

LEVI TOWERS APPLICATION
DATE _____

Property Name:	LEVI TOWERS	Telephone:	501-623-8419
Address:	240 PROSPECT AVE	Fax:	501-623-2133
Address 2:	HOT SPRINGS, AR 71901	TTD/TTY:	711 National Voice Relay

For Office Use Only:

Date application received: _____ TIME: _____

APPLICANT NAME	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
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:

- YOU ARE AN INELIGIBLE NON-CITIZEN
- YOU WERE 62 AS OF 1/31/2010 **AND** HUD HOUSING ASSISTANCE AS OF 1/31/2010

Is the head-of household or co-head/spouse 62 or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
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 and requires the features of an accessible unit?	<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
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
Do you know that this property exists as a smoke free campus ? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction	<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? If yes, when?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Are you a registered sex offender?	Yes			Nb

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility is confirmed.

RENTAL HISTORY:

Are you currently homeless? *If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.*

Current Landlord			
Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live 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"/> Nb
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"/> Nb
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/>	Yes	<input type="checkbox"/> Nb
Have you given this landlord notice that you will be moving?	<input type="checkbox"/>	Yes	<input type="checkbox"/> Nb
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"/> Nb
Previous Landlord #1			
Address			
Address			
City, State, Zip			
Phone Number			
How long did you live 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"/> Nb
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"/> Nb

Previous Landlord #2			
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
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 to sign a repayment agreement to return money to HUD?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You **must** indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status.

Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. **Failure to provide a complete and accurate list will result in the rejection of the application.**

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBERS FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
		HEAD OF HOUSEHOLD	
SSN			
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		

Please circle each state where this person has lived:

Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware
Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi

Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina
South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia
Wisconsin	Wyoming	Washington D.C.					

Co-head/Spouse

- Child
- Other adult
- Foster adult/child
- Live-in Aide
- None of the Above

<input type="checkbox"/> Citizenship	US. Citizen	Eligible non-citizen	Ineligible non-citizen
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Please circle each state where this person has lived:

Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware
Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York
North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina
South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia
Wisconsin	Wyoming	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.

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

Unit Size:

The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

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:

FEATURES NEEDED TO ADDRESS A DISABILITY

<input type="checkbox"/>	Studio Unit
<input type="checkbox"/>	1 Bedroom Unit

Mobility Accessible Unit

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? Yes 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? _____

Employer #2	
Address	
Address 2	
City, State, Zip	
Phone	

How much do you expect to receive in other income in the next 12 months?
Please write in 0.00, na, or none if you will receive no income from these sources.

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 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	\$
Monthly Child Support Amount				\$
Are you entitled to Alimony?				<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.				\$
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
OTHER				<input type="checkbox"/>

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

➤ Have you given any money to charities in the past two years?

➤ Yes No

➤ Are any benefits deposited in to a Direct Express Debit Card account?

Yes No

➤ Do you have a checking account? Yes No

Do you have a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance- Please write 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 0.00, NA or None if the account balance is zero	\$
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value- Please write 0.00, NA or None if the account balance is zero	\$
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value- Please write 0.00, NA or None if the account balance is zero	\$
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount	\$
Do you own a home or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current value- Please write 0.00, NA or None if the account balance 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
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:	

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 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:

Medicare Premium (monthly amounts)	\$
Supplement Health Insurance Premiums (monthly amounts)	\$
Prescription Coverage Premiums (monthly amounts)	\$
Prescription Drugs-annual out of pocket expense	\$
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?	

Over-the-counter medical expenses to treat a specific medical condition-annual out of pocket expense (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)	\$
Personal use items annual out-of-pocket expense (i.e. glasses, incontinent supplies, hearing aids, hearing aid batteries. Please ask the property staff if you have ANY questions)	\$
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?	

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 are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are 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.

Applicant's Name: _____
(Please Print)

Applicant's Signature _____

Date: _____

Co/Applicant's Signature _____

Date: _____

1. **Levi Towers** does not discriminate on the basics of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulation implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Name: DAVID CATLETT

Address: 1910 Albert Pike, Suite I

City HOT SPRINGS State AR Zip 71913

Telephone-Voice (501) 622-3199

Telephone-TTY -711 National Voice Relay

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

(Si se desactivan o tienen dificultad para entender el ingles, por favor solicite nuestra ayuda y nos aseguramos de que le proporciona un acceso significativo basado en sus necesidades individuales.)