

### PRE-APPLICATION FOR HOUSING

# **Hamilton Place Apartments**

956 Hamilton Avenue St. Louis, MO 63112

Phone: (314) 361-5600 TDD: 800-437-1220

FOR OFFICE USE ONLY								
Date / Time Application Received:								
	: AM / PM							
Received by (Initials):								

PLEASE NOTE ANY PRE-	APPLIC	ATION NO	T FUL	LY	COMPLETE	D	WILL	BE RETU	RN	ED TO APP	LICAN	ΙΤ		
Preferred unit size: $\Box$ 0 BR	•				☐ 2BF			☐ 3H			□4B			
You MUST answer A	_										_			
APPLICANT INFORMATION except those household members who							all men	nbers of t	he a	pplicant's ho	useho	ld a	re requ	ired,
•	IRST NAME		gibie iiii	ш			DLE INITI	AL	DA	TE OF BIRTH	GE	NDEI	R M 🗆	l F 🗆
											De	cline	to Discl	
STREET			CIT	ТΥ					STA	ATE .	ZIF	,		
SOCIAL SECURITY NUMBER	PREVIO	US / MAIDEN N	AME		MARITAL STATUS		Sepa	rated 🔲	Dec	line to Disclose	STU	JDEN	IT STATU	īS.
	☐ Married ☐ Single ☐ Di							F/T □ P/T □ N/A□		N/A□				
DAYTIME PHONE NUMBER	EVENING PHO			ИВЕ			omigic =	EMAIL .			<u> </u>			
CO-APPLICANT INFORMAT	ION													
LAST NAME F	IRST NAME	3			N	ИID	DLE INITI	AL	DA	TE OF BIRTH	GENDER M□F□			
SOCIAL SECURITY NUMBER	PREVIO	US / MAIDEN N	AME	T	MARITAL STATUS	Г	7		D1	Decline ecline to Disclose STUDEN			to Discl IT STATU	
					☐ Married ☐		_				F/T □ P/T □ N/A□			
OTHER OCCUPANTS					L Marrieu L	<u>ت</u> اــــــــــــــــــــــــــــــــــــ	onigie <b>L</b>	<b>D</b> IVOICE	eu L	<b>-</b> Widowed				
List all other persons who will live in	the unit,	including u	nborn c	hil	ldren. <b>No pers</b> e	on	is to liv	e with yo	u v	who is not list	ed.			
		OATE OF											STUI	DENT
NAME (First, Middle, Last)		BIRTH	SOCI	ΑI	L SECURITY N	[U]	MBER	GENDE M D F D	_	RELATIO	NSHIF		YES	NO
								Decline D						
								M □ F □ Decline □						
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								Decline □ M □ F □	_					
								Decline [						
HOUSEHOLD AND BACKGE				1C	N - CURREN	ľ	ГНОС	SING						
Your current housing situation			as:											
l <del></del>	Substa						_	_		Soon to Be Wi				
		g a fixed nig	ghttime	res	sidence			JFleeing /	/ At	tempting to Fl				
Do you currently receive subsidiz		$\overline{}$									□Yes		∃No	
Do you currently have a voucher		Agen	-								□Yes		∃No	
Are you displaced by governmen				De	clared Disast	er	?				□Yes		∃No	
Do you have any pets other than											□Yes		∃No	
Is Head of Household, Spouse or	Co-Hea	d currently	emplo	ує	ed?						□Yes	; [	∃No	
Are you a veteran?											□Yes	; [	∃No	
SSN Disclosure/Exemption – Wer do not have an SSN and were rec	-		-		0	,					□Yes	ı□N	lo□N.	A
Are you or any members of your	househo	old a curre	nt user	of	marijuana or	0	ther ille	egal drug	gs?		□Yes		∃No	
How did you hear about the prop	erty?	Sourc	e:											
( E FOLIAL HOUSING OPPORTE	INITV									Povisod 6 28 2	1/4		Pago 1 o	vf 3

