

Application for Admission and Rental Assistance Section 8 Elderly and/or Disabled

Date: _____

Property Name:	Trinity Park	Telephone:	314-868-4300
Address:	11043 Mollerus Drive	Fax:	314-868-7248
Address 2:	St. Louis, MO 63138	TTD/TTY:	711 National Voice Relay
Property Web Site		Email	Trinity@sansonegroup.com

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
How did you hear about us?			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Are you currently using marijuana for recreational or medicinal purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate each state where you have lived: <i>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.</i>		
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.		

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a split household/unit transfer preference. I currently live on this property. Yes No

Unit Number _____

RENTAL HISTORY:

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? <i>(if Yes, continue to the Previous Landlord information; if No, Complete the Information below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Current 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? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? <i>(if Yes, continue to the next section. If No, complete the Information below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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UTILITY PROVIDERS:

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive any assistance to pay your utility bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household, please complete this section which provides information about other household members. If you are not the HOH, please skip to the question about pets & assistance/companion animals. You must indicate one of the HUD approved relationship codes for each household member.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?			Adults	Minors	
MEMBER # & HOUSEHOLD MEMBER'S FULL NAME		RELATIONSHIP TO HEAD OF HOUSEHOLD			
2			<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (<i>live in aides must be approved before move in</i>)		
SSN			Date of Birth		
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			
Please indicate each state where this person has lived					
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.					



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MEMBER # & HOUSEHOLD MEMBER'S FULL NAME		RELATIONSHIP TO HEAD OF HOUSEHOLD	
3		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Other adult <input type="checkbox"/> Live-in Aide (live in aides must be approved before move in)	<input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child
SSN		Date of Birth	
Citizenship Status		<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen	
Please indicate each state where this person has lived:			
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.			

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? Yes No



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UNIT SIZE: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents 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 for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. 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 HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

Special Features

<input type="checkbox"/> Studio Unit	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> 2 Bedroom Unit	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:	

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.		
Employer #1		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	



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Employer #2	
Address	
Address 2	
City, State, Zip	
Phone	
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? <u>Please write in 0.00, NA or None if you will receive no income from these sources.</u> THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.	
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$

Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Child Support Amount	\$
Are you entitled to Alimony? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount	\$
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$
Income from a pension or annuity or other asset?	\$
Regular contributions from organizations or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
Contributions from family for rent, child care or other bills.	\$



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Any lump sum amounts from delay of payments for SSI or VA Disability	\$
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance.	\$
Other?	\$
Other?	\$
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>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. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	



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Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Whole Life <input type="checkbox"/> Term Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		



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DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. 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 , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you? <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		



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Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$
Personal use items annual out-of-pocket expense <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$
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?	\$
Other?	\$
Annual Child Care for a minor 12 years of age or younger	
Do you pay for child care to allow an adult living in the unit to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	
Monthly Amount Child #1	\$ _____
Monthly Amount Child #2	\$ _____
Monthly Amount Child #3	\$ _____
Disability Assistance Expense	
Do you pay for care for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Amount	\$



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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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be 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.

I would like to request a complete copy of the owner/agents resident selection criteria.

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

Applicant Name (please print) _____

Signature _____ Date _____

The owner and staff at Trinity Park Apartments do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Luann Kolander
120 S. Central, Suite 500
St. Louis, Missouri 63105
Telephone –Voice 314-727-6664
Telephone – TTY 711

