Signature
PROPERTY MANAGEMENT

LAKESIDE GARDENS APARTMENTS
2440 CARRIE STREET
SHREVEPORT,LA. 71103

This box is for Office Use Only	
Date of Receipt:	
Time of Receipt:	
Control Number:	
Barrier free:	
First Floor:	
Elderly Disabled:	
Race and/or Ethnicity:	
Priority /Preference Category:	
Language:	

HOUSING APPLICATION

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. make sure you sign the last page. If you need additional space to provide an answer please feel free to write on the back of the page.

For financial information please use pages 4 and 5 to write the names and address of people who can verify the information you provide. (Example: For income provide your employer's name and address. For medical expenses provide your doctor's information or pharmacy payment information.

Before we offer you a unit we will give you an "Authorization for Release of Information" form. This will allow us to verify your information. Have each adult family member sign this form and return it to us as soon as possible. Until you return the Consent Form we cannot make a housing offer.

1 Name of Applicant _____

Current Residence Address _____ Apt # _____

City/ Town _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Best # to Reach Applicant Work Phone _____

Mailing Address _____ Apt # _____

City/ Town _____ State _____ Zip _____

2 Do you have any pets? ___ Yes ___ No If Yes, Please specify: (type, height, weight, etc.) _____

3 Do you live or have you ever lived in subsidized housing? ___ Yes ___ No

If Yes, Where? _____

When? From _____ To _____

Were you evicted? _____ Yes _____ No

If Yes, Did you owe Rent? _____ Yes _____ No If Yes, How much? _____

4 Does anyone in your house own a car? ___ Yes ___ No Make/ Model/ Year of Car:

5 If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant _____

Name and address of Doctor: _____

6 Please list all states (and year of residency) where you or any members of your household have resided.

State	Years resided

Equal Housing Opportunity

Head of Household Initials_____

7 If you are renting: Name & Address of Landlord _____

_____

Phone #: _____ Current Rent _____ Security Deposit _____

If you are NOT renting, please explain your current living arrangement: _____

_____

8 If you have moved within the past five years, give the name, address and phone # of your previous landlord and the dates you lived there. Please use the back of the page if you need more space.

Landlord Name	Address	Phone	Dates you lived here	
			From	To

9 Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation?

_____ Yes _____ No If Yes, Please explain. _____

_____

10 Have you or any member of your household been subject to a state lifetime sex offender registration in any state?

_____ Yes _____ No If Yes, Please list states where you and household members have resided. _____

_____

11 Do you or any member of your household use illegal drugs or other illegal controlled substances?

_____ Yes _____ No If Yes, Please explain. _____

_____

12 Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?

_____ Yes _____ No If Yes, Please explain. _____

_____

13 Have you or your spouse/co-applicant ever used different names from the names given in this application?

_____ Yes _____ No If Yes, Please explain. _____

_____

14 Have you or any member of your household ever used social security numbers different from those listed in this application?

_____ Yes _____ No If Yes, Please explain. _____

_____

15 Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

_____ Yes _____ No If Yes, Please explain. _____

_____

16 How did you hear about this rental property, eg. Newspaper, word of mouth, etc.?

17 Please give three (3) references (other than family). Use the back of this page if you need more space.

Name	Address	Phone

18 Please check any categories below that apply to you and your family. If you check any of the categories, you must include verification with this application, eg. Three cancelled rent checks, a letter from the landlord denying a lease renewal, or a letter from a government agency indicating unfit housing. Without this information, you will not be able to qualify for a Federal Preference.

Our current dwelling is substandard because:

- ☐ It is dilapidated.
- ☐ It does not have indoor plumbing that works.
- ☐ It does not have a usable flush toilet inside the unit that tis only for the use of our family.
- ☐ It does not have a usable bathtub or shower inside the unit that is only for the use of our family.
- ☐ It does not have electricity.
- ☐ The electrical service is unsafe or inadequate.
- ☐ It does not have a kitchen
- ☐ It has been declared unfit for habitation by a government agency.

We are homeless and do not have a fixed, regular, or adequate nighttime residence. We currently live in:

- ☐ A supervised public or private shelter.
- ☐ An institution that provides a temporary residence for individuals intended to be institutionalized.
- ☐ A place not designed for, or normally used for sleeping.

We have been forced to leave our home because of:

- ☐ A natural disaster such as fire or flood.
- ☐ A government action.
- ☐ Action by a private owner that I, the tenant, could not control or prevent (not including rent increase).
- ☐ Actual or threatened physical violence.
- ☐ The landlord did not renew the lease.

We are paying more than 50% of our gross family income for rent and utilities.

____ Yes ____ No If Yes, Please enter your current housing expenses:

Rent	$ _____	Per month	Taxes	$ _____	Per _____
Heat	$ _____	Per month	Insurance	$ _____	Per _____
Gas	$ _____	Per month	Water/Sewer	$ _____	Per _____
Electricity	$ _____	Per month	Other (Specify)	$ _____	Per _____

MEMBER INFORMATION

Please list each member who will live in the unit including the Head of Household.

