

PRE-APPLICATION

FOR _____ APARTMENTS Property Address: _____ Property Phone #: _____ TTY: 711 Voice Relay Bedroom Size: _____	DATE OF RECEIPT: _____ TIME OF RECEIPT: _____
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ALL QUESTIONS MUST BE ANSWERED ON THIS PRE-APPLICATION. IF A QUESTION DOES NOT APPLY PUT "N/A" IN THE BLANK/BOX.

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	OPTIONAL GENDER*	DATE OF BIRTH	SOCIAL SECURITY NUMBER**	PART OF FULL-TIME STUDENT?
	SELF				<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

*If you prefer not to disclose your gender, please leave blank.

**If you have no social security number, you can claim that you are exempt because you are an ineligible non-citizen or were 62 or older as of 01/31/2010 and were receiving HUD assistance at another location as of 01/31/2010.

Current Street Address	City	State	Zip Code
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Telephone Number	Alternative Number	Email Address
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Previous Address	City	State	Zip Code
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Allied-Orion 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 following person has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504: Beatrice Velasquez, 2051 Greenhouse Rd, Ste #300, Houston, Texas 77084; Phone: 713-622-5844; TTY: (800) 735-2989 or 711 Voice Relay.

Revised: 10/22/2019

In an emergency, who may we contact locally? Name: _____

Address

Telephone Number

The following information is being requested for the Head of Household; this information is voluntary and will not be used to determine eligibility. There is no penalty for persons who do not complete this section; it is for government reporting purposes.

Ethnic Categories (select one) ☐ Hispanic ☐ Non-Hispanic ☐ Decline to disclose

Racial Categories (Select all that apply) ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or
Other Pacific Islander

☐ White ☐ Other: _____ ☐ Decline to
disclose

Please indicate each state where any member of your household has ever lived. *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.*

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL
☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT
☐ NE ☐ NV ☐ NH ☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI
☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY
☐ Washington D.C

If you listed a state above other than Texas, please list the name and state of Household member.

Name: _____ State: _____

Name: _____ State: _____

Name: _____ State: _____

Custody arrangement of any children in the household? ☐ Full-Time ☐ Joint ☐ Part-Time

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Is your household currently homeless? ☐ Yes ☐ No

If yes, how long have you been homeless _____

Is the family lacking a fixed nighttime residence? ☐ Yes ☐ No

Is the family seeking housing due to a presidentially declared disaster? ☐ Yes ☐ No

Is the family fleeing or attempting to flee violence? ☐ Yes ☐ No

Are you or any member of your household enlisted in U.S. Military or a Veteran of the U.S. Military? ☐ Yes ☐ No If yes, please list Who? _____

Do you expect anyone to move in or out of your household within the next twelve months?
☐ Yes ☐ No If yes, Who? _____

Is there anyone in the household 62 or older as of January 31, 2010, who does not have a social security number? ☐ Yes ☐ NO

If yes, please list the household member without a social security number _____

Was the household member without social security number receiving HUD rental assistance at another location on January 31, 2010? ☐ Yes ☐ No

Rental History

Current Landlord: _____

Address: _____

City, State, Zip: _____

Contact Name (if known): _____

Phone Number: _____

How long have you lived at this address: _____

Reason for leaving: _____

Do you currently have any outstanding overdue balances owed to this landlord? ☐ Yes ☐ No

Have you given this landlord notice that you will be moving? ☐ Yes ☐ No

Have you been evicted or is this landlord attempting to evict you or another person living with you? ☐ Yes ☐ No

Have you ever been asked to sign a repayment agreement to return money to HUD?

☐ Yes ☐ No

Previous Landlord: _____

Address: _____

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City, State, Zip: _____

Contact Name (if known): _____

Phone Number: _____

How long have you lived at this address? _____

Do you currently have any outstanding overdue balances owed to this landlord? ☐ Yes ☐ No

Have you given this landlord notice that you will be moving? ☐ Yes ☐ No

Have you been evicted or is this landlord attempting to evict you or another person living with you? ☐ Yes ☐ No

Have you ever been asked to sign a repayment agreement to return money to HUD?

☐ Yes ☐ No

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need, which would require a special type of unit or other accommodation? ☐ Yes ☐ No

If yes, please explain: _____

Please indicate the special needs that apply to your household:

☐ Homeless ☐ Disabled ☐ Elderly ☐ Veteran

Is anyone in your household required to register with any state Lifetime Registered Sex Offender or any other sex offender registry? ☐ Yes ☐ No

If yes, who? _____

Has anyone in your household been convicted for the use, sale manufacture or distribution of methamphetamine or other control substance? ☐ Yes ☐ No

If yes, who? _____ When? _____ For what? _____

Has anyone in your household ever been convicted of criminal activity? ☐ Yes ☐ No

If yes, who? _____ When? _____ For what? _____

Have you ever been evicted from Public Housing or Assisted Housing for violent criminal or drug-related activity? ☐ Yes ☐ No

If yes, please explain _____

Are you currently receiving housing assistance from HUD or PHA? ☐ Yes ☐ No

If yes, please provide the name of the property _____

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Do you owe any money to this property, Public Housing Authority, or any other subsidized housing program? ☐ Yes ☐ No

If yes, who? _____

Have you ever been evicted? ☐ Yes ☐ No

If yes, by whom? _____ When? _____ Why? _____

What is the estimated annual income of all household members within the next 12 months? List all money received or earned by everyone living in the household. Include all money from employment, self-employment, unemployment compensation, child support, regular monetary contributions, social security, SSI, retirement, disability, worker's compensation, TANF, Veterans benefits, rental property income, stock dividends, interest, alimony, annuities and any other sources.

Family Member	Type of Income	Annualized Income
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Do you have a checking and/or savings account? ☐ Yes ☐ No

Do you have a Pre-Paid Debit Card and/or Direct Express Debit Card? Yes ☐ No ☐

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If yes, please provide the following information:

Name of Bank	Account Number	Type of Account	Joint/Indiv. Account	Balance	
				Current	6 mo. Avg.

Have you ever owned a home or property? ☐ Yes ☐ No

Have you disposed of any assets for less than market value in the past two (2) years?

☐ Yes ☐ No If yes, please explain _____

List all other assets other than checking or savings accounts, such as stocks, bonds, Certificate of Deposit (CD), 401(k), IRAs, annuities, etc.... below:

Description of Asset	Location of Asset	Value of Asset
		\$
		\$
		\$
		\$
		\$

Do you have any pets? ☐ Yes ☐ No

If yes, what type? _____ size of pet _____ weight of pet _____

How did you hear about us?

☐ Referred by resident ☐ Referred by local merchant ☐ Referred by your employer

☐ Property Sign ☐ Flyer/Brochure ☐ Property website ☐ Other _____

I/we understand that this is not a contract and does not bind either party. I have no objections to inquiries being made for the purpose of verifying statements made herein. I/we certify that the statements on this pre-application are true to the best of my/our knowledge and belief and

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understand that they will be verified. I/we authorize the release of information from my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this pre-application will cause me/us to be disqualified for admission or re-certification.

Signature of Head of Household _____ Date _____

Signature of Co-Head _____ Date _____

Signature of Applicant's
Representative _____ Date _____

Owner/Agent Signature _____ Date _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper 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 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). **

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