CRIMINAL HISTORY					
Are you or any members of your hou in any state?	sehold subject to a	State lifetime sex offe	nder registration	□Yes	□No
Have you or any member of your ho	usehold heen conv	icted of any crimes list	ted helow?		
(If no please skip below section)	uschold been conv	icted of arry crimes has	ica below:	□Yes	$\square$ No
Using the numbers below, indicate w	hathan man an ann	mombors of vour ho	usahald harva haan	convictor	1 of any
crimes listed below:	mether you or any	members of your not	usenoiu nave been	convicted	a or any
1. Homicide / Murder	6. Assault / Fighting	*	11. Fraud		
Rape or Child Molesting	7. Drug Trafficking	-	12. Prostitution		
3. Burglary / Robbery / Larceny	8. Child Abuse / Domestic Violence 13. Disorderly Cond			ıct	
4. Threats or Harassment	9. Public Intoxication	14. Other (please exp			
5. Destruction of Property / Vandalism	10. Receiving Stoler	n Goods			
MEMBER NAME	CRIME(S) #		STATUS/DISPOSITION		
MEMBER NAME	CRIME(S) #		STATUS/DISPOSITION		
Households in which the Head, Spouse or Co		andicap, please indicate:		□Yes	Пио
If special unit requirements are needed please		_			
SPECIAL UNIT REQUIREMENT(S)	-				
All applicants in which a household member	has a disability may qu	ualify for a Reasonable Acc	ommodation and they	have the rigl	ht to request
such an accommodation.	1 111	11.0			
Do you or any members of your hou		<del>-</del>	. 13.6 1.6	m · 1	T.T. **
-	Unit for Vision-Impa		ysical Modification t		Unit
	Unit for Hearing-Im	paired $\square$ An	y Other Accommoda	ation	
☐ A Mobility Impaired Unit					
HOUSEHOLD INCOME					
List each source of income for all hou	sehold members	Use oross amounts (h	efore deductions)		
Over the next 12 months, do you or does anyon				):	
e ver the next 12 months, to you or uses they ex	ne mi your mousemore e	Apect to receive income inc	in (encert all unat appr)	<i>)</i> ·	
☐ Employment		☐ Social Security	/ (SS/SSI/SSDI etc.)		
☐ Self-Employment		☐ State Supplem			
☐ Military Pay		☐ Veteran's Ben			
☐ Unemployment		☐ Pension / Ann			
☐ Worker's Compensation		•	ents from Settlemen	t	
Torker's compensation		☐ Income from		•	
		☐ Other Retirem			
			iene / ledo antes		
☐ TANF / Public Assistance		☐ Student Finan	cial Aid		
☐ Child Support			rom anyone outside	of the hou	sehold
☐ Alimony			Lottery Winnings or I		
Aimony			Rental Property or Re		
		☐ Any other inco	•	cai Estate	
HOLOGINO DA CINTO DE LA COLOGIA DE LA COLOGI	I		1	1.0.103.777.77	\/\(\text{\$1}\)
HOUSEHOLD MEMBER NAME		SOURCE	ANNUA	L/MONTHI	LY/WEEKLY

