

# New City

## Supportive Living



### WELCOME TO NEW CITY SUPPORTIVE LIVING!

Date: \_\_\_\_\_

Dear Prospective Resident:

Congratulations on your recent decision to join Chicago's premier senior community, New City SLF. Enclosed you will find several forms that need to be completed. Please return the appropriate paperwork to us within **10** working days of the date of this letter. Some forms will not pertain to you, others may seem like they don't but are important for ALL residents of New City SLF.

New City SLF is a Tax Credit Supportive Living Facility, and as such receives financing from governmental sources. In order to provide you with the quality services and a community environment, government regulations require us to have this level of information from all of our applicants. Although the application is lengthy, the information in this packet needs to be filled out as thoroughly and accurately as possible.

The following must be completed by ALL incoming residents:

- *Rental Application* (along with copies of financial documentation and proof of birth date – see checklist). Signature by the potential resident is highly recommended on the application. Power of attorney (POA) signatures may result in a lengthier wait for third party verifications of income and move-in delays. Please attach copies of statements (6 months for checking, one month for all other financial accounts) and other documentation for all items on the Financial Checklist attached that apply.
- Additionally, if the POA is going to sign the lease on behalf of the resident, we **MUST** have a copy of legal *financial power of attorney assignment prior to or at the time of lease signing*.
- *Certification of Preference Status* (Optional) –
  - You may be eligible for a preference if one of the following conditions applies: you have been displaced from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency; if you are homeless or displaced, a victim of domestic violence or mobility/ hearing/ visually impaired. If you feel you qualify for any of the above preferences complete the certification form attached to this letter, have it signed by the appropriate physician or agency and return it along with your application.

As the move to your new apartment home gets closer you will be notified to make an appointment to schedule an interview and health screening by our staff nurse. If you have questions, we will be happy to answer them at the time of your interview or you may call our office at **773-376-1223**. We look forward to your upcoming move!

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).

5 T Management  
647 E. 75<sup>th</sup> St. 1<sup>st</sup> Floor  
Chicago IL 60619  
Ph: 773-952-8004

Sincerely,

\_\_\_\_\_  
John Sease, Executive Director



## Financial Documents to Submit with Rental Application



- Social Security and Supplemental Social Security – Benefit Award Letter
- Pensions Company Retirement – latest statement
- Veteran’s Administration – Benefit Award Letter
- Black Lung – Benefit Award Letter
- Disability – Benefit Award Letter
- Alimony – provide court order or attorney documentation verifying amount awarded
- Previous year IRS Form 1099 for income items not listed on this form
- Checking – current through previous 6 months of checking account statements  
Statements must include automatic deposits and debits; No balance summaries  
(Internet print-offs are acceptable only if they contain the bank name, account holder’s name and account number.)
- Savings, CD, Money Market Accounts – latest monthly statement for all  
(Internet print-offs are acceptable only if they contain the bank name, account holder’s name and account number.)
- Life Insurance – documentation showing policy number
- Other Insurances – If auto, supplemental health, prescription, long term care, property and/or cancer insurance is owned, please provide copy of policy face page or other proof of the policy type.
- Pre-Need Burial Contract or Policy – documentation showing contract or policy number
- Financial Investments and Retirement Accounts (IRA, 401K) – All pages of latest statement
- Stock ownership – documentation showing the number of shares owned
- Real Estate or Farm Property – latest real estate tax bill and mortgage statement
- Annuity – latest statement
- Savings Bonds – copies of bonds
- Rental Property or Land Contracts – IRS Form 1099 and/or copy of lease or latest tax return showing income received
- Trust – If you have any assets held in trust, you **MUST** provide a copy of the Executed Trust.
- PROOF OF AGE – need copy of an official document with birth date on it.
- PROOF of Social Security # - need copy of official document with SS# on it.