First & Last Name	Relationship to Head of Household	Social Security #	Date of Birth	Sex: Male, Female or prefer not to answer	Race*	Occupation**	Hispanic (Y/N)	Disabled Y/N
	Head							

*Race: Please enter Black or African American, White, American Indian or Alaska Native, Asian, Native Hawaiian or Other (specify). This information is for statistical purposes only and you are not required to answer, nor does your answer affect your positon on our waiting lists or your chances of getting a unit.

**Please enter the occupation of the family member Example Nurse, Clerk, Retired. If an adult member does not work enter N/A.

VERIFICATION INFORAMTION **DISABILITY**

This information is voluntary. However, there are certain program benefits which are available to applicants and residents who have a disability. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here_____, initial the upper right hand corner of the page and proceed to the next page.

Household Member Name	Disability (Optional)	Name and Address of Doctor or Professional who can verify information

Does any member have special housing needs which require any of the following? (check applicable items)
☐ Separate Bedroom ☐ One-level unit ☐ Unit for vision impaired ☐ Unit for mobility impaired
☐ Barrier-free apartment ☐ 1st floor unit ☐ Unit for hearing impaired ☐ Other (please specify)

Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

FINANCIAL INFORAMTION

Assets: Do you own any real estate?

_____ Yes _____ No If Yes, Please list the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member Name	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		$		
		$		
		$		

Expenses:

List any medical, disability or child care expenses that are paid by this household member.

Household Member Name	Type of Expense	Total Expense	Name & Address of Provider who can verify information
		$	
		$	
		$	
		$	

Income Before Deductions: Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name	Source of Income	Name & Address of Employer or Income Source	Gross Annual Income
	Salaries, Wages, including Overtime / Tips		
	Salaries, Wages, including Overtime / Tips		
	Net Income from Business or Profession		
	Trust Income, Interest & Dividends		
	Unemployment or Disability Compensation		
	Pensions & Annuities		
	Regular Social Security Benefits and / or SSI		
	VA Disability Income		
	TAFDC or Public Assistance		
	Regular Alimony Support Payments		
	Other Income		

APPLICANT SIGNATURE AND CERTIFICATION

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. I (we) understand that any false information may make me (us) ineligible for a unit.

I (we) certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I (we) understand that if any of this information is false, misleading or incomplete, management may decline this application or if move-in has occurred, terminate our Rental Agreement.

I (we) authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If this application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

I (we) agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

I (we) have read and understand the information in this application, in particular the information in the Instructions for Head of Household on page 1 and I (we) agree to comply with such information.

I (we) authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 USC Section 1681a(d), seeking information on my (our) credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household or more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

I (we) also understand that all adult members of the household must sign the HUD required Consent Form (Authorization for Release of Information) before we can be offered a unit.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Signature of Head of Household	Date	Signature of Co-Applicant	Date
Signature of Head of Household	Date	Signature of Co-Applicant	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**

STUDENT STATUS AFFIDAVIT
Each Household member must sign this form

Applicant/Resident Name _____ Date _____

Are you a student who enrolled as either a part time or full time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?
_____ Yes _____ No

If you answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions:

	YES	NO
1. Are you a graduate or professional student?	____	____
2. Are you disabled?	____	____
If yes, were you receiving Section 8 assistance as of November 30, 2005	____	____
3. Are you at least 24 years of age?	____	____
4. Are you a veteran of the United States military?	____	____
5. Are you married?	____	____
6. Do you have a dependent child?	____	____
7. Will you be living with your parents?	____	____
If no: Are your parents receiving or eligible to receive Section 8 assistance?	____	____
Are you claimed as a dependent on your parent's tax return?	____	____
8. Are you classified as a Vulnerable Youth?	____	____

A student meets HUD's Definition of vulnerable youth when:
a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness.

10. Are you receiving any financial assistance to pay for your education?	____	____
If yes, please list the sources of financial assistance:		

_____

_____

PENALTIES FOR MISUSING THIS CONSENT: 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Applicant/Resident: _____ Date: _____

Lakeside Gardens
2440 Carrie Avenue
Shreveport, Louisiana 71103
(318) 222-5138 Telephone
(318) 221-2713 Fax

WAITING LIST POLICY

I understand that I am on the Active Waiting List for a ____bedroom apartment in the above named apartment complex. In order to stay on the Active Waiting List, I must visit or contact the rental office within six (6) months of the date below. At that time, I will report any changes in family size, income, etc. If, at any time, my address or telephone number should change, I will notify the manager immediately.

I also understand that if I do not contact the rental office with any changes, and the rental can't contact me at any time, I understand that, I will no longer be on the active waiting list.

_____ _____

Applicant's Signature **Date**