



# The Linden House of Hobart

A ministry sponsored by the Poor Handmaids of Jesus Christ

360 West 61st Street

Hobart, IN 46342

Phone: (219) 942-9440

Office Use Only Mgr. Initials \_\_\_\_\_

Date/Time Rec'd: \_\_\_\_\_

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

Change: \_\_\_\_\_

Other: \_\_\_\_\_

Appl phone # change: \_\_\_\_\_

Managed By: Evergreen Real Estate Services LLC Chicago, IL

Revised: 1/1/2014

Please complete all sections of this application. Incomplete applications will be returned. An Application does not guarantee housing.

### Applicant Name:

(Head of Household)

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ M.I.

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

\_\_\_\_\_ Street

\_\_\_\_\_ City/State

\_\_\_\_\_ Zip Code

Home Phone #: \_\_\_\_\_

Cell/Work #: \_\_\_\_\_

**Apt. Size Requested: (circle one): 1 Bdrm Accessible**

### 1. Household Composition: Complete the following information for each household member who will occupy the apartment at the time of move-in.

Name (Last Name, First Name, M.I.)	Birthdate	Social Security #	Relation to Head of House	Sex*	Race*	FT/PT Student?	
						Y/N	School
			HEAD				

\*Optional (Race is for statistical purposes only. It does not determine eligibility)

Identification will be required, including copy of birth certificate, valid State Drivers License or State ID card. Social Security card copies and citizenship status are required for all applicants.

### 2. Occupancy: (Check yes or no to each question)

\_\_\_ Yes \_\_\_ No Will any of the above people live anywhere else except the unit for which you are applying?

Who? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Will any one else live in the apartment on either a full-time or part-time basis?

Who? \_\_\_\_\_ WHY? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Do you expect any of the above to change in the next 12 months?

WHY? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Have any of the people above used names or a social security number other than the names or numbers used above? If YES, please explain: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is any member of the household a U.S. military veteran? Who: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Is the Head, Co-head or spouse at least 62 of age or 18 and older having a disability and would benefit from a special needs unit or need a "reasonable accommodation"? (for mobility, vision, or hearing)

Yes  No Is any member of the household a full- or part-time student at an institution of higher education? (college, trade/technical school) School Name, City: \_\_\_\_\_

Yes  No Does any member receive financial assistance through loans, grants, scholarships? If "yes", verification will be required to determine eligibility.

**3. General Information: Check either YES or NO to each question.)**

Yes  No a) Has ANY member of the household been arrested or has a record of conviction, adjudication other than acquittal; OR is or was under home-monitoring for a felony or misdemeanor in ANY state for acts other than a minor traffic violation? If Yes, please explain:  
(List who, record, dates of incarceration, years of monitoring, State)

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Yes  No b) Is any member of the household listed on any state sex offender registry? Please list **ALL states** in which household members 18 years and over have lived since 1996:

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Yes  No c) Has any member of your household been evicted, or, involuntarily removed from any apartment, including subsidized housing, in the last 5 years, for any reason? If "YES", please explain:

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Yes  No d) Has any member of the household exhibited a pattern of behavior that would interfere with the rights of others due to the abuse of alcohol?

Yes  No e) Does any member of the household use, sell, store, buy or manufacture illegal drugs?

Yes  No f) Has any member of your household ever been convicted of the use or the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? If "YES", please explain:

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Yes  No g) Have you ever filed for bankruptcy? If "YES", what year, why: \_\_\_\_\_

Yes  No h) Are you currently living in subsidized or Section 8 housing?

Yes  No i) Do you understand that you may not collect subsidy at 2 locations at the same time?

**NOTE:** You must be completely moved out of your current unit, return the keys & complete the move-out inspection prior to receiving subsidy at this property. Management will request a copy of the move-out inspection at lease signing.

Yes  No j) Have you ever failed to cooperate with the recertification process, violated the lease or house rules in previous housing?

Yes  No k) Was your housing assistance ever terminated, or in the process of being terminated, for suspected fraud? If YES, WHEN and at what property? \_\_\_\_\_

- 4. Vehicle Identification:** a) License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Make/Model/Year: \_\_\_\_\_  
 b) License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Make/Model/Year: \_\_\_\_\_

**5. Current Job: List current job information for all adults, 18 & over, of household (full- part-time)**

If you are self-employed, please list that information below, and list income on pg. 5.

- a) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_
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- b) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_
- 
- c) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_

**Attach additional sheets, as necessary.**

**6. Landlord References: List the last 5 years of where you have lived, even if living with family members.** The landlord is the company/person to whom you pay rent or mortgage.

