

## RENTAL APPLICATION

Date \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>Please indicate which properties you are interested in:</b> | PHONE  | 812-385-3859   |
|  | FAX  | 812-385-0401   |
| ____ Somerset E (Princeton)                                    | EMAIL  | <a href="mailto:liberty.pm@accessgrouphousing.com">liberty.pm@accessgrouphousing.com</a> |
| ____ Liberty (Petersburg)                                      | <b>PLEASE RETURN ONE COPY FOR EACH PERSON OVER 18 WHO WILL BE ON THE LEASE TO:<br/>                 Liberty Somerset LLC<br/>                 706 E. Mulberry St.<br/>                 Princeton, IN 47670</b> |  |

(Please return application to the above address)

|  |                |     |
|--|----------------|-----|
| For Office Use Only:<br>Date received: | Time 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<br><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/Souse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult<br><input type="checkbox"/> Foster Child/Adult<br><input type="checkbox"/> Live-in Aide (live-in aides complete a different application and must be approved before moving in.)<br><input type="checkbox"/> None of the above |                             |
| Current Address  |   |                             |
| Address Line 2   |   |                             |
| City, State and Zip  |   |                             |
| Home Phone   |   |                             |
| Cell Phone   |   |                             |
| Work Phone   |   |                             |
| Email Address  |   |                             |
| May be contact you at work?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                             |
| Birth Date   |   |                             |
| Social Security #  |   |                             |
| If you have no Social Security Number, you claim you are exempt because:<br><input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD assistance as of 1/31/2010 |   |                             |
| 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 or any member of your household receiving assistance from HUD or 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 |
| Have you ever been convicted of a crime?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

|   |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| If yes, indicate 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"/> 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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV<br><input type="checkbox"/> WY <input type="checkbox"/> Washington, DC |                                 |                                      |

**RENTAL HISTORY: Please provide the last three (3) years of address/landlord history.**  
If you need more space, you can list it on a separate sheet of paper.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 |
| Current Landlord Name/Agency   |                              |                             |
| Landlord Address   |                              |                             |
| Landlord Address Line 2  |                              |                             |
| Landlord City, State, Zip  |                              |                             |
| Phone Number   |                              |                             |
| How long 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, bedbugs, 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 even been asked, by this Landlord, to sign a repayment agreement to return money to HUD?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|                           |  |
|---------------------------|--|
| Previous Landlord #1      |  |
| Landlord Address          |  |
| Landlord Address Line 2   |  |
| Landlord City, State, Zip |  |
| Phone Number              |  |
| How long 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, bedbugs, 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 |  |

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Previous Landlord #2   |                              |                             |  |
| Landlord Address   |                              |                             |  |
| Landlord Address Line 2  |                              |                             |  |
| Landlord City, State, Zip  |                              |                             |  |
| Phone Number   |                              |                             |  |
| How long 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, bedbugs, 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 |  |

**UTILITY PROVIDERS:** You may not live in the unit unless you can establish utilities in your name.

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Do you have any overdue/outstanding balances owed to any utility provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Will you be able to establish the following utilities in your unit?        |                              |                             |  |
| Electric   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Do you receive any assistance in paying your utility bills?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

|   |                              |                             |        |  |
|---|------------------------------|-----------------------------|--------|--|
| 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, 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 # & MEMBER'S FULL NAME   |   | RELATIONSHIP TO HOH   |  |
|---|---|---|--|
| 2   |   | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult<br><input type="checkbox"/> Foster child / Foster adult<br><input type="checkbox"/> Live-in aide<br>(live-in aides must be approved before move in)<br><input type="checkbox"/> None of the above |  |
| SSN   |   | Date of birth   |  |
| Citizenship Status  | United States<br><input type="checkbox"/> Citizen | Eligible<br><input type="checkbox"/> Non-Citizen  | Ineligible<br><input type="checkbox"/> Non-Citizen |
| Please indicate each state where this person has lived<br><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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV<br><input type="checkbox"/> WY <input type="checkbox"/> Washington, DC |   |   |  |

