

APPLICATION FOR HUD SECTION 811 PRAC HOUSING

FOR OFFICE USE ONLY:

PROJECT: _____
 DATE RECD: _____
 APPL. NAME: _____
 INCOME: _____
 UNIT SIZE: _____ TIME: _____
 CONTACT DATES:
 1. _____
 2. _____
 3. _____
 PRGE LTR: _____
 REJ LTR: _____
 MOVE IN DATE: _____

Thank you for your application for housing with Graham Court. This community provides housing for persons with a physical disability as defined below.

SECTION I. INTRODUCTION

The Department of Housing and Urban Development regulations limit occupancy of this project to households where the head of household, spouse, co-head or sole member has a physical impairment that meets all of the following criteria:

- A. Is expected to be of a long-continued and indefinite duration,
- B. Substantially impedes his or her ability to live independently, and
- C. Is of such a nature that such ability to live independently could be improved by more suitable housing conditions.

Does your household meet the physical impairment requirement listed above?

YES NO (If "YES" we will need to obtain the name of your physician for verification purposes.)

Graham Court provides fifteen 2-bedroom apartments specifically designed for persons with physical disabilities as defined above. Community occupancy standards allow two to four person households to live in a two-bedroom apartment. If your household does not meet these occupancy standards, you may check with management to determine if you qualify for a reasonable accommodation.

SECTION II. 504 NON-DISCRIMINATION NOTICE

Graham Court does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. In accordance with SECTION 504 of the Rehabilitation Act of 1973, Graham Court hereby notifies the general public that:

- No qualified individual with a disability shall, solely on the basis of that disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any Federally assisted program or activity administered by Graham Court;
- It is the intention of Graham Court to take reasonable, affirmative steps to increase access and opportunities for individuals with disabilities in all programs, services, and administrative operations. Graham Court has designated Sandy Aldrich to serve as the 504 Coordinator. She can be reached by calling 801-565-0700 or TDD 800-298-9484 (Relay Service) or writing her at Danville Development Corporation, 7351 S. Union Park Ave., Suite 250, Midvale, UT 84047.



SECTION III.**SMOKE-FREE POLICY**

Graham Court is a smoke-free building. Smoking prohibited anywhere in the building, including Resident's unit, common areas of the building, or outside the building within 25 feet of any building entrance.

SECTION IV.**RESIDENT SELECTION POLICY**

NOTICE - Final eligibility can only be determined once we receive all background and verification documents. Please **DO NOT** make plans to move or give notice to your current landlord until final determination of eligibility has been made.

Please be advised that our Resident Selection Policy requires that we thoroughly screen all applicant household members to determine suitability for residency. This includes a review of the following past behaviors:

- Ability and willingness to pay the rent.
- Ability and willingness to comply with the lease.
- Ability and willingness to care for the unit.
- Ability and willingness to cooperate with management and staff.

Accordingly, we may perform the following screening tasks listed below:

- Previous Landlords Verifications
- Credit/Criminal History Verifications
- Drug or Alcohol Abuse History
- Citizenship and/or Non-Citizen Verification
- Employment/Income Verifications
- Income/Assets Verifications
- Sex Offender Registries
- Personal References (where applicable)

SECTION V.**APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to insure equal access to this Notice will be provided in a confidential manner and setting.

GRAHAM COURT PHONE NUMBER IS 801-675-5656

CALL BETWEEN THE HOURS OF 10:00 a.m. to 2:00 p.m. Monday through Friday.

OUR TDD NUMBER IS 7-1-1 (Relay Service)

SECTION VI.**VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING**

If you or a member of your household is a victim of domestic violence, dating violence or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections.

You will be asked to complete a certification and provide documentation of circumstances. Housing protections you may request include but are not limited to:

- * Request management not to contact certain entities listed in your application during your background screening check.

- * Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence or stalking.
- * If applicant ineligibility is determined based on negative applicant history arising from domestic violence, dating violence or stalking, applicant household may request an application review based on mitigating circumstances.
- * You may provide alternative contact information to management if needed for your protection.

