



# WESTMINSTER PLACE AT HUNTINGDON

a PRESBYTERIAN SENIOR LIVING community

Dear Prospective Applicant,

Thank you for your interest in Westminster Place at Huntingdon. Please read these instructions entirely before submitting your application.

Completed applications may be returned by either:

1. Mailing your application to Westminster Place at Huntingdon, 149 Beech Lane, Huntingdon, PA 16652.
2. Emailing your application to [wphuntingdon@psl.org](mailto:wphuntingdon@psl.org). If you choose to email your application you must also mail the original signed application to the address above. All applications are required to have an original ink signature.

Once we receive your application, we will evaluate it to ensure that all questions are answered before accepting the application. If the application is incomplete and we cannot determine whether you meet the selection criteria to be placed on the waiting list, your application will be returned to you. We will NOT date and time stamp the application if it is not complete. Before submitting your application, please review your application and make sure that all questions are answered. If any of the following questions are not complete, we will not be able to accept your application:

- Did you print your Full Name, page 2?
- Did you list Date of Birth (month/day/year) on page 2? If anyone in the household is not 62 or older, this application will be rejected, as all household members must meet the age requirement at time of application.
- Did you answer question #2, page 2 (only if you need accessible apartment features due to a mobility, hearing, vision impairment)?
- Did you list the amount of your Estimated Total Annual Income on page 4?
- Did you answer question #16, page 6 completely about whether you are or intend to become a student?
- Did you sign and date the application?

Please note that we accept applications during normal business hours only. Whether you mail or email your application to us, the date and time of your application receipt will be when staff reviews the application to determine whether you are eligible to be placed on the waiting list.

Thank you,

*Management*

814-644-1329 or TTY#711



<b>For Internal Office Use Only</b>	
Date Received: _____	App Received By: _____
Time Received: _____	

**CONSUMER NOTICE FOR APPLICANTS  
THIS IS NOT A CONTRACT**

I, Kari Godfrey, hereby state that with respect to Westminster Place at Huntingdon, I am acting in the following capacity:

- Owner/Landlord of the Property; OR
- A direct employee of the Owner/Landlord; OR
- An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement

**I hereby acknowledge that I have received this Notice:**

Consumer - Applicant	Date	Consumer - Co-Applicant	Date
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I hereby certify that I have provided this Notice: \_\_\_\_\_  
Management Rep./Licensee Date



## RENTAL APPLICATION



Community: Westminster Place at Huntingdon, 149 Beech Drive, Huntingdon PA 16652

Our community is designated as Housing for Older Persons. All household members must be age 62 or older.

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

How did you hear about us? \_\_\_\_\_

Desired Apartment Size			
1 <sup>st</sup> Choice	<input type="checkbox"/> 1BR	<input type="checkbox"/> 2BR	
2 <sup>nd</sup> Choice	<input type="checkbox"/> 1BR	<input type="checkbox"/> 2BR	<input type="checkbox"/> N/A

**TOBACCO-FREE AND SMOKE-FREE COMMUNITIES**

All Presbyterian Senior Living communities are Tobacco-Free and Smoke-Free communities. The use of tobacco products is not permitted anywhere on the property; including the buildings, apartments, common areas, and exterior grounds. The term "smoking" means inhaling, exhaling, using, carrying, or disposing of any lighted cigar, cigarette, pipe, or similar lighted tobacco product in any manner or in any form. Tobacco products include, but are not limited to, cigars, cigarettes; pipe smoking, and all smokeless tobacco, such as snuff, chew, vaporless cigarettes, and dip.

By initialing here, I/we confirm that I/we understand and agree that all household members and guests will comply with the above policies. *(All Applicants Initial Here)* \_\_\_\_\_

If you or a member of your household has a disability and requires a reasonable accommodation, you may request it at any time during the application process.

If you speak Limited English and need an interpreter, please contact the Management Office and one will be provided free of charge.

***In order to comply with state and federal program regulations, we are required to ask the following questions. All information will remain confidential, except as necessary to prove that you qualify. Wherever possible, we are required to obtain third-party verification. Please be sure to provide the names, addresses, and phone numbers of the parties that can verify the information requested.***

**HOUSEHOLD COMPOSITION**

List the head of your household and all persons who will live in the household within the next twelve (12) months. Give the relationship of each person to the head of household. A current, valid government-issued photo ID and social security card is required for each household member. Proof of age is required for all household members. Acceptable **age verifications** include, but are not limited to, (1) a valid Social Security Administration Benefit printout, (2) a Birth Certificate, (3) Military discharge papers, or (4) Government Issued Photo Identification. Ask the Community Manager about other acceptable forms.