				BERS Do y	ou or anyon	e in your hous	seholo	I have or expect to have any of
the following within the  Cash Checking Savings Certificate of D Money market	]	☐ Direct I☐ Benefit	Express : card nild support – NOT for NPS)	☐ 401 ☐ IRA ☐ Mu	er Card K tual Funds er retireme	nt funds		Stocks Bonds Life Ins. (whole or universal ONLY) Real Estate Trusts Any other assets
HOUSEHOLD MEME	BER NAME		NAME OF BA	NK		TYPE OF ACCOUNT		CURRENT BALANCE
RACE AND ETHN	ICITY for stat	istical pu	rposes only – th	is inform	ation will	not affect to	enan	t selection.
Head of Household (only)	□ Hispanic or Latino □ American Indian / Alaskan Native □ Asian □ Not Hispanic or Latino □ Black or African American □ Asian Indian □ Decline to Disclose □ White □ Japanese □ Other □ Chinese □ Native Hawaiian or Other Pacific Islander □ Korean □ Native Hawaiian □ Filipino □ Samoan □ Vietnamese □ Guamanian/Chamorro □ Other Asian						ese se n no umese	
Additional state protected of type of federal, state or local Identity, it is our policy to en status. Applicants for Section Secretary for Fair Housing at or treatment or employmenondiscrimination requirem Stephanie Albert, Preservation SIGNATURE CLA I understand that managem information and answers to eligibility. I understand that in criminal penalties. I authorize my consent to have necessary information included understand that my occupants.	lasses may include ag public assistance. In a sure that this housing in 8 or Rural Development Equal Opportunity into in, its federally at ents contained in the on Management Inc., 2 USE  Lent is relying on this the above questions providing false informative management verificing source names, and its incomplete in the contingent on management on ma	ge, creed, and compliance we g is open to all ment housing t, Washington assisted prog Department of 261 Gorham F is information are true and mation or make fy the informated ddress, phon- meeting manage	estry, lawful source of rith HUD's Final Rule, eligible individuals an may file any complaint, D.C. 20410. This programs and activities. of Housing and Urban Road, South Portland, Moto prove my househo complete to the best oking false statements mation contained in this e numbers, accounts in gement, resident select	income, veter Equal Access d families reg s of discrimin perty does no The person r Development ME 04106 Officially's eligibility of my knowled ay be ground:  Pre-Applicatiumbers wher	ans or member to Housing in ardless of actuation to the U transfer discriminate named below 's regulations ce: 207.774.050 y for HUD, Ruge. I consent is for denial of con for purpose applicable a	ers of the armed if HUD Programs, all or perceived so S Department of I on the basis of di has been desig implementing Se DI TDD: 1.800.437 ural Development to the release of my application. I ses of proving my nd other information of the program of the results of the release of my application. I	Regardexual of Housingsability nated extion 5.1220 at and/the necessary eligibation religibation	ap, familial status, or national origin., weight, or height, and receipt of any fless of Sexual Orientation or Gender rientation, gender identity, or marital and Urban Development, Assistant as status in the admission or access to, to coordinate compliance with the 104 (24CFR, part 8 dated June 2, 1988.  For LIHTC Program. I certify that all deseasary information to determine my inderstand that such action may result all the provide all equired for expediting this process. I IHTC Program requirements.
ALL Household M	embers 18 and	l Older M	IUST Sign					
HEAD OF HOUSEHOLD SIGN	NATURE					DATE		
SPOUSE OR CO-HEAD SIGNA	ATURE					DATE		
OTHER ADULT HOUSEHOLI	) MEMBER					DATE		
OTHER ADULT HOUSEHOLI	) MEMBER					DATE		
FOR OFFICE USE ON	NLY: Household	<del></del>		eferences:	please reference yo	our resident selection p	lan)	
☐ Working Fan ☐ Elderly ☐ Veteran ☐ Domestic Vi			Handicapped Homeless Agency Referral		_	nent Declared ng Voucher As		

## Citizenship Declaration Form

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the

Family Summary Sheet	
LAST NAME	
FIRST NAME	
RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF SEX BIRTH
SOCIAL SECURITY NO	ALIEN REGISTRATION NO
ADMISSION NUMBER	
NATIONALITY to which you owe legal allegiance. This is r	(Enter the foreign nation or country normally but not always the country of birth.)
SAVE VERIFICATION NO. (to be entered b	
	ation below by printing or by typing the person's first be space provided. Then review the blocks shown er 1, 2, or 3:
	hereby declare, under
penalty of perjury, that I am(print or type	first name, middle initial, last name):
1. A citizen or national of the Unite	a States.
-	address specified in the attached notification letter. If this ho will reside in the assisted unit and who is responsible for
Signature	Date
Check here if adult signed for a child	l:
2. A noncitizen with eligible immigr listed below:	ation status as evidenced by one of the documents
NOTE: If you shocked this block and you are 62.	years of ago or older you need only submit a proof of ago