| MEMBER # & MEMBER'S FULL NAME   |   | RELATIONSHIP TO HOH   |  |
|---|---|---|--|
| 3   |   | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult<br><input type="checkbox"/> Foster child / Foster adult<br><input type="checkbox"/> Live-in aide<br>(live-in aides must be approved before move in)<br><input type="checkbox"/> None of the above |  |
| SSN   |   | Date of birth   |  |
| Citizenship Status  | United States<br><input type="checkbox"/> Citizen | Eligible<br><input type="checkbox"/> Non-Citizen  | Ineligible<br><input type="checkbox"/> Non-Citizen |
| Please indicate each state where this person has lived<br><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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV<br><input type="checkbox"/> WY <input type="checkbox"/> Washington, DC |   |   |  |

| MEMBER # & MEMBER'S FULL NAME  |   | RELATIONSHIP TO HOH   |  |
|--|---|---|--|
| 4  |   | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult<br><input type="checkbox"/> Foster child / Foster adult<br><input type="checkbox"/> Live-in aide<br>(live-in aides must be approved before move in)<br><input type="checkbox"/> None of the above |  |
| SSN  |   | Date of birth   |  |
| Citizenship Status   | United States<br><input type="checkbox"/> Citizen | Eligible<br><input type="checkbox"/> Non-Citizen  | Ineligible<br><input type="checkbox"/> Non-Citizen |
| Please indicate each state where this person has lived<br><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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV |   |   |  |

WY  Washington, DC

| MEMBER # & MEMBER'S FULL NAME   |   | RELATIONSHIP TO HOH   |  |
|---|---|---|--|
| 5   |   | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult<br><input type="checkbox"/> Foster child / Foster adult<br><input type="checkbox"/> Live-in aide<br>(live-in aides must be approved before move in)<br><input type="checkbox"/> None of the above |  |
| SSN   |   | Date of birth   |  |
| Citizenship Status  | United States<br><input type="checkbox"/> Citizen | Eligible<br><input type="checkbox"/> Non-Citizen  | Ineligible<br><input type="checkbox"/> Non-Citizen |
| 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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV<br><input type="checkbox"/> WY <input type="checkbox"/> Washington, DC |   |   |  |

| MEMBER # & MEMBER'S FULL NAME   |   | RELATIONSHIP TO HOH   |  |
|---|---|---|--|
| 6   |   | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult<br><input type="checkbox"/> Foster child / Foster adult<br><input type="checkbox"/> Live-in aide<br>(live-in aides must be approved before move in)<br><input type="checkbox"/> None of the above |  |
| SSN   |   | Date of birth   |  |
| Citizenship Status  | United States<br><input type="checkbox"/> Citizen | Eligible<br><input type="checkbox"/> Non-Citizen  | Ineligible<br><input type="checkbox"/> Non-Citizen |
| 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<br><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<br><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<br><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"/> WI <input type="checkbox"/> WV<br><input type="checkbox"/> WY <input type="checkbox"/> Washington, DC |   |   |  |

**PETS AND ASSISTANCE ANIMALS:** Please review the property pet/assistance animal rules. Liberty Somerset does not allow pets. The presence of any assistance 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 the next section. If yes, please provide the following information.*

| ANIMAL TYPE<br><i>(i.e. cat, dog, etc)</i> | BREED<br><i>(if applicable)</i> | HEIGHT | 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/agent will take your unit preferences/requirements into 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 to those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

|   |  |
|---|--|
| <input type="checkbox"/> 1 Bedroom Unit | <input type="checkbox"/> Mobility Accessible Unit                |
| <input type="checkbox"/> 2 Bedroom Unit | <input type="checkbox"/> Communication Accessible Unit (Hearing) |
| <input type="checkbox"/> 3 Bedroom Unit | <input type="checkbox"/> Communication Accessible Unit (Visual)  |
|   | <input type="checkbox"/> Special Features, please list below:    |

\*Note all unit sizes may not be available at the property this location.

