Instructions: Please follow carefully- incomplete applications will be returned

1. Complete all areas. If an item does not apply to you mark "N/A" on that line

2. We need copies of Social Security Cards. The government requires that all applicants, except those who are not U.S. Citizens who do not claim eligible immigration status, submit a copy of their Social Security card with the attached housing application. If you do not have social security card, we can accept one of the following, as long as your social security number appears on the document:

Driver's License **Medicare Card** **Medical Insurance Card**

Bank Statement **Retirement Benefit Letter** **Benefit Letter from Government Agencies**

Note: Copies of metal social security cards are not acceptable.

If you cannot provide us with any of these documents and are claiming eligible immigration status, it will be necessary for you to certify that you have applied for a new card through the Social Security Office before we accept your housing application. You may not need a social security card if you were 62 or older January 31, 2010 and living in HUD subsidized housing at that time.

3. Proof of Citizenship: The Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are U.S. Citizens, Nationals or certain categories of eligible noncitizens. If you are applying to one of these types of Communities, you **must** have the attached Declaration of 214 Status forms completed be **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.

4. Signatures are required by all adult applicants.

5. Return your application to:

Lucian Manor Apartments

120 Parmac Road

Chico, CA 95926

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service/companion animal.

Your application is being returned because:

☐ You did not complete all areas or you did not sign the application

☐ You did not provide the required social security cards for all household members

☐ The Declaration of 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application, along with the information that was missing if you want to be considered for HUD Multifamily Housing.

OFFICE USE ONLY: DATE RECEIVED: _____TIME RECEIVED:_____ #_____

APPLICATION FOR HUD ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to Lucian Manor, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Community Housing Improvement Program is an Owner and/or Management Company that provides low rent housing to eligible households, elderly households and single people. Lucian Manor Apartments is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability, handicap or familial status. In addition, Lucian Manor Apartments has a legal obligation to provide reasonable accommodations to applicants if they or any household member have a disability or handicap.
- A Reasonable Accommodation is some modification or change this company can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you or a member of your household have a disability or handicap and you think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Owner/Agent, that is your right.
- The Fair Housing Act/Federal Law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital status and familial status. HUD applicants may file any complaints of discrimination to the U.S. Department of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410

Lucian Manor Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Wendy Phillips
Address: 1001 Willow Street, Chico, CA. 95928
Phone (Voice): (530) 891-6931 ext. 246
Phone (TTY): (530)-896-2261

A. Family Summary- List all persons, including yourself who will be living in the apartment. List head of household first.

NAME	RELATION SHIP	GENDER	SOC.SEC. NUMBER	BIRTH DATE	PLACE OF BIRTH
	HEAD				

Have there been any changes in household composition in the last twelve months? _____ No _____Yes (if yes explain):_____

Do you anticipate any changes in household composition in the next twelve months? _____No _____Yes (if yes, explain): _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? _____No _____Yes if yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or a Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	YES	NO
Were any full-time student(s) formerly in Foster Care?	YES	NO

Mailing Address: _____City_____State_____Zip_____

Physical Address: _____City_____State_____Zip_____

Phone # _____ MSG. # _____ Email address _____

Applying to Property(s): _____Requested Unit Size: _____Bedroom

How did you hear about us?_____

If you require an accessible unit check here _____ If you require any modification to a unit check here _____

B. INCOME. All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of income	Gross Monthly Amount
	Social Security	
	Social Security	
	Pension	
	Source:	
	Address:	
	Claim #:	
	Pension	
	Source:	
	Address:	
	Claim #:	
	VA Benefit (Claim #)	
	SSI Benefit	
	Unemployment Compensation	
	Address:	
	AFDC/CalWorks/TANF	
	Wages	
	Employer:	
	Address:	
	Wages	
	Employer:	
	Address:	
	Alimony	
	Child Support	
	Other Income: (example: rental income)	

C. ASSETS:

Have you sold or disposed of any asset(s) valued over $1,000 in the last two years? _____ No _____Yes, if yes, type of assets (eg. Money,land,house)_____

Market value when sold/disposed $_____ amount sold /disposed for $_____ Date of transaction_____

Provide the following information for all members of the household (use another sheet if necessary)