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

	(if application was filed on or after October 1, 1990).
Consent Form in Exhibit 3-6). AND	(6) A receipt issued by the DHS indicating that an
h. One of the fellowing decomposite	application for issuance of a replacement document in
<ul><li>b. One of the following documents:</li><li>(1) Form I-551, *Permanent Resident Card*</li></ul>	one of the above-listed categories has been made and that the applicant's entitlement to the document has
(2) Form I-94, <i>Arrival-Departure Record</i> , with one	been verified.
of the following annotations: (a) "Admitted as	
Refugee Pursuant to section 207";	(7) *Other acceptable evidence. If other
(b) "Section 208" or "Asylum";	documents are determined by the DHS to constitute
(c) "Section 243(h)" or "Deportation stayed by	acceptable evidence of eligible immigration status, they
Attorney General"; or	will be announced by notice published in the Federal
(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."	Register.*
(3) If Form I-94, Arrival-Departure Record, is not	If this block is checked, sign and date below and submit
annotated, it must be accompanied by one of the following documents:	the documentation required above with this declaration
(a) A final court decision granting asylum (but only	and a verification consent format to the name and
if no appeal is taken); (b) A letter from an DHS asylum	address specified in the attached notification. If this
officer granting asylum (if application was	block is checked on behalf of a child, the adult who will
filed on or after October 1, 1990) or from an DHS district	reside in the assisted unit and who is responsible for the
director	child should sign and date below.
granting asylum (if application was filed before October	
1, 1990); (c) A court decision granting withholding	If for any reason, the documents shown in subparagraph
or deportation; or	2.b. above are not currently available, complete the Request for Extension block below.
(d) A letter from an DHS asylum officer granting withholding of deportation	Request for Extension block below.
Check here if adult signed for a child:	
REQUEST	FOR EXTENSION
but the evidence needed to support my claim	is temporarily unavailable. Therefore, I am ssary evidence. I further certify that diligent and
but the evidence needed to support my claim requesting additional time to obtain the necessity	is temporarily unavailable. Therefore, I am ssary evidence. I further certify that diligent and
but the evidence needed to support my claim requesting additional time to obtain the neces prompt efforts will be undertaken to obtain this	is temporarily unavailable. Therefore, I am ssary evidence. I further certify that diligent and s evidence.
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### **Citizenship Verification Consent Form**

INSTRUCTIONS: Make as many copies as needed. Complete a separate form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

		CONSENT
I,	name mi	hereby consent to the ddle initial, last name)
following:	riamo, mi	date ilitial, last harre)
The use of the attac receive financial ass		dence to verify my eligible immigration status to enable me to for housing; and
1.	proje	elease of such evidence of eligible immigration status by the ct owner without responsibility for the further use or mission of the evidence by the entity receiving it to the ving:
	a.	HUD, as required by HUD; and
	b.	The DHS for purposes of verification of the immigration status of the individual.
		NOTIFICATION TO FAMILY:
establishing eligibility	y for fin	ation status shall be released only to the DHS for purposes of ancial assistance and not for any other purpose. HUD is not se or transmission of the evidence or other information by
Signature		Date
Check here if adult s	signed f	or a child:

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INSTRUCTIONS: Complete this Declaration for each member of the household listed on the

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LAST NAME	
FIRST NAME	
RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF SEX BIRTH
SOCIAL SECURITY NO	ALIEN REGISTRATION NO
ADMISSION NUMBER	
NATIONALITY to which you owe legal allegiance. This is r	(Enter the foreign nation or country normally but not always the country of birth.)
SAVE VERIFICATION NO. (to be entered b	
	ation below by printing or by typing the person's first be space provided. Then review the blocks shown er 1, 2, or 3:
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penalty of perjury, that I am(print or type	first name, middle initial, last name):
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Signature	Date
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(a) A final court decision granting asylum (but only	and a verification consent format to the name and
if no appeal is taken); (b) A letter from an DHS asylum	address specified in the attached notification. If this
officer granting asylum (if application was	block is checked on behalf of a child, the adult who will
filed on or after October 1, 1990) or from an DHS district	reside in the assisted unit and who is responsible for the
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granting asylum (if application was filed before October	
1, 1990); (c) A court decision granting withholding	If for any reason, the documents shown in subparagraph
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REQUEST	FOR EXTENSION
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following:	riamo, mi	date ilitial, last harre)
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Signature		Date
Check here if adult s	signed f	or a child:

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

#### SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

**Instructions: Optional Contact Person or Organization**: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Ph	one No:	
Name of Additional Contact Person or	Organization:		
Address:			
Telephone No:	Cell P	hone No:	
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that app	ly)		
during your tenancy or if you require any servine providing any services or special care to your confidentiality Statement: The information or applicable law.  Legal Notification: Section 644 of the Housi each applicant for federally assisted housing to accepting the applicant's application, the house section 5.105, including the prohibitions on details.	rices or special care, we may bu. provided on this form is cor- ing and Community Develor to be offered the option of p sing provider agrees to con- discrimination in admission	ground of the person or organization or participation in federal properties of the person or organization or participation in federal properties of the person or organization or	erms
Check this box if you choose not to provi	de the contact information	on.	
Signature of Applicant			Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.