- a) **Current** Landlord's Name: \_\_\_\_\_  
 Landlord's Address, city, zip: \_\_\_\_\_  
 Current Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name(s) on Lease: \_\_\_\_\_  
 Is the Landlord a relative? \_\_\_\_\_ If "YES", what relation? \_\_\_\_\_  
 Why do you want to relocate? \_\_\_\_\_  
 Are you being evicted or have you, your family or guests caused damage to the unit? \_\_\_\_\_
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- b) **Previous** Landlord's Name: \_\_\_\_\_  
 Landlord's Address, city, zip: \_\_\_\_\_  
 Previous Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Was the Landlord a relative? \_\_\_\_\_ If "YES", what relation? \_\_\_\_\_  
 Why did you relocate? \_\_\_\_\_  
 Were you evicted or did you, family or guests cause damages to the unit? \_\_\_\_\_

c) **Previous Landlord's Name:** \_\_\_\_\_  
**Landlord's Address, city, zip:** \_\_\_\_\_  
**Previous Landlord's Phone:** \_\_\_\_\_ **Rent: \$** \_\_\_\_\_  
**Dates you lived there: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Was the Landlord a relative?** \_\_\_\_\_ **If "YES", what relation?** \_\_\_\_\_  
**Why did you relocate?** \_\_\_\_\_  
**Were you evicted or did you, family or guests cause damages to the unit?** \_\_\_\_\_  
**Attach additional pages, if necessary to cover last 5 years.**

**7. Household Income, Assets and Liabilities (Bills Owed)**

a) **INCOME:** (List ALL income received by any person who will reside in the apartment such as a full- or part-time job, Social Security/SSI, disability, AFDC, child support, alimony, cash for jobs, RR or Veteran's benefits, cash gifts, unemployment, pensions, worker's compensation, self-employment, military, etc.)

Family Member Name	Source of Income	Amount of Income	Frequency of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) **ASSETS:** (List all assets such as checking, savings, CD's trusts, IRA's, 401K, Keogh Account, trusts, retirement, land, house, stocks, savings bonds, mutual funds, treasury bills, mortgage or deed of trust, surrender value of life insurance policy) (List additional on another sheet of paper)

Family Member Name	Type of Asset and Held Where (bank, brokerage, company)	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) **LIABILITIES (Your bills):** Please list any monthly financial liabilities, including cable, internet fees, credit accounts (I.e. car payments, personal, credit cards, car insurance, cell phone payments, alimony or child support paid to someone outside of the household, landline phone bill, etc.)

<u>Lender:</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) **Has any member disposed of any assets in the last 2 years for less than fair market value?**  
 YES \_\_\_ NO \_\_\_ If YES, who? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**8. Allowances and Deductions (if applicable)**

Note\*\* (The following questions are voluntary, however, if you qualify, the benefits could reduce your rent)

- 1) If the Head of Household, spouse or co-head is 62 years or older, handicapped or disabled, the household may be eligible for the "Elderly Household" benefits. Does your household fit this qualification? \_\_\_ Yes \_\_\_ No
- 2) Do you or any members of your household have any of the following:  
 Medicare: \_\_\_ Yes \_\_\_ No      Other Health Insurance: \_\_\_ Yes \_\_\_ No  
 Medicaid: \_\_\_ Yes \_\_\_ No      Dental Insurance: \_\_\_ Yes \_\_\_ No
- 3) Do you pay childcare to anyone or an agency for a dependent household member 12 & under to allow you to work or go to school, or look for a job? \_\_\_ Yes \_\_\_ No  
 To Whom: \_\_\_\_\_ Annual Amt: \$ \_\_\_\_\_

**9. Emergency Contact: (List someone not living in household.)**

**1st Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address, city zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work/Cellphone: \_\_\_\_\_

**2nd Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**10. How did you hear about this property?** \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

**SIGNATURE CLAUSE:**

I understand that management is relying on this information to prove my household's eligibility for a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the above questions are true and complete to the best of my knowledge . **I consent to release the necessary information to determine my eligibility.** I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties and fines up to \$10,000.00. **I understand Management will verify my income & subsidy status thru the Enterprise Income Verification (EIV) System through HUD.**

**I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility and suitability for occupancy.** I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria & the requirements of a program of the U.S. Dept. of HUD.

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to naming any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from other credit institution, as well as conducting criminal, eviction and landlord checks.

**I hereby grant this property & Evergreen Real Estate Services, LLC the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current & former employers to release information that they may have about me and release them from my liability & responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.**

ALL ADULT household members (18 years of age and older) must sign below:



\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, sexual identity, handicap or familial status.

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

**Return the Application to the Rental Office at:**  
**MANAGER**  
**Linden House of Hobart Management Office**  
**360 West 61st Street**  
**Hobart, IN 46342**

**Section 504 Coordinator:**  
Ms. Cheryl A. Warren  
Director of Regulatory Compliance  
Evergreen Real Estate Services, LLC  
566 West Lake St. Suite 400  
Chicago, IL 60661

**For assistance in completing application, please call the Manager at 219-942-9440.**