# New City

## Supportive Living

### WAIT LIST RESERVATION AGREEMENT

Name of Prospective Resident # 1 \_\_\_\_\_  
 Name of Prospective Resident # 2 (If applicable) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

**1) Name of Person(s) Making Reservation/ Main Contact** \_\_\_\_\_

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number to call with offers/ notifications/ updates \_\_\_\_\_

Relationship to Prospective Resident(s) \_\_\_\_\_

**2) Second Contact to call with offers/ notifications/ updates** \_\_\_\_\_

Telephone Number to call with offers/ notifications/ updates \_\_\_\_\_

Relationship to Prospective Resident(s) \_\_\_\_\_

**3) Third Contact to call with offers/ notifications/ updates** \_\_\_\_\_

Telephone Number to call with offers/ notifications/ updates \_\_\_\_\_

Relationship to Prospective Resident(s) \_\_\_\_\_

- I understand, based on pending openings, I will be asked to complete the full application for residency and submit the necessary documentation for the financial certification process within **10** working days of notification by management. **If I do not comply by the 10<sup>th</sup> day and do not contact management, I will be taken off the wait list.** Additionally, I will be asked to complete the necessary health screenings required for residency on a timely basis
- If it is determined that I am eligible for residency and an apartment becomes available, I understand that Management will contact me by phone at the three contact numbers listed above when a unit becomes available. If I do not return the call within 3 hours the next applicant will be offered the unit and I will be charged with a pass.
- I also understand that should I complete an application (good for 120 days) and the required health screenings (good for 90 days), and a desired apartment does *NOT* become available, I will be required to submit a new application and/or undergo new health screenings.
- I understand that if I want to change a unit size preference I must do so in writing.
- After you have spoken to me and made an offer of an apartment, I will have 24-hours to accept or reject the offered available apartment. If I pass on a unit, I will remain at the top of the applicable Wait List. However, after a second passed offer I will be taken *off* the wait list.
- I also understand that if I accept the invitation to move, I will be obligated to sign a Resident Lease Agreement and take financial possession of the Apartment within 3 (three) days that a desired apartment is available for occupancy.
- I understand that I must notify management should my contact information, income or family size change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature #2 (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ACCEPTED BY:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# New City

*Supportive Living*



## PRE-APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have need for a mobility impaired accessible unit? ( ) Yes ( ) No

Do you feel you qualify for a housing preference? ( ) Yes ( ) No

Do you live in Illinois? ( ) Yes ( ) No

Gross Annual Household Income: \$ \_\_\_\_\_  
(Includes interest and dividends from assets)

Gross Assets (Excluding Home): \$ \_\_\_\_\_

Estimated Value of Home: \$ \_\_\_\_\_  
(If a homeowner)

Apartment size desired: \_\_\_\_\_ Studio \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 1st Available

Number of Persons that will be occupying the apartment: \_\_\_\_\_

Date apartment is needed? \_\_\_\_\_

Whom may we thank for the referral? \_\_\_\_\_ newspaper \_\_\_\_\_ radio \_\_\_\_\_ physician  
\_\_\_\_\_ friends/family Other: \_\_\_\_\_

### Optional and for Federally Subsidized Programs ONLY.

ETHNICITY:  Hispanic or Latino  Non-Hispanic or Non-LatinoRACE:  Caucasian  African American Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

ACCEPTED BY:

NEW CITY SUPPORTIVE LIVING

Date & Time Received

Signature / Title



INITIAL RENTAL APPLICATION

1. APPLICANT(S)

Full Name	M/F	Relationship to Head of Household	Birth Date	Social Security Number
		HEAD		
		CO-APPLICANT		

2. MARITAL STATUS

Deceased Spouse's SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- NEVER MARRIED  WIDOWED\*  MARRIED\*\*  DIVORCED  SEPARATED

\* If widowed within the previous 3 months, please provide date: \_\_\_\_\_

\*\* If married but only one spouse is applying for residency, please contact us for further instruction on completing this application.

3. ETHNICITY (Optional question used solely for federal statistics)

- WHITE  AMERICAN INDIAN/ ALASKAN NATIVE  BLACK/ AFRICAN AMERICAN  
 ASIAN  NATIVE HAWAIIAN/OTHER PACIFIC ISLAND  OTHER \_\_\_\_\_

4. RESIDENCE HISTORY (3 YEARS of housing history is REQUIRED)

Current Address:  RENT  OWN  LIVING WITH RELATIVE  OTHER \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Month & Year Residency Began: \_\_\_\_\_

Landlord/ Relative: \_\_\_\_\_

Previous Address:  RENT  OWN  LIVING WITH RELATIVE  OTHER \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_ Dates Lived There: \_\_\_\_\_

Landlord/ Relative: \_\_\_\_\_

Previous Address:  RENT  OWN  LIVING WITH RELATIVE  OTHER \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_ Dates Lived There: \_\_\_\_\_