FULL NAME	RELATIONSHIP TO HEAD	BIRTHDATE M/D/YR	SOCIAL SECURITY OR ALIEN REG #	TYPE OF PHOTO ID & ID #

**Reasonable Accommodations Consideration for Persons with Disabilities**

1. Do you want to request special accommodations in the facilities (structural changes), policies (exceptions or waivers), or communications (language interpreter or sign language)?  Yes  No  
 If yes, please describe the accommodation requested \_\_\_\_\_

2. Please check if any household member needs an apartment with special design features for:  
 N/A  Mobility impairment  Hearing impairment  Vision impairment  
 Other physical modifications (describe) \_\_\_\_\_

If you checked any of the above, please explain exactly what you believe is required to accommodate your situation: \_\_\_\_\_

Name of household member requiring the features identified above \_\_\_\_\_

Do you or any household member require the services of a live-in aide?  Yes  No

3. Are you or is any member of your household a victim of domestic violence, dating violence, sexual assault, and/or stalking?  Yes  No If yes, please speak with Management about federal protections under VAWA.

4. Are any of your household members temporarily or permanently absent?  Yes  No  
 If yes, please explain \_\_\_\_\_

5. Do you expect anyone else to move in within the next twelve (12) months?  Yes  No  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

6. Do you currently have a Section 8 Voucher, VASH, or any other rental subsidy?  Yes  No  
 If yes, please provide County and State where the Voucher was issued \_\_\_\_\_

**APPLICANT INFORMATION - This page must be completed for EVERY HOUSEHOLD MEMBER. Attach additional copy for each household member.**

Applicant's Name	Best Phone Number(s) to reach you	Email Address
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**RESIDENCY INFORMATION – MUST PROVIDE 3 FULL YEARS' HISTORY – USE REVERSE SIDE IF NEEDED**

Present Address (include city/state/zip)	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other If other, explain:	Length of residency  To	Monthly Payment/Rent  \$	Mortgage Balance  \$
Landlord/Mortgage Co. Name	Street Address  City	State	Zip	Daytime Phone Number
Previous Street Address ( <i>If less than 3 years at above address – use reverse side if necessary</i> )	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Length of Residency  To	Monthly Payment/Rent  \$	
Landlord/Mortgage Co. Name	Street Address  City	State	Zip	Daytime Phone Number

**INCOME INFORMATION**

Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name and Address of Business	Type of Business
Employed by another? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of <b>Applicant's Employer</b>	
# of Years on Job	Position/Title	Rate of Pay  \$ Per
Name of Supervisor		
Business Address: City State Zip		
Pension(s) received? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of Pension(s)	Gross Benefit \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
Social Security received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Benefit \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	

**You will need to provide 8 recent, consecutive (or a minimum of 2 months) paystubs, a current benefit letter or statement, or other means of documenting the amount of income received, along with the name, address, and phone number of the source that can verify the income.**

**ANNUAL INCOME INFORMATION – INCLUDE INCOME OF ALL HOUSEHOLD MEMBERS**  
**Does anyone in your household receive periodic payments from the following now, or expected within the next 12 months? Use additional pages, if necessary**

SOURCE OF INCOME (Check all that apply)	APPLICANT		CO-APPLICANT ( <input type="checkbox"/> Check if N/A)		TOTAL YEARLY AMOUNT BEFORE TAXES OR DEDUCTIONS ARE TAKEN OUT	
	APPLICANT	CO-APPLICANT	APPLICANT	CO-APPLICANT	APPLICANT	CO-APPLICANT
• Social Security (Regular) and/or <input type="checkbox"/> Supplemental (SSI) <input type="checkbox"/> Disability (SSDI) <input type="checkbox"/> State (SSP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Pension(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• <input type="checkbox"/> Regular and/or <input type="checkbox"/> Special Armed Forces pay (including allowances for a member of the family)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Employment: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• <input type="checkbox"/> Commissions <input type="checkbox"/> Fees <input type="checkbox"/> Tips <input type="checkbox"/> Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Self-employed or own a business (Uber, Lyft, Etsy, Ebay, food delivery, pet sitting, cleaning, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Work for someone who pays in cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Long- or Short-Term Disability ( <i>other than SSI</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• <input type="checkbox"/> Welfare and/or <input type="checkbox"/> Other CASH public aid: _____ ( <i>not including Food Stamps or Medicaid</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• <input type="checkbox"/> Child Support <input type="checkbox"/> Spousal Support <input type="checkbox"/> Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Student Financial Assistance or Grant(s) ( <i>Public or private - not including loans</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Regular Distributions from an <input type="checkbox"/> IRA (including annual RMD) or <input type="checkbox"/> Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Regular payments from a Settlement (check type) <input type="checkbox"/> Legal <input type="checkbox"/> Insurance <input type="checkbox"/> Lottery <input type="checkbox"/> Inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• <input type="checkbox"/> Rental and/or <input type="checkbox"/> Investment Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
• Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<b>TOTAL AMOUNT FROM ABOVE</b>					\$	\$