SECTION VII. GENERAL INSTRUCTIONS

Answering questions on this form:

Please do not leave any sections or questions on this application blank. If questions do not apply to you, enter "none" or "N/A" for those questions. We will verify your answers. It is important to remember that falsification of any information on the application is grounds for automatic rejection. Be sure to sign the application, certifying the accuracy and completeness of the information provided. Incomplete applications will be returned to you. Once you have completed the package, please return to:

Graham Court
230 32nd St.
Ogden, UT 84401

You will be placed on the waiting list according to the date and time the application was received in our office. When your application nears the top of the waiting list, you will be notified of an interview time. You will also be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program.

Supplement to Application for Federally Assisted Housing:

Attached is the Supplement to Application for Federally Assisted Housing. This form is required by H.U.D. to be provided to each applicant. It allows applicants to provide a contact person or organization that the manager can call upon to assist with any tenancy issues that may arise. It is to your benefit that you provide this information although you may check the box that you choose not to provide the contact information and sign the form.

If you have any questions concerning the application package, please contact our office between the hours of 10:00 am and 2:00 pm, at 801-675-5656 and we will be glad to provide assistance. Information you provide will be treated as confidential by Management.

SECTION VIII.

APPLICANT INFORMATION

PLEASE ANSWER EACH QUESTION AS COMPLETELY AS POSSIBLE. PLEASE PRINT.

A. HOUSEHOLD GENERAL INFORMATION:

NAME (Head of Household): _____ BIRTHDATE: _____
 SOCIAL SECURITY #: _____ AGE: _____ GENDER: _____
 NAME (Household Member): _____ RELATIONSHIP TO HEAD: _____
 SOCIAL SECURITY #: _____ BIRTHDATE: _____
 NAME (Household Member): _____ RELATIONSHIP TO HEAD: _____
 SOCIAL SECURITY #: _____ BIRTHDATE: _____
 NAME (Household Member): _____ RELATIONSHIP TO HEAD: _____
 SOCIAL SECURITY #: _____ BIRTHDATE: _____

CURRENT ADDRESS: _____
 Street Apt #

 City State ZIP

 (_____) _____
 Telephone #

- Minority Status of Head: White Asian Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Ethnicity: Hispanic or Latino Not Hispanic or Latino
- Do you pay out-of-pocket expenses for care or apparatus for a handicapped family member where that care or apparatus allows a family member to work? YES NO
- Is any household member enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? YES NO
 If yes, who? _____
- Are there any Live-In Care attendants who are part of the household? YES NO
- Do you have any household pets? YES NO
 Breed: _____ Size: _____ Spay/Neutered: YES NO
- Who is your nearest living relative? Relationship: _____
 Name: _____ Telephone: _____
 Address: _____ City: _____ St: _____ Zip: _____



■ Please list at least three (3) personal references (not including family members or previous landlords):

1. Name: _____ Telephone: _____
Address: _____ City: _____ St: _____ Zip: _____
2. Name: _____ Telephone: _____
Address: _____ City: _____ St: _____ Zip: _____
3. Name: _____ Telephone: _____
Address: _____ City: _____ St: _____ Zip: _____

B. HOUSING INFORMATION

- What is your present living situation? RENT OWN
- Do you live: alone with spouse with family other _____
- Do you currently live in subsidized housing? YES NO
- If you are currently subsidized, what agency provides that subsidy? _____
- **Please provide current and previous residential information for the past ten (10) years (list current residency information first). You must list your complete residential history for the last ten years, including landlord contact information where applicable. (If additional space is required, please use back side of form or attach another sheet):**

1. LANDLORD/OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
DATES OF RESIDENCY: _____ to _____
2. LANDLORD/OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
DATES OF RESIDENCY: _____ to _____
3. LANDLORD/OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
DATES OF RESIDENCY: _____ to _____
4. LANDLORD/OWNER NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
DATES OF RESIDENCY: _____ to _____

