

# Ridge Manor Apartments

## APPLICATION FOR RE-CERTIFICATION

### SECTION 8 NEW CONSTRUCTION

Bring this form, completed in blue or black ink in your own handwriting to your appointment for re-certification. Use the legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying that the information pertaining to them is correct. Do not leave any blanks. If a section or question does not apply to you, write NO in it.

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

#### I. HOUSEHOLD COMPOSITION (List all persons in household.)

**\*Race:** Enter each household member's race by using one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 - Native Hawaiian/Other Pacific Islander

**\*Ethnicity:** Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino

**\*Disabled?:** Write "Yes" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- 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. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?metho=page.display&pagename=regs>.
- "Handicap" does not include current, illegal use of or addition to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

**\*Note:** Answering these questions is voluntary.

Last	First	MI	Social Security No.	Relation to Head	Sex	*Race/ Ethnicity	Birth Date	Age	*Disabled Yes/No	Indicate If Married, Never Married, Widowed, Divorced, or Separated	Student Yes/No
				HEAD							

- Applicants who were age 62 or older as of January 31, 2010, and who do not have a social security number, if you were receiving HUD rental assistance at another location on January 31, 2010 please list:

\_\_\_\_\_



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2. Have you or any household member listed above ever been convicted of a felony or misdemeanor or subject to a lifetime state sex offender registration program in any state?  Yes  No If yes, explain.  
\_\_\_\_\_
3. All household members please list all states where you have resided.  
\_\_\_\_\_
4. Do you have full custody of all children listed above?  Yes  No  N/A
5. Are any of the household members foster children or foster adults?  Yes  No
6. Is any household member age 18 or older a full time student (other than head of household or spouse of head of household)?  Yes  No If yes, list name and the school they attend: \_\_\_\_\_  
\_\_\_\_\_
7. Is the Spouse of the Head of Household temporarily absent from the home?  Yes  No  
If yes, where? \_\_\_\_\_
8. Do you expect any changes to your household in the next 12 months?  Yes  No  
If yes, Explain. \_\_\_\_\_
9. Does anyone outside the household help with bills on a regular basis?  Yes  No  
If yes, list name of each person or agency that assists with bills: \_\_\_\_\_
10. Does anyone in your household require special accommodations due to a handicap or disability?  Yes  No  
If yes, specify requirements: \_\_\_\_\_

### II. INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
*SSI					\$
					\$
*Social Security					\$
					\$
VA Benefits					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$



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					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Income from Rental Property					\$
					\$
Regular Contributions or Gifts					\$
					\$
Food Stamps					\$
					\$
Other					\$
					\$

\*If you receive Social Security or SSI, is it direct deposit?  yes  no

If yes, what is the name of the bank and the account number? \_\_\_\_\_

### III. ASSETS

1. Does any household member have assets or receive any income from assets?  Yes  No

Real Estate <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	Insurance Policy <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____
Stocks <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	Retirement/Pension <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____
Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	Certificate of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____
Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	Safety Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	If yes, what Bank? _____
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Value _____	If yes, what Bank? _____
Other <input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____

2. Has an asset been given away or sold in the past 2 years?  yes  no

If yes, what was the asset? \_\_\_\_\_ Date: \_\_\_\_\_

What was its market value? \_\_\_\_\_ How much did you receive for it? \_\_\_\_\_

IV. MEDICAL (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older) List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>Medical insurance</u>	\$ _____	<u>Doctor's Office Calls</u>	\$ _____



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<u>Prescription medicine</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

### V. DISABILITY ASSISTANCE EXPENSE

Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?  yes  no If yes, itemize: \_\_\_\_\_

### VI. CHILD CARE

Do you pay for Child Care for children age 12 or younger while you work, look for work or attend school?

yes  no If yes, please fill out the information below.

Name of Child(ren)	Child Care Provider
_____	_____
_____	_____

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much is paid? \_\_\_\_\_

\_\_\_\_\_

### VII. VEHICLE INFORMATION

Make	Model	Tag Number
_____	_____	_____
_____	_____	_____



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All household members age 18 and over should review the information on this form and **MUST** sign below. All information provided on this form is subject to verification by Ridge Manor Apartments.

I do hereby swear and attest that all the information provided on this application by me and about me is true and correct. I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.

