

PLEASE ANSWER THE FOLLOWING:

Has housing assistance or tenancy ever been terminated or denied for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes No

If yes, explain: _____

Have you or any members of the household who will be residing with you disposed of any assets for less than fair market value during the past 2 years? Yes No

Pinecrest Place and Mohr Place II Apartments are a specialized housing program where eligible applicants are those 62 years or older. Do you meet that category? Yes No NA

All other housing programs are designated with severe and persistent mental illness. Do you meet that category? Yes No NA

Do you meet the requirements for U.S. citizenship or eligible non-citizens? Yes No NA

Are you enrolled as a student in an institution of higher education? Yes No NA

Additional program eligibility for group home, supervised apartments, and Pittsburg apartments includes having a case manager. Do you have a current case manager? Yes No NA

If yes, please provide Name _____ Agency _____ Telephone: _____

A reasonable accommodation is a change in rules, policies, or practices that give people with disabilities an equal opportunity to use and enjoy housing, which does not cause substantial undue financial burden to the owners. Requests for accommodation should be made to the property manager in writing when possible. Our policy is to verify the necessity of all requests for accommodation. If you require such an accommodation, we will be happy to assist you. Do you require a reasonable accommodation? Yes No

If yes, please describe _____

Is there an urgent need for housing? If yes, please describe _____

HOW DID YOU HEAR ABOUT US?

- Agency
- Brochure
- Drive by
- Internet
- Newspaper
- Word of Mouth
- Other _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Special note to the applicant

If you have a disability and need a reasonable accommodation in order to participate in the application process, you have the right to request such accommodation. Please contact the Property Manager at (316) 685-1821 ext. 501.

CONSENT AND AUTHORIZATION:

I agree that, to the best of my knowledge, the information listed on this application is true and correct. I understand that this form is only an application and gives no lease or rental rights. By signing this application, I understand that I am giving consent to the Mental Health Association Residential Care to conduct any necessary background checks including criminal and credit history.

Applicant Signature _____
Date

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

MHA Residential Care will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

Yes No

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?
2. Do you currently use illegal drugs or abuse alcohol?
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
4. Have you been convicted of any drug-related crime within the past five years?
5. Have you been convicted of any felony?
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
7. Have you been convicted of any crime involving violence?
8. Are you currently charged with any of the above criminal activities?

9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

10. Have you ever used or been known by any other name?
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize MHA Residential Care to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to MHA Residential Care, to a public housing authority, or to an agency contracted by MHA Residential Care to conduct criminal background checks.

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____

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