■ Please list one address in every state you and each adult household member has ever lived in (Use back side of form for additional space if needed):

1. Legal name while living at this address: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____

2. Legal name while living at this address: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____

3. Legal name while living at this address: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____ 4.

Legal name while living at this address: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____

■ Please answer the following questions considering each member of your household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? No _____ Yes _____ Explain _____

2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol? No _____ Yes _____ Explain _____

3. Has any household member been convicted of a felony? No _____ Yes _____ Explain _____

4. Is a household member on probation or parole? No _____ Yes _____ Explain _____

5. Is any household member subject to any state or jurisdictional sex offender registration requirement?

No _____ Yes _____

Explain _____

Which states or jurisdictions? _____

C. INCOME INFORMATION:

■ List Gross Annual Income received from the following:

SOURCE	HEAD	SPOUSE	OTHER
*Social Security	\$ _____	\$ _____	\$ _____
*SSI	\$ _____	\$ _____	\$ _____
*Pension/Annuity	\$ _____	\$ _____	\$ _____
*Retirement	\$ _____	\$ _____	\$ _____
*Employment	\$ _____	\$ _____	\$ _____
*Insurance Policies	\$ _____	\$ _____	\$ _____
*Gifts Received on a Regular Basis	\$ _____	\$ _____	\$ _____
*Title V of the Older Americans Act	\$ _____	\$ _____	\$ _____
*Alimony	\$ _____	\$ _____	\$ _____
*Student Financial Assistance (including scholarship & grants)	\$ _____	\$ _____	\$ _____
*Other	\$ _____	\$ _____	\$ _____

D. ASSET INFORMATION:



■ Please list the cash value of any of the following Assets your household may own:

TYPES	Cash Value	TYPES	Cash Value
*Checking Account	\$_____	*Certificates of Deposit	\$_____
*Savings Account	\$_____	*Equity Rental Property	\$_____
*Money Market Trusts	\$_____	*Personal Property	\$_____
*Trusts	\$_____	*Cash Held	\$_____
If yes, is the trust irrevocable?	Yes No	*Insurance That Has Cash Value	\$_____
		*Other Accounts not listed	
*Stocks/Bonds	\$_____		\$_____

■ Have you or do you anticipate receiving LUMP SUM payments from any of the following?

SOURCES	YES	NO	SOURCES	YES	NO
Inheritance	[]	[]	Capital Gains	[]	[]
Lottery Winning	[]	[]	Other:_____	[]	[]
Insurance Settlements (i.e., health, accident, Worker's compensation)	[]	[]	Other:_____	[]	[]

■ Do you hold assets jointly with another person? []YES []NO

■ If yes, please describe: _____

■ Have you disposed of any assets for less than Fair Market Value in the past two years?
 []YES []NO (If yes, you will need to complete a Divestiture of Assets form with project management.)

E. MEDICAL EXPENSE INFORMATION:

- Do you have Medicare Ins? []Yes []No Premium cost: \$_____
- Do you have Medicaid Ins? []Yes []No Spend-down: \$_____
- Do you have Supplemental Health Ins? []Yes []No Premium cost: \$_____
- Do you have Long Term Care Insurance Policy? []Yes []No Premium cost: \$_____
- What is your anticipated out-of-pocket medical expense for the next 12 months not covered by your insurance? \$_____.

SECTION IX. MARKETING

How did you hear about us? Please give us the details in the space provided.

_____ Word of Mouth _____ Poster/Flyer _____
 _____ Drive By _____ Newspaper _____
 _____ Agency Referral _____ Website: _____
 _____ After 55 or For Rent Magazine _____ Other: _____



SECTION X.

CERTIFICATION STATEMENT

I/we hereby certify that the information provided herein is accurate and complete to the best of my/our knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party.

I/we understand false information will constitute grounds for cancellation of this application or my/our lease if I/we should be housed.

I/we also authorize Danville Development Corporation to make inquiries as described above, to verify the information in this application.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date

09/11

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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. Form HUD- 92006 (05/09)