Landlord/ Relative: \_\_\_\_\_

**5. EMERGENCY CONTACT(S)**

Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Primary Phone #: _____	Primary Phone #: _____
Secondary Phone #: _____	Secondary Phone #: _____
Email Address: _____	Email Address: _____

**6. GENERAL INFORMATION**

Birth City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Spouse Birth City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Yes  No Have you ever been convicted of a felony? If yes, explain: \_\_\_\_\_

Yes  No Do you have cash or other valuables (other than important papers) in a safe deposit box?  
 If yes, monetary value of contents: \_\_\_\_\_

Yes  No Other than Medicare premiums deducted from your social security benefit, do you pay for a supplemental health or prescription drug insurance policy?  
 Insurance Company: \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Yes  No If anyone moving into the unit is currently a student or planning to be a one in the coming year, please contact us for further clarification.

Yes  No Do you have more than \$500 cash on hand (not in a bank)? If yes, amount: \$ \_\_\_\_\_

Yes  No Have you appointed someone to be your financial power of attorney (POA) or Guardian?  
 If yes, please provide a copy of the POA/Guardian authorization.  
 Name and relationship: \_\_\_\_\_

Yes  No Did you file a Tax Return last year? If yes, provide Schedules (C,E,F,KI-1,4835) and 1099s.

**7. INCOME INFORMATION (Include All GROSS Monthly income)**

Please check Yes or No for each item and provide as much information as possible.

**Social Security & SSI:** Please provide a copy of your most recent award statement from the Soc. Sec. Adm.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant	<input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant
Monthly Amount: \$ _____	Monthly Amount: \$ _____

**Pension & Retirement Benefits:** Please provide a copy of your most recent pension statement.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant	<input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant
Former Employer: _____	Former Employer: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Account#: _____	Account#: _____
Monthly Amount: \$ _____	Monthly Amount: \$ _____

**Veterans Affairs Benefit:** Please provide a copy of your most recent award statement from the Dept. of the VA.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant	<input type="checkbox"/> Head <input type="checkbox"/> Co-Applicant
Monthly Amount: \$ _____	Monthly Amount: \$ _____
VA File #: _____	VA File #: _____

**7. INCOME INFORMATION (Include All GROSS Monthly income) - Continued**

Are any income changes anticipated in the next 12 months? *For example, applied for VA Benefits or SSI?*

Yes  No  Head  Co-Applicant  Head  Co-Applicant  
Explanation: \_\_\_\_\_ Explanation: \_\_\_\_\_

**Payments Received from an Annuity, Inheritance or Insurance Contract:**

Yes  No  Head  Co-Applicant  Head  Co-Applicant  
Source: \_\_\_\_\_ Source: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Account#: \_\_\_\_\_ Account#: \_\_\_\_\_  
Monthly Amount: \$ \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
*If yes, provide 1099s from latest Tax Return, if filed.*

**Income from Rental of Real Estate/Property:**

Yes  No  Head  Co-Applicant  
Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_  
*If yes, provide copy of lease or agreement and Schedule E from latest tax return, if filed.*

**Income from Land Contracts/Farming:**

Yes  No  Head  Co-Applicant  
Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_  
*If yes, provide Schedule F or Form 4835 from latest tax return, if filed.*

**Trust Account:**

Yes  No  Head  Co-Applicant  
\_\_\_\_ Revocable \_\_\_\_ Irrevocable Account #: \_\_\_\_\_  
Institution where held: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
*If yes, you must provide a copy of the trust or application will not be processed.*

**Employment and/or Business Ownership:**

Yes  No  Head  Co-Applicant  
Employer: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*If yes, provide a minimum of 6 consecutive paystubs.*  
*If you have any ownership in a business, please provide details and tax returns, if filed.*

**Alimony/ Child Support: (Awarded amount, regardless of whether it was received.)**

Yes  No  Head  Co-Applicant  
Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**7. INCOME INFORMATION (Include All GROSS Monthly income) - Continued**

Income from any source (including \$\$ gifts) not listed above or in Asset Section following:

Yes  No  Head  Co-Applicant

Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**8. ASSET INFORMATION**

Please check Yes or No for every item and provide as much information as possible and latest statement for Savings, CDs and/or Money Market accounts; 6 months for Checking. .

**Checking – Savings – CD – Money Market Accounts:**

Yes  No  Head  Co-Applicant  Checking  Savings  CD  Money Market

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Provide the last 6 months of statements for all checking accounts.

