



Public Housing & Low Income Housing Tax Credit Programs
Rental Application
 1301 Simon Bolivar Avenue
 New Orleans, Louisiana 70113
 T: 504.529.3392 | F: 504.529.6871 | E: applicant@ghrmc.org

The information below will be used to determine whether you qualify as a resident. It will not be disclosed without your consent except to employers for verification of income, employment and financial institutions for verification of assets and as required and permitted by law. You do not have to provide the information. However, if you do not, your application for residency may be delayed or rejected. **Applications must be submitted by mail ONLY to: Guste Homes RMC, 1301 Simon Bolivar Ave., New Orleans, LA 70113.** Please do not leave any blanks. If the question does not apply, please write N/A in that box. Your application will be placed on all Guste properties that your household prequalifies for.

Applicant Information:

Revised: May/2026

Applicant Name (Head of Household)		Home/Cellphone #
Present Address (Include City, State, Zip Code)		# of years at present address
Former Address (Include City, State, Zip Code) <i>if less than three years at present address</i>		# of years at former address
Mailing Address (Include City, State, Zip Code)		Email Address
Social Security Number	Date of Birth	Marital Status (Please Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Rental History:

Current Landlord		Address Rented
Landlord Phone#	# of Years at Address	Reason for Moving

Household Information

HOUSEHOLD COMPOSITION AND STATUS:						
List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.						
Household Member's Full Name (first and last)	Relationship to Head S=Spouse CH=Co-Head O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Last Four Digits of Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					



Are you presently under an eviction proceeding from your current landlord? Yes No

Have you ever received government housing such as Public Housing, Section 8, etc.? Yes No

If yes, where? _____ Did you leave owing a balance? Yes No

Has any person listed on this application ever been evicted or involuntarily terminated from any government housing program?
 Yes No, if yes, whom: _____

Have you ever or currently under any eviction or termination of government housing assistance, including from a private landlord due to drug related activity or criminal activity? Yes No

Is any person on this application currently engaged in illegal use of drugs or alcohol? Yes No

Does any person on this application have a lifetime registration requirement under any state Sex Offender Registration Program?
 Yes No, if yes, which state: _____

Does any person on this application have a history of criminal activity within the last 3 years? Yes No
If yes, date of arrest and charge? _____

Does any person on this application been evicted for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No

Do you currently have a Section 8 voucher or does any person listed on this application is being assisted under any federal housing program? Yes No, if yes, whom: _____

ADMISSIONS PREFERENCES:

Please review the following descriptions and indicate whether one or more of these circumstances apply to your situation

Involuntary Displacement

Check this box if you have moved or will have to move through no fault of your own and as a result, do not have a permanent replacement housing such as a federal disaster. **Do not check this box if you have been evicted.**

Employment

- Check this box if the head or co-head of your household is employed for 30 hours or more a week in a permanent position (at least 6 months) *or if the head, spouse, co-head or sole member of the household is age 62 years or older or is a person with disabilities*
- Check this box if the head, spouse, co-head or sole adult member works 25 to 29 hours per week
- Check this box if the head, spouse, co-head or sole adult member works 20 to 24 hours per week
- Check this box if the head, spouse, co-head or sole adult member works 19 hours or less per week
- Check this box if the head, spouse, co-head or sole adult member is participating in a job training program and works 20 hours or less per week

No Preferences Claimed

Check this box if you did not claim any of the preferences above

Current Employment Information

Are you or any person, except a minor, listed on this application employed? Yes No

Applicant's Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per week	Supervisor's Name	Length of Employment

Co-Applicant/Spouse Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per Week	Supervisor's Name	Length of Employment



Additional Household Member's Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per Week	Supervisor's Name	Length of Employment

Additional Household Member's Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per Week	Supervisor's Name	Length of Employment

Additional Household Member's Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per Week	Supervisor's Name	Length of Employment

Additional Household Member's Name			Work Phone#
Employer's Name and Address (Include City, State and Zip Code)			Occupation
Hourly Pay Rate \$	Total # of Hours Work per Week	Supervisor's Name	Length of Employment

OTHER SOURCE OF INCOME

Source ~ Employment	(Circle One)		Source ~ Benefits/ Pension	(Circle One)		Source ~ Other	(Circle One)	
Second Job	Yes	No	Unemployment Benefits	Yes	No	Grants	Yes	No
Bonuses	Yes	No	Alimony	Yes	No	Scholarships	Yes	No
Cash Tips	Yes	No	Child Support	Yes	No	Recurring Gifts (Contributions)	Yes	No
Commissions/Fees	Yes	No	Social Security/ SSI	Yes	No	TANF (Welfare/Cash)	Yes	No
Overtime Pay	Yes	No	Veteran's Benefits	Yes	No	Independent Contractor	Yes	No
Self-Employed	Yes	No	Pension Benefits	Yes	No	Any other income	Yes	No
Ride-Share	Yes	No	Other Retirement Benefits	Yes	No	Please specify:		

For each Yes circled above, please complete the following:

Household Member	Amount Received	Frequency of Income H-Hourly W-Weekly BI-Bi-Weekly SM-Semi-Monthly M-Monthly A-Annually	Source of Income
	\$		
	\$		
	\$		
	\$		
	\$		



Disposal of Assets Less Than Fair Market Value:

Have you disposed of any assets for less than its worth within the past two years? Yes No

If yes, please describe: _____

Accommodations (such as disabilities, wheelchair, etc)

1.) Do you require an accessible or specially equipped apartment? Yes No

a. If yes, please describe _____

2.) Do you have any other housing related needs that you would like to make us aware of? Yes No

a. If yes, please describe _____

CERTIFICATION ACKNOWLEDGMENT

I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that income and assets for all household members have been reported. I hereby authorize Guste Homes Resident Management Corporation to contact any agency, office, group or organization to obtain any information or materials that are deemed necessary to complete my application for housing assistance. I also understand that giving false statements, omitting material facts or any information can be grounds denial for housing assistance.

I/We, the undersigned, certify that the information provided here is true and correct to the best of my knowledge and recollection. Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (19 U.S.C. 287, 1001, 1010, 1012,; 31 U.S.C. 3279, 3802)

Applicant/Head of Household Signature/Date

Spouse/Co-Head of Household Signature/Date

Adult Household Member Signature/Date

Adult Household Member Signature/Date

Adult Household Member Signature/Date

Adult Household Member Signature/Date

Adult Household Member Signature/Date

Adult Household Member Signature/Date

It is the policy of the Housing Authority of New Orleans (HANO) and Guste Homes Resident Management Corporation to comply with all applicable laws relating to Civil Rights and Fair Housing (Equal Opportunity Housing).

