

# APPLICATION PACKET

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at GK Management Co., Inc.

All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable.

This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the errors and put your initial. Please do not use whiteout to correct the errors.

Please confirm that you have completed, signed, and returned the following forms:

- 1) Subsidized Rental Application for Housing
- 2) Supplemental to Application for Federal Assisted Housing HUD-92006

**Once your application is received, it will determine if you are pre-qualified for the property. You will be notified in writing if your name has been added to the waitlist or not, based on the Property Eligibility.**

It is your responsibility to contact us with any new information or change of address. We will send you a Periodic Assessment on an annual basis. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the wait list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Thank you for your application inquiry.





GK Management Co., Inc.

OFFICE USE ONLY

DATE \_\_\_\_\_ TIME \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

REPLACEMENT APPLICATION? YES \_\_\_\_\_

COMMUNITY NAME: **HOLLYWOOD KNICKERBOCKER**

**AFFORDABLE PRE-APPLICATION**

Please complete ALL sections. Enter "None" or N/A" if not applicable. Incomplete applications will not be accepted.

**PART I. HOUSEHOLD INFORMATION**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APT. #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS NO. (LAST FOUR DIGITS): \_\_\_\_\_

DAY PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HOUSEHOLD INFO:** List ALL household members who will live in the unit, including yourself. Apartment to be occupied by \_\_\_\_\_ number of people. All applicants applying for rental assistance will be required to either submit (a) evidence of citizenship, (b) eligible immigration status, or (c) choose not to claim eligible s status at the time of the interview for this community.

**FOR STATISTICAL PURPOSE ONLY (OPTIONAL):**  
 RACE of Head of Household (check one):  
 Asian \_\_\_ White \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ American Indian or Alaskan Native \_\_\_ Other \_\_\_  
 ETHNICITY of Head of Household (check one): Hispanic or Latino \_\_\_ Non- Hispanic or Latino \_\_\_

Check this box if you choose not to provide Race and Ethnicity information

NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE	AGE	SOCIAL SECURITY # (LAST FOUR NUMBERS)	STUDENT
1.	SELF				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO

**PREFERENCE ELIGIBILITY**

The Department of Housing and Urban Development has established requirements that housing assistance is directed to those with the most urgent housing needs. If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the corresponding box below.

I have been displaced from an urban renewal area, or as a result of government action, or as a result of disaster determined by the President to be a major disaster.  I am 62 years old.  I am handicapped or disabled.  N/A

Do you or any member of your household require a unit with accessibility features?  Yes  No  
If YES, what features:  Mobility Impairment  Visual Impairment  Hearing Impairment  Other

Do you or any member of your household require reasonable accommodation due to disability that requires changes to our rules, policies, procedures, or physical modification(s) to the dwelling unit or common areas?  Yes  No

I agree to provide documentation sufficient to verify my qualification for a preference when the community manager requests that I do so. If my eligibility for a preference changes in the future, I will contact the community manager. Initials \_\_\_\_\_ Date \_\_\_\_\_

**Part II. General Questionnaire**

- Have you or any adult member of your household ever been evicted? Yes  No  If yes, when? Please explain.
- Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes  No  If yes, when? Please explain.
- Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes  No  If yes, please explain: \_\_\_\_\_
- Do you expect changes to your household size within the next 12 months? Yes  No
- Is there a live-in aide who will be residing with you in the unit? Yes  No
- How did you hear about us? \_\_\_\_\_



**LIFETIME SEX OFFENDER:** Are you, or is any member of the household subject to a lifetime sex offender registration in any state?

Yes  No

If yes, which family member?	Which State?	If yes, which family member?	Which State?
Explain details:		Explain details:	

**Part III. Housing References – Please list current and previous landlords for the last three years.**

CURRENT ADDRESS	APT. #:	CITY/STATE	ZIP CODE	HOW LONG AT THIS ADDRESS?
CURRENT ADDRESS	APT. #:	CITY/STATE	ZIP CODE	HOW LONG AT THIS ADDRESS?
CURRENT ADDRESS	APT. #:	CITY/STATE	ZIP CODE	HOW LONG AT THIS ADDRESS?

List all states in which you and all adult household members have lived since the age of 18:

**Part IV. Income & Asset Information**

Head Source of Income: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
 Head Source of Asset: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Co-Head Source of Income: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Co-Head Source of Asset: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**Do you own Real Estate or Real Property?** Yes  No   
 If yes, where? What is the current value?

**Have you ever owned Real Estate or Real Property?** Yes  No   
 If yes, when? Where? When Sold? How Much?

**Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value?** Yes  No  If yes, what was disposed and for how much?

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application at any time prior to execution of a lease agreement. If applicant(s) withdraws application, applicant's name will be removed from the waiting list.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT AND AUTHORIZES INQUIRIES OF ANY STATEMENT MADE HEREIN.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
X		X	
CO-APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
X		X	

**COMPLETION OF THIS PRE-APPLICATION DOES NOT GUARANTEE PLACEMENT OF OUR WAITLIST. PLACEMENT OF OUR WAITLIST DOES NOT GUARANTEE RESIDENCY**



Optional and Supplemental 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.

<b>Applicant Name:</b> «residentfirstname» «residentmiddleinitial» «residentlastname»	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**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. Form HUD- 92006 (05/09)