Head  Co-Applicant  Checking  Savings  CD  Money Market

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

If current checking acct. is less than 6 mo. old, provide previous checking information.

Head  Co-Applicant  Checking  Savings  CD  Money Market

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Head  Co-Applicant  Checking  Savings  CD  Money Market

Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**Life Insurance policies:** *If assigned to a pre-need burial contract or trust, please provide a copy.*

Yes  No  Head  Co-Applicant

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Assigned to a Pre-Need Contract?  Yes  No Funeral Home: \_\_\_\_\_

Head  Co-Applicant

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Assigned to a Pre-Need Contract?  Yes  No Funeral Home: \_\_\_\_\_

Head  Co-Applicant

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Assigned to a Pre-Need Contract?  Yes  No Funeral Home: \_\_\_\_\_

**U.S. Savings Bonds and/or Treasury Bills:** *Please provide a copy of all bonds.*

Yes  No  Head  Co-Applicant

Value: \$ \_\_\_\_\_



**8. ASSET INFORMATION - CONTINUED**

**Do you own a home or other real estate?**

Including but not limited to personal residence, mobile home, vacation home, commercial or farm property or vacant lot.

Yes  No  Head  Co-Applicant

Address: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage Bal: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

What do you plan to do with the property? \_\_\_\_\_

If mobile home: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Length & Width: \_\_\_ X \_\_\_

Please provide a copy of the most recent tax assessment and mortgage statement.

**Investments & Retirement Accounts:**

Including but not limited to 401K, IRA & other investments such as brokerage accounts, company stocks and/or mutual funds.

Yes  No  Head  Co-Applicant

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Head  Co-Applicant

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Personal Property held as an Investment:**

Including but not limited to collections, artwork, show cars, antiques, etc.

Yes  No  Head  Co-Applicant

Type of Property: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Lump Sum Proceeds received in the past 24 months:** (Examples: inheritance, lottery, settlements)

Yes  No  Head  Co-Applicant

Source: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Any asset not listed above:**

An asset is any item that can be sold or converted into cash. Do not list your automobile, personal clothing or general household items.

Yes  No  Head  Co-Applicant

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Joint Ownership:**

Yes  No  Head  Co-Applicant

I have joint ownership of one or more of the above assets with a person who does not reside with me.

Please list the asset(s) jointly owned, the co-owner and his/her relationship.

\_\_\_\_\_  
\_\_\_\_\_

**Assets Given Away or Ownership Transferred:**

Yes  No  Head  Co-Applicant

In the past 2 years, I have sold, given away or otherwise transferred ownership of an asset(s) for LESS THAN FAIR MARKET VALUE.

→ This includes giving away CASH or CHARITABLE CONTRIBUTIONS.

Do not include assets or money given away more than 2 years ago.

Asset: \_\_\_\_\_ Date Transferred: \_\_\_\_\_

Amount of Cash Given Away: \_\_\_\_\_ Date Given Away: \_\_\_\_\_

**SIGNATURE CONSENTING TO VERIFICATION OF INCOME AND ASSET INFORMATION:**

This application is not a rental agreement, contract or lease. All applications are subject to owner and managing agent approval.

I certify under penalty of perjury that the information and statements provided above are true and complete to the best of my knowledge. I consent to disclose this information in order to qualify for housing under IRS Tax Code Section 42. I understand that providing false information will be grounds for denial of my application and may subject me to criminal penalties.

I understand that my occupancy is contingent on meeting management's resident selection criteria and the IRS Tax Code Section 42 program guidelines. I agree to allow management to obtain information related to income, assets, employment, credit, and criminal history. I understand that verification of income and assets is required by the IRS Tax Code Section 42.

I consent to allow management of New City SLF to request and obtain income and asset information from the sources listed on this form for the purpose of verifying my eligibility under IRS Tax Code Section 42. I further authorize institutions to disclose information over the phone to housing management.

Reproductions of this authorization are to be considered as valid as the original. I release all parties from any liability of disclosing information to management.

**FINANCIAL POWER OF ATTORNEY / GUARDIAN – Sign only the bottom line.  
Do NOT sign on applicant signature line.**

\_\_\_\_\_  
Applicant (Only) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Only) Signature

\_\_\_\_\_  
Date

**Please Note:** Applications signed by a financial power of attorney may lengthen the verification process and result in a delay in occupancy. Financial power of attorney paperwork is required in order to process the application. Medical power of attorney does not allow us to perform the required income and asset verification.