**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 Line 2  |  |                              |                             |
| City, State, Zip  |  |                              |                             |
| Phone   |  |                              |                             |
| How much employment income do you expect to receive in the next 12 months?  |  | \$                           |                             |
| Employer #2   |  |                              |                             |
| Address   |  |                              |                             |
| Address Line 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?<br><b>Please write \$0, N/A 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.</b> |                                |   |  |                             |
| 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  | <input type="checkbox"/> Check | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Pre-paid Debit Card | \$                          |
| Are you entitled to monthly Child Support?  |                                |   | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Prepaid 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"/> Prepaid Debit Card |                              |                             |
| Income from a pension or annuity or other asset?   | \$                           |                             |
| Regular contribution from organizations or persons not living in 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 |
| 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 bank statements in order to correctly verify and 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- <i>Please write in \$0, N/A or None if account balance is zero</i>   | \$                           |                             |
| Do you have cash that is not deposited into an account?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |
| Do you have a 401K or other employment savings account?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |
| Do you own an IRA or other retirement account?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |
| 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- <i>Please write \$0, N/A or None if the asset value is zero.</i>   | \$                           |                             |
| Do you have business income?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value of business- <i>Please write in \$0, N/A or None if the asset value is zero.</i>  | \$                           |                             |
| Do you own stocks/bonds/certificates of deposit? (CD)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |
| 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- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |
| Do you own an annuity?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current Value- <i>Please write in \$0, N/A or None if the asset value is zero</i>   | \$                           |                             |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 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- <i>Please write in \$0, N/A, or None if the asset value is zero</i>        | \$                           |                             |
| 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 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 the following:

**MEDICAL EXPENSES:** Households in which the head-of-household, co-head of household or spouse is 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 your medications?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please list the name of HMO, plan, or insurance company:   |                              |                             |
|  |                              |                             |
|  |                              |                             |
| Over-the-counter medical expenses to treat a specific medical condition - annual out of pocket expense ( <i>i.e. aspirin to treat heart condition, calcium supplements to treat osteoporosis</i> ) | \$                           |                             |
| Personal use items - annual out-of-pocket expense ( <i>i.e. glasses, incontinent supplies, hearing aids, etc.</i> )  | \$                           |                             |
| Mileage to and from medical appointments   | \$                           |                             |
| Other  | \$                           |                             |
| Other  | \$                           |                             |
| Other  | \$                           |                             |
| Please list any other medical expenses, which you pay, that we should consider when calculating your rent.   |                              |                             |
|  |                              |                             |
| \$   |                              |                             |
| \$   |                              |                             |



**CHILD CARE:** HUD allows you to deduct a certain amount of child care expenses 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 listed on HUD Form 50059 who is 12 years of age or younger. Expenses for children 13 or older are no 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 |

|                         |                               |  |                                       |
|-------------------------|-------------------------------|--|---------------------------------------|
| Monthly Amount Child #3 | 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.

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| 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. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work, etc.) |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monthly Amount   |  | \$                           |                             |
| Name of Family Member who can work as a result of such an expense  |  |                              |                             |

| PENALTIES FOR MISUSING THIS FORM   |
|--|
| <p>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 or unauthorized disclosures or improper use 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, 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).</p> |

**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/criminal history 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/agent's resident selection criteria.

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

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liberty Somerset LLC** does not discriminate against any person because of race, color, religion, sex, national origin, familial status or handicap/disability. Management will assist any applicant who request assistance in filling out this application. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call to schedule assistance. Our telephone number is **812-385-3859**. Please call between the hours of 8:00AM am and 4:00PM Monday through Friday daily. Management will treat the information you provide on this application as confidential. In accordance with program regulations, information may be released to appropriate Federal, State, or local agencies. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, or prior tenant history will affect approval for residence. It is understood by the undersigned that this an application only and does not ensure occupancy.



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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.