

**Office Use Only:**

\_\_\_ **EL Income** \_\_\_ **Very Low Income** \_\_\_ **Low Income**

**Date/Time Received:**

**Application for Eligibility Determination for Residency with  
Napa Park Homes**

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? \_\_\_ Yes \_\_\_ No

If yes, please list the language and services requested:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

\_\_\_ Yes \_\_\_ No If yes, please list the request: \_\_\_\_\_

\_\_\_\_\_

**1. Household Composition and Characteristics & Family Summary Sheet:** *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

| Mbr. No. | Last Name | First Name | Relationship to HOH | Age | Sex | Date of Birth | Social Security Number |
|----------|-----------|------------|---------------------|-----|-----|---------------|------------------------|
|          |           |            | Head                |     |     |               |                        |
|          |           |            | Spouse/Co Head      |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |
|          |           |            |                     |     |     |               |                        |

Do you anticipate any changes to the household composition listed above during the next 12 calendar months?

Yes  No

If yes, please explain: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Street

Apt.

City, State, Zip Code

Telephone (area code)

**2. Special Unit Requirement** – Each applicant must complete a Special Unit Questionnaire in order for Napa Park Homes to determine if a household needs special features in their unit. **See attachment A of application.**

**3. Current Housing Status:** Please list all addresses where you have lived during the past ten years. (Use additional sheet if necessary.)

| Address (including Apt. #) | City/State/Zip | Dates | Rental   | Manager |
|----------------------------|----------------|-------|--|---------|
|                            |                |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
|                            |                |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
|                            |                |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |

**4. Employment:** Are you or a household member currently employed?  Yes  No. If yes, give name and address of your employer(s):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (Area Code) \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (Area Code) \_\_\_\_\_

**5. Income:** Do you or any members of your household receive any of the following types of income on a regular basis?

| Answer   | Source                                      | Monthly or Periodic Amt | Documentation Needed at Eligibility Interview |
|--|---|-------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages/Salaries                              |                         | Pay stub/letter from employer                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits                       |                         | Current Award letter/Check stub               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security, SSI or Railroad Retirement |                         | Current Award Letter                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Public Assistance                           |                         | Current Award Letter                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Pensions                            |                         | Most Recent Statement/Check Stub              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities                                   |                         | Most Recent Statement/Check Stub              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Insurance                        |                         | Most Recent Statement/Check Stub              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest from Investments                   |                         | Bank Statement; Forms 1099                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dividends                                   |                         | Dividend Statement                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Income                                |                         | Most Recent Statement                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Student or Financial Aid Income             |                         | Current Award Letter                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from Self-Employment                 |                         | Tax Documents or Written Statement            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (specify)                             |                         | Written Documentation                         |
|  |   |                         |   |

Do you or any members of your family have any regular sources on income not listed above?  Yes  No. If yes, please describe \_\_\_\_\_

Do you anticipate any changes to the household income listed above during the next 12 calendar months?  
 Yes  No

If yes, please explain: \_\_\_\_\_

**6. Assets:** Do you or any members of your family have any of the following assets?

| Please Select An Answer                                  | Asset                            | Current Value | Documentation Needed As Attachments to Application |
|--|----------------------------------|---------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash (in excess of \$1,000)      |               | Signed Statement                                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking Account(s)              |               | Copy of Most Recent Bank Statement(s)              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Savings/Money Market Account(s)  |               | Most Recent Statement(s)                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks and Bonds                 |               | Most Recent Statement                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate of Deposit           |               | Copy of Certificate                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Collectibles held for Investment |               | Current Appraisal                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trusts, IRA, or Pension Accounts |               | Most Recent Statement                              |

**Do you or any members of your household own a home, commercial property, or other real estate in any country or state?**  Yes  No. If yes, please list and provide documents.

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

**7. Do you or any members of your household have any life insurance policies with permanent cash value?** (May be called "whole life," universal," or "paid up" coverage.)  Yes  No. If yes, please list policies below:

| Name of Company | Policy # | Face Value | Current Cash Value |
|-----------------|----------|------------|--------------------|
|                 |          |            |                    |
|                 |          |            |                    |
|                 |          |            |                    |

**8.** Have you or any members of your household **disposed of assets** totaling more than \$1,000 for less than fair market value during the past two years?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**9. Student Status:** Each adult household member must complete a Student Certification Form. **See attachment B** of application.

**10.** Do you have **Medicare**?  Yes  No. Please provide documentation.  
 Do you have **other medical insurance**?  Yes  No. If Yes, give the name of the insurance company and your policy number: \_\_\_\_\_  
 Are your medical bills paid by insurance? \_\_\_\_\_  
 Are you receiving medical assistance through Welfare? \_\_\_\_\_  
**If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.**

**11.** Do you have any **dependents** who live with you part time or full time?  Yes  No  
 Do you have expenses for child care of a child aged 13 or younger?  Yes  No  
 If yes, provide the name, address, and telephone number of the care provider.

Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?  
 If yes, provide the name, address, and telephone number of the care attendant.

What is the monthly cost for the care attendant and/or equipment? \_\_\_\_\_

**12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.**

| Name | Address, City, St., Zip | Phone |
|------|-------------------------|-------|
|      |                         |       |
|      |                         |       |

**13. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.**  Yes  No. If Yes, please explain and name household member:

**Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program?**  Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

**List all states that you have lived in:**

**Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity.**  Yes  No. If Yes, please explain and name household member:

**Are you or any member of your household currently engaged in illegal drug use?**

Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

**Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?**

Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

*Napa Park Homes may prohibit admission of a household to federally assisted housing under your standards if you determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

- (1) *Drug-related criminal activity;*
- (2) *Violent criminal activity;*
- (3) *Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) *Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

**14. Optional Information:** Do you plan to use a service or assistance animal in this facility?  Yes  No

If yes, please describe the animal: \_\_\_\_\_

Do you have a vehicle you wish to bring onto the property?  Yes  No

If yes, is the car registered, insured, in operable condition, and owned by a member of the household?  Yes  No

How did you hear about Napa Park Homes?

- \_\_\_ Current resident or resident family member
- \_\_\_ Friend
- \_\_\_ Employee
- \_\_\_ Religious organization
- \_\_\_ Information provided by a government agency?
- \_\_\_ Advertisement (Where?) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**15. Applicant(s)' Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Napa Park Homes in writing every six (12) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the Applicant on Filling-In the Appl. \_\_\_\_\_ Date \_\_\_\_\_

Signature of Napa Park Homes Rep: \_\_\_\_\_ Date \_\_\_\_\_

***Napa Park Homes does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability.***

***Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Napa Park Homes does not discriminate based upon age for any reason, excluding HUD program/project requirements.***



# STUDENT CERTIFICATION

## (Application Attachment A)

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Property \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT/RESIDENT**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |
| Are you a student at an institution of higher education? | <input type="checkbox"/> | <input type="checkbox"/> |

*Institutes of higher education include post-secondary vocational institutions: "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you answered **NO**, please skip the following questions and sign below.

If you answered **YES**, please complete the following questions:

|  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you at least 24 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a veteran of the United States Armed Forces?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married and filing a joint tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse (for example, dependent children or an elderly dependent parent)?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you live with your parents?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual         | <input type="checkbox"/> | <input type="checkbox"/> |

***If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.***

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date