7. Does any household member receive or anticipate receiving income from any other source? This includes anyone who will not be living with you paying any of your expenses and/or giving you money regularly. It also includes payments toward your rent or utilities or regularly buying household and/or personal items for you or any member of your household (not including groceries).

Yes  No If yes, please explain \_\_\_\_\_

Household member \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Source Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ASSET INFORMATION – INCLUDE ASSETS OF ALL HOUSEHOLD MEMBERS  
(Now, or expected within the next 12 months)**

<b>Assets</b> (Check all that apply)	<b>Total # of accts</b>	<b>Cash Value</b>	<b>Annual Income from Asset</b>	<b>Name of Financial Institution(s)</b>	<b>Account Number(s)</b>
• Checking account(s)		\$	\$		
• Savings account(s)		\$	\$		
• <input type="checkbox"/> Christmas Club or <input type="checkbox"/> Vacation account(s)		\$	\$		
• Money Market(s)		\$	\$		
• Mutual Fund(s)		\$	\$		
• Certificates of Deposit (CD's)		\$	\$		
• Individual Retirement Account (IRA)		\$	\$		
• <input type="checkbox"/> 401K <input type="checkbox"/> 403B or <input type="checkbox"/> Simple IRA		\$	\$		
• <input type="checkbox"/> Keogh or <input type="checkbox"/> Other similar account(s)		\$	\$		
• Annuity(ies)		\$	\$		
• Other investment/brokerage account(s)		\$	\$		
• Trust Fund(s) <i>including Special Needs Trusts</i>		\$	\$		
• <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds or <input type="checkbox"/> T-Bills		\$	\$		
• Savings Bonds		\$	\$		
• Life Insurance Policies		\$	\$		
• Burial plot(s)		\$	\$		
• Real Estate: <input type="checkbox"/> Current home <input type="checkbox"/> Rental property <input type="checkbox"/> Vacant land <input type="checkbox"/> Vacation home <input type="checkbox"/> Farm		\$	\$		
• <input type="checkbox"/> Promissory Note <input type="checkbox"/> Mortgage or <input type="checkbox"/> Deed of Trust held by you from the sale of property to someone else		\$	\$		
• Personal Property held as an <u>Investment</u> : <input type="checkbox"/> Coins/Stamps <input type="checkbox"/> Art/Gems/Jewelry <input type="checkbox"/> Collector Auto <input type="checkbox"/> Other:		\$	\$		
• Cash or other Assets (not listed above) at home or in a Safe Deposit Box: (Explain)		\$	\$		
• <input type="checkbox"/> Cash app <input type="checkbox"/> Venmo <input type="checkbox"/> Paypal <input type="checkbox"/> Zelle <input type="checkbox"/> Bitcoin <input type="checkbox"/> Crypto-currency		\$	\$		
• Other:		\$	\$		
<b>TOTAL AMOUNT FROM ABOVE</b>		\$	\$		

**You will need to provide a recent statement or other means of documenting each asset/account. For real estate or personal property, we will need to confirm proof of the Fair Market Value and what it would cost to sell or otherwise dispose of the property.**

8. Are any assets held jointly with someone who does not live in the household? (For example, is another person's name listed on a bank account?)

Yes  No If yes, please explain \_\_\_\_\_

9. Has any household member disposed of any asset(s) valued at \$1,000 or more in the past 2 years for less than fair market value? This includes gifts to family.

