

Samuel J. Simmons NCBA Estates – Application for Admission and Rental Assistance Section 202/8 Elderly Residency

Date: _____

Property Name:	Samuel J. Simmons NCBA Estates	Telephone:	(202) 387-4022
Address:	2801 14 th Street, NW	Fax:	(202) 462-8403
Address 2:	Washington, DC 20009	TTD/TTY:	711 National Voice Relay
Property Web Site	N/A	Email	N/A

(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		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *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 <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
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"/> Are you 62 years of age?			
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
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you currently using a controlled substance?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>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.</i>	<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 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</u> member 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		
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"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <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 the preferences indicated below.

I am a victim of a recent presidentially declared disaster. Yes No

RESIDENCY HISTORY:

Screening is used to help ensure that people who live on the property will abide by the rules of the property so that everyone has a safe home and is allowed to live in peace and quiet comfort. If residency includes rental your rental history will be screened. If no rental history is available, the owner/agent will accept three references from persons who is not related to the applicant, who is a licensed business owner, accredited professional or an employee of an accredited education facility.



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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
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
Current Landlord			
Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long have you lived at this address	From:	To:	
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 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	From:	To:	
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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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 #2			
Address			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
How long did you live at this address	From:	To:	
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

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

Do you plan to house an animal in the unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT



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HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

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			
2			
<input type="checkbox"/> Co-head <input type="checkbox"/> 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> <input type="checkbox"/> None of the Above			
SSN		Date of Birth	
Please indicate each state where this person has lived			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C.			



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UNIT SIZE/FEATURES: 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. Please indicate any necessary special features below.

Unit Size

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

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<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? Or Self-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?	\$	

Employer #2		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	

Do you currently have more than two employers? Yes No
 If yes, please provide additional employment information on a separate sheet.



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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 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	\$
Monthly Public Assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$

Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
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
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



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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	\$	
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"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Universal	<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



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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:		

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.			
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?			
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)	\$		



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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?	\$

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work as a result of such an expense.		



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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 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 by 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 Plan.

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

Please provide us with an email address: _____

Applicant Name (please print) _____

Signature _____ Date _____

Signature of Person
Assisting the Applicant
in Filling-Out the Application: _____ Date _____

***Samuel J. Simmons NCBA Estates** does 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 Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Management Agent/Housing
Address: 1220 L Street, N.W., Suite 800
City: Washington State: DC Zip: 20005
Telephone -- Voice: (202) 387-4367
Telephone – TTY: 711