\_\_\_\_\_  
Guardian for Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Power of Attorney Signature

\_\_\_\_\_  
Date



# Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: \_\_\_\_\_ From: New City Supportive Living

4707 S. Marshfield Avenue

Chicago, IL 60609

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone (773) 376-1223 Fax (773) 376-1226

**Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing program:**

Name \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

The above person has applied for housing assistance under a program of HUD. HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

**Rental History**

Did the above person pay rent to you in a timely manner? \_\_\_\_\_. If no, explain \_\_\_\_\_

**Housekeeping Habits**

While living in your unit, was the above person ever involved in any activity that would jeopardize the safety or health of others? \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Drug Usage/Criminal Behavior**

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? If yes, explain. \_\_\_\_\_

\_\_\_\_\_  
Name of Person Supplying the Information

\_\_\_\_\_  
Address of Rental Property

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant/Resident Consent for Release of Information:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Resident:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**PENALTIES FOR MISUSING THIS CONSENT:** 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 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 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

## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.

**Complete only one form per household; include assets of children.**

Please insert "NONE" or "O" on each line if the household does not have the stated asset

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident	Date	Applicant/Tenant	Date
Applicant/Resident	Date	Applicant/Resident	Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

New City Supportive Living

4707 S. Marshfield Avenue Chicago, IL 60609

Name of Property

Project No.

Address of Property

**5 T Management**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



## Affidavit of Student Status

To be Completed by the Students of LIHTC Properties

Applicant/Resident Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant/Resident's Statement of Understanding:** Full-time student households that are income eligible and satisfy one or more of the below conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

### \_\_\_\_\_ I am currently a Student.

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. \_\_\_\_\_ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES or NO
2. Are all adults single parents and neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) YES or NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes) YES or NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES or NO
5. Does the household consist of at least one student who was previously under foster care? (provide verification of participation) YES or NO

### \_\_\_\_\_ I am not currently a Student.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# 5T Management

Making Communities Better



## Affidavit of Disposal of Assets



Applicant/Resident Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant/Resident's Statement of Understanding:** I am an applicant/resident of a HUD-assisted apartment community. I understand that HUD requires the housing owner to verify all information that is used in determining my eligibility or level of benefits. Also, I understand that 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 U.S. Government. If, as a resident of HUD-assisted housing, I am found to knowingly provide incomplete or inaccurate information, the Owner must treat this as an act of fraud, and may terminate tenancy under my lease. When evicting for fraud, the Owner is required to file a civil action against me to recover the subsidy overpayment. The owner may also refer my case to a local, state, or federal prosecutor who may pursue the case as a criminal matter. In addition, I understand that under the Privacy Act, any information I provide will not be disclosed or released outside of HUD, except as permitted or required by law.

### Check Appropriate Box.

I certify that I have not disposed of any asset(s) in the past two years for less than fair market value.

I certify that I have disposed of the following asset(s) in the past two years for less than fair market value.

Disposed Asset	Date Disposed	Amount Received	Market Value at Time of Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

By my dated signature above, I certify that I have read the "Applicant/Resident Statement of Understanding," and that the information I have given on this Affidavit is complete and accurate.

Subscribed and sworn to me under oath on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Printed Name of Notary Public \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public, State of \_\_\_\_\_ My commission expires on \_\_\_\_\_.

**PENALTIES FOR MISUSING THIS CONSENT:** 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 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 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 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*Signifies a required field. \*\*Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

\*My Full Name

\*My Date of Birth  
(MM/DD/YYYY)

\*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

\*NAME OF PERSON OR ORGANIZATION:

\*ADDRESS OF PERSON OR ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I want this information released because:

We may charge a fee to release information for non-program purposes.

\*Please release the following information selected from the list below:

Check at least one box. We will not disclose records unless you include date ranges where applicable.

- 1.  Verification of Social Security Number
- 2.  Current monthly Social Security benefit amount
- 3.  Current monthly Supplemental Security Income payment amount
- 4.  My benefit or payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
- 5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
- 6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_  
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
- 7.  Complete medical records from my claims folder(s)
- 8.  Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*\*Address: \_\_\_\_\_ \*\*Daytime Phone: \_\_\_\_\_

Relationship (if not the subject of the record): \_\_\_\_\_ \*\*Daytime Phone: \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)



**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage,
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**