CHECKING ACCOUNTS

Bank	Bank
Address	Address
Account #	Account #
Int. Rate Balance	Int. Rate Balance

SAVINGS ACCOUNTS

Bank	Bank
Address	Address
Account #	Account #
Int. Rate Balance	Int. Rate Balance

CERTIFICATES OF DEPOSIT

Bank	Bank
Address	Address
Account #	Account #
Int. Rate Amount	Int. Rate Amount
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

STOCKS

Name
Address
Value Div. Rate

IRA's/401K's

Name
Address
Value Div. Rate

BONDS

Bank
Address
Present Value
Maturity Date

TRUST ACCOUNTS

Bank
Address
Account #
Int. Rate Balance

REAL ESTATE

Do you own any property? _____ No _____ Yes If yes, type and location of property: _____

_____

Appraised market value _____ Mortgage or outstanding loan due _____

Name and Address of Broker/Realtor who provide verification of market value: (Name): _____
(Address): _____

D. MEDICAL AND CHILD CARE EXPENSES

Child care expenses- complete for children 12 and younger- Weekly cost for child care _____
Name and Address of Person/Agency caring for child(ren): _____

_____

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical costs- Complete only if head or spouse is 62 or older, handicapped or disabled AND ONLY if these medical expenses are paid for out of your own pocket and NOT reimbursed by any insurance.

MEDICARE

.Monthly Amount	.Monthly Amount

MEDICAL INSURANCE

Name	Name
Address	Address
Claim # Monthly Amount	Claim # Monthly Amount

PHARMACY

.Name	.Name
.Address	.Address
Anticipated prescription costs **not covered by insurance-** Monthly Amount	Anticipated prescription costs **not covered by insurance-** Monthly Amount

PHYSICIAN

Are you seeing a physician **regularly?**	Yes_____ No _____
.Name	.Name
.Address	.Address
Anticipated costs **not covered by insurance-** Monthly Amount	Anticipated costs **not covered by insurance-** Monthly Amount

OUTSTANDING MEDICAL BILLS FOR WHICH YOU ARE MAKING MONTHLY PAYMENTS

.Name	.Name
.Address	.Address
Anticipated costs **not covered by insurance-** Balance Due Monthly Amount	Anticipated costs **not covered by insurance-** Balance Due Monthly Amount

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes _____ No _____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher? Yes _____ No _____

1. You have been served a Notice to Quit or been asked to leave by a previous landlord ? Yes _____ No _____
2. You have been served with lease violations from a previous landlord? Yes _____ No _____
3. You have been evicted? Yes _____ No _____
4. You or any household member have been evicted from Federally Assisted Housing for drug-related criminal activity? Yes _____ No _____
5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender online registration program? Yes _____ No _____ List all states, other than the one that you reside in now, in which you have lived in during the last seven years_____

G. REFERENCE INFORMATION

Current Landlord: Name _____

Address_____Phone_____

How long have you lived there? _____ Is this landlord related to you? _____Yes _____ No

List all previous landlords for ALL ADULTS in the Household (attach another sheet of paper if needed)

Landlord Name	Landlord Name
Address	Address
Landlord Phone #	Landlord Phone #
Address of unit	Address of unit
How long did you live there?	How long did you live there?
Is this landlord a related to you? _____Yes _____No	Is this landlord a related to you? _____Yes _____No

List two Professional Personal References for ALL ADULTS in Household (Attach a sheet of paper if needed)

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

All information received by Lucian Manor Apartments during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address and phone number(s) of an emergency contact.

Name: _____ Relation_____
Address: _____Phone: _____

Vehicles: (List any vehicles owned)
Type: _____ Year_____ Make _____

Color: _____ License Plate: _____

Do you own a pet? _____Yes _____No If yes, describe: _____

Certification

I/we hereby certify that I/we don't and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Tenant Selection Plan resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/ or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

PENALTIES FOR MISUSING THIS FORM: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (5),(7) and (8). Violation of these pro11isiona are cited as violations of 42 U.S.C. 408 (a) {5), (7) and (8).

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information ls punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Authorization: I/we do hereby authorize Lucian Manor Apartments and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/ our eligibility
and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

_____ _____
Signature Date Signature Date

_____
Management Date