Examples:

- ♦ Mr. Jones gave each of his three children \$500. Because the total is more than \$1,000, the gifts are treated as assets disposed of for less than fair market value.
- ♦ The fair market value of Mrs. Smith's house is \$100,000. A friend offered her \$90,000 and Mrs. Smith accepted the offer. Since the difference between the sale price and fair market value is more than \$1,000, the difference is treated as an asset disposed of for less than fair market value.

Yes  No If yes, please explain \_\_\_\_\_

10. Has any household member received any LUMP SUM payments in the last twenty-four months? (Example:  Inheritance  Capital Gains  Legal or Insurance Settlements  Lottery Winnings  Pension or Annuity Disbursements  Cash from the sale of an asset  Other: \_\_\_\_\_)

Yes  No If yes, please explain \_\_\_\_\_

If yes, what did you do with the funds? \_\_\_\_\_

11. Do you have a pet?  Yes  No If yes, what kind? \_\_\_\_\_

Breed? \_\_\_\_\_ Weight? \_\_\_\_\_ Lbs. Age in Years? \_\_\_\_\_ Years Old

*(Please complete a Pet Application)*

12. Do you own a waterbed or any other water furniture, such as a fish tank?  Yes  No

If yes, type and size \_\_\_\_\_  
*(Waterbeds are not permitted above the ground floor in any multi-story building)*

13. Has any household member filed bankruptcy within the last three years?  Yes  No

If yes: Household Member's Name: \_\_\_\_\_

Status:  Pending, Date Filed: \_\_\_\_\_ Or,  Discharged, Date: \_\_\_\_\_

14. Has any household member **ever** been convicted of a crime?  Yes  No

If yes, please explain the conviction and date(s) of occurrence \_\_\_\_\_

15. Has any household member **ever** been evicted for any reason?  Yes  No

If yes, please provide details and date \_\_\_\_\_

16. Is any household member enrolled in school now or within the last 6 months?  Yes  No

Will anyone become enrolled in school in the next 12 months?  Yes  No

If yes, Name of household member & school \_\_\_\_\_

17. Has any household member **ever** lived in a community owned/managed by Presbyterian Senior Living?

No  Yes If yes, Name of Community \_\_\_\_\_

**Please note: In the event that the household becomes an ineligible student household, as described in Section 42 of the Internal Revenue Code or the HOME Final Rule, Owner may, at its sole discretion and at any point during the lease term, terminate or refuse to renew the lease.**

18. Emergency Contact – **Please list someone not on the application and in the immediate area.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**There is no penalty for not completing this section of the application.** The information is used for statistical reporting to the Department of Housing and Urban Development (HUD) and PHFA, and is not used to determine eligibility for housing. Please provide the following information for the head of household.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial
ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

**I/We certify that all answers given in this Rental Application are true and complete to the best of my/our knowledge and belief. I/We authorize investigation of all statements contained in this Rental Application as may be necessary to qualify for housing in the community.**

**I/We understand that any intentional misrepresentation or failure to disclose required information will result in the rejection of my/our application and that I/we will not be permitted to re-apply for residency in the future. I/We understand that federal law and the IRS require me/us to give truthful, complete answers regarding my/our income and student status so the landlord can determine whether I/we qualify for housing in this community.**

**If I/we rent an apartment and it is discovered later that I/we provided false or incomplete information about my/our qualification, I/we will be subject to eviction.**

**I/we understand that there is a non-refundable Application Fee for each applicant.**

*All applicants and co-applicants initial below:*

\_\_\_\_\_

**I/We agree to provide documentation of all income and assets as required and further authorize disclosure of all information that will verify my/our income and assets. I/We hereby certify that I/We have reviewed and/or received a copy of the Resident Selection Plan for this apartment community and understand that all applicants must be eligible for the programs that funded this community and qualify under the Resident Selection Plan.**

**I/We authorize Presbyterian Senior Living, its subsidiaries, and its agents to investigate my/our credit worthiness, income, assets, residency history, criminal history, financial histories, and employment through any investigation, credit bureau, housing reference, or other reasonable means. I/We have read this application and understand it.**



**THIS RENTAL APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE.  
ALL APPLICATIONS ARE SUBJECT TO APPROVAL.**

*It is our aim to ensure that this apartment community is a drug-free zone. The sale or use of illegal controlled substances will not be tolerated. By signing this application, I/we verify my/our support for this policy.*

**All Applicants, Co-Applicants, and Household Members must sign below.**

Applicant Signature	Date
Co-Applicant Signature	Date
Other Household Member	Date
Other Household Member	Date

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