroom Unit ☐4 Bedroom Unit

Please list any required special features: _____

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure you receive the correct assistance, please provide the following information.

Are you employed? ☐Yes ☐No

If yes, please provide the name and address of your present employer below.

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Employer: _____ Phone Number: _____
Address: _____ City, State, Zip: _____
How much employment income do you expect to receive in the next 12 months?
$_____
Co-Applicant Employer _____Phone Number: _____
Address: _____ City, State, Zip: _____
How much employment income do you expect to receive in the next 12 months?
$_____
How much do you expect to receive in other income in the next 12 months? **Please write 0, NA or None if you will receive no income from these sources.**
Monthly Social Security: $_____
Monthly SSI: $ _____
Monthly Retirement Benefits: $_____
Monthly VA Benefits: $_____
Monthly Unemployment Benefits: $_____
Monthly Child Support: $_____
Alimony: $ _____
Public Assistance: $ _____
Income from a pension, annuity or other asset: $_____
Regular contributions from organizations or individuals not living in the unit: $_____
Periodic payments from Long-Term Insurance, Disability or Death Benefits: $ _____
Contributions from family for rent, child care or other bills: $ _____
Any lump sum amounts from delay of payments for SSI or VA disability: $ _____
Financial aid for education assistance: $_____
Annual amount of education assistance: $ _____
Other: $ _____

ASSETS Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years? ☐Yes ☐No

Are any benefits deposited into a Direct Express Debit Card account? $ _____

Do you have a checking account? $ _____If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements.
Do you have a savings account? _____
Do you have a 401 K or other employment savings account? _____
Do you own an IRA or other retirement account? _____
Income from a pension, annuity or other asset: _____
Regular contributions from organizations or individuals not living in the unit: _____
Periodic payments from Long-Term Insurance, Disability or Death Benefits: _____
Contributions from family for rent, child care or other bills: _____
Any lump sum amounts from delay of payments for SSI or VA disability: _____
Financial aid for education assistance: _____
Annual amount of education assistance: _____
Other:_____

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Please describe any special accommodations or housing needs you or a member of your household require:

_____

_____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

I, the undersigned, do hereby state that I have requested housing assistance from Improved Dwellings for Altoona, Inc. and do authorize said Corporation to obtain and verify only such information necessary according to the law to qualify me as an eligible applicant for housing assistance. I understand that any information documented on my application is strictly confidential, and is to be used only to verify my eligibility for housing assistance. All applicants 18 and over must sign.

_____	_____
APPLICANT	DATE
_____	_____
CO-APPLICANT	DATE
_____	_____
CO-APPLICANT	DATE
_____	_____
CO-APPLICANT	DATE

For Statistical Purposes ONLY (Please check)

RACE: White_____ Black _____ Asian_____ American Indian_____ Do not wish to answer_____	**Ethnicity:** Hispanic _____ non-Hispanic_____ Do not wish to answer_____

For Office Use Only:

Date Application Received: _____ Time Received: _____

IDA IMPROVED DWELLINGS FOR ALTOONA, INC.