



# PRELIMINARY APPLICATION

## FOR ADMISSION AND RENTAL ASSISTANCE AT CHRISTOPHER HOMES' PROPERTIES

For Office Use Only: Date received \_\_\_\_\_ Time received \_\_\_\_\_

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No If Yes, please list the language and services requested:

Language: \_\_\_\_\_

### HOUSEHOLD COMPOSITION:

HOUSEHOLD MEMBER	GENDER MALE FEMALE Prefer not to disclose	HOUSEHOLD MEMBER'S FULL NAME	PHONE NUMBER	BIRTH DATE AND SOCIAL SECURITY #	AGE
Head of Household					
Address					
Co-Head					
Address					
Other Adult					
Address					

RACIAL CATEGORIES		ETHNIC CATEGORIES	
American Indian or Alaska Native	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Non-Hispanic or Latino	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>		
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>		
White	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

**UNIT Size:** We will take your preferences into consideration. Our occupancy standards indicate a minimum of 1 person per bedroom and maximum of 2 people per bedroom. **(Any preference limitations could delay the availability of a unit and extend your wait time.)**

### UNIT SIZE

Studio Unit  
 1 Bedroom Unit  
 2 Bedroom Unit \*\*\*

### CHECK IF THERE IS A NEED FOR AN ACCESSIBLE UNIT

Mobility Accessible Unit Yes  No

If you have a mobility impairment that would necessitate the features of a fully accessible/barrier-free unit, this may be verified with your doctor.

\*\*\*Only properties with 2 bedroom units are Metairie Manor, Nazareth Inn & Wynhoven.



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<p>Do you or any member of your household have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy? <b>If yes, please list the request:</b></p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you or any member of your household ever been convicted of a crime? <b>If yes, please explain:</b></p> <p>_____</p> <p>Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? <b>If yes, please explain and name household member</b> _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past fifteen (15) years? This also includes harassment, sexual assault, drug abuse, and other crimes. <b>If yes, please explain and name household member</b> _____</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Have you or any member of your household been released from an incarcerated setting within the past two (2) years? <b>If yes, when</b> _____ <b>name of household member</b> _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### INCOME INFORMATION – Include total income for household

*Includes Gross income before deductions from wages, Social Security, other retirement income, annuities, any income from assets*

Social Security?	\$
Retirement Benefits?	\$
VA Benefits?	\$
Unemployment Benefits?	\$
Employed? If yes, Gross Income \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entitled to Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Currently receiving the Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Entitled to Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Currently receiving the Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public assistance?	\$



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## FOR ADMISSION AND RENTAL ASSISTANCE AT CHRISTOPHER HOMES' PROPERTIES INCOME INFORMATION continued – Include total income for household

Income from a pension or annuity or other asset?	\$
Regular contributions from organizations or from individuals not living in the unit?	\$

### ASSETS INFORMATION– Include assets for household

Checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings account? If yes, what is the current balance \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Direct Express Debit Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
401K or other employment savings account? Value \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Own an IRA or other retirement account? Value \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country? Address _____ Value \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Own stocks/bonds/CDs? If yes, current value? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Own an annuity? If yes, what is the current value? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust fund in your name or established a trust fund for someone else? If yes, what is the current value? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other assets, please provide a description of the asset(s) and the current asset value below:		
<b>Student Status:</b> Are you or any member of your household currently enrolled in an institution of higher education (anything except K-12)?  If Yes, please list family member(s) and institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time

### List name, address, and phone number of a relative or friend who know how to contact you.

Name	
Relation	
Address, City	
Phone	

### HOW DID YOU HEAR ABOUT US?

**NOTE:** If there is a member of your family who is the survivor of domestic violence, HUD has a form you can voluntarily fill out. The Violence Against Women Act of 2013 (VAWA) protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault or stalking, or for being affiliated with a victim, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants can request HUD-5382 form during the application process.

Christopher Homes, Inc. does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Christopher Homes, Inc. does not discriminate based upon age for any reason, excluding HUD program/project requirements.



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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 numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**APPLICANT CERTIFICATION** By signing this document, I/we certify that if selected to move into this project, 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 pre-eligibility for assistance. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief. I/we also understand that false statements or information are punishable under Federal Law, and could result in this pre-application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the property in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this pre-application in its entirety will result in the rejection of this pre-application.

I would like to receive a copy of the Tenant Selection Plan \_\_\_\_ Yes \_\_\_\_ No If yes,  Paper or  Electronic copy, email address \_\_\_\_\_.

**I/we understand that a full rental application will be required to be completed to continue eligibility determination once this pre-application is close to being processed.**

Printed Name of Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Spouse/Co-Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Person Assisting the Applicant on Application \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Person Assisting the Applicant on Application \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Property Representative \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Property Representative \_\_\_\_\_ Date \_\_\_\_\_

**PLACE CHECK MARK(S) FOR ANY PROPERTY YOU WANT TO BE PLACED ON THEIR WAITING LIST.**

ORLEANS	JEFFERSON	ST. JOHN THE BAPTIST	ST. TAMMANY	ST. BERNARD
<input type="checkbox"/> Annunciation Inn	<input type="checkbox"/> Wynhoven Apts	<input type="checkbox"/> Place Dubourg	<input type="checkbox"/> Rouquette Lodge	<input type="checkbox"/> St. Bernard Manor
<input type="checkbox"/> Christopher Inn	<input type="checkbox"/> Metairie Manor		<input type="checkbox"/> Rouquette III	
<input type="checkbox"/> Delille Inn	<input type="checkbox"/> Metairie Manor III		<input type="checkbox"/> Rouquette IV	
<input type="checkbox"/> Mater Dolorosa	<input type="checkbox"/> Metairie Manor IV		<input type="checkbox"/> St. Teresa's Villa	
<input type="checkbox"/> Nazareth Inn I & II				
<input type="checkbox"/> St. John Berchmans				
<input type="checkbox"/> St. Martin House				
<input type="checkbox"/> St. Martin Manor				
<input type="checkbox"/> Villa St. Maurice				