

## Guste High Rise Apartments Application for Residency

For Office Use Only

Stamp Date Received

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verifications of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected. If you require assistance in accessing any of HANO's programs and services, please notify us at (504) 529-3392 so we may assist you.

### Applicant Information

Application's Name				Home Phone	
Present Street Address, City, State Zip Code				# of years at present address	
Mailing Address, City State Zip Code				Are you disabled? Yes      or      No	
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single      Married      Divorced Widowed		
Emergency Contact Person:                      Relationship                      Home Phone #                      Cell Phone #					

### Co-Applicant Information

Co-Application's Name				Home Phone	
Present Street Address		City	State	Zip	# of years at present address
Former Street Address		City	State	Zip	Are you disabled? Yes      or      No
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single      Married      Divorced Widowed		

### PREVIOUS TWELVE MONTH Rental History (YOU MUST ACCOUNT FOR THE ENTIRE 12 MONTHS)

<u>Current Landlord</u>	<u>Address</u>	<u>Phone Number</u>
Address Rented	Number of Years/Months Rented	Reason for Moving



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504.529.3392/ 504.529.6871 (fax)

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### RENTAL HISTORY (Contd)

<b>#2 Previous Landlord</b>	<b>Landlord Address</b>	<b>Phone # for Landlord</b>
<b>Address Rented</b>	<b>Number of Months Rented</b>	<b>Reason for Moving</b>
<b>#3 Previous Landlord</b>	<b>Landlord Address</b>	<b>Phone# for Landlord</b>
<b>Address Rented</b>	<b>Number of Months Rented</b>	<b>Reason for Moving</b>

### HOUSEHOLD INFORMATION: Please list each person's name and provide information below of all persons who will be living with you.

	Full Name	Relationship	DOB	AGE	SEX	SOCIAL SECURITY #	Student Status F/T   P/T   N/A	Receiving any source of income Yes No
<b>HOH</b>								
2								
3								
4								
5								
6								
7								
8								

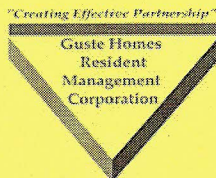
Do you expect a change in your family size?    Yes    No    If yes, when? \_\_\_\_\_  
 Type of Change \_\_\_\_\_

Are any household members listed above foster children?    Yes    No. If yes, who? \_\_\_\_\_

Are any household members listed above live-in attendants?    Yes    No. If yes, who? \_\_\_\_\_







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### OTHER SOURCE OF INCOME

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source – Employment	Check One	Source - Benefits/ Pensions	Check One	Source – Other	Check One
Second job	Yes No	Workers Compensations	Yes No	Grants	Yes No
Bonuses	Yes No	Unemployment	Yes	Scholarships	Yes No
Tips	Yes No	No		Recurring Gifts	Yes No
Commissions/fees	Yes No	Alimony	Yes	AFDC/TANF	Yes No
Overtime Pay	Yes No	No		Other	Yes No
		Child Support	Yes		
		No			
		Social Security /SSI	Yes		
		No			

For each "Yes" marked above, please complete the following:

Household Member Name	Amount Received	Source
	<div style="display: flex; justify-content: space-between;"> <span>Hourly</span> <span>Weekly</span> <span>Bi-Weekly</span> <span>Twice a</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Monthly</span> <span>Yearly</span> <span>Other</span> </div>	
	<div style="display: flex; justify-content: space-between;"> <span>Hourly</span> <span>Weekly</span> <span>Bi-Weekly</span> <span>Twice a</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Monthly</span> <span>Yearly</span> <span>Other</span> </div>	
	<div style="display: flex; justify-content: space-between;"> <span>Hourly</span> <span>Weekly</span> <span>Bi-Weekly</span> <span>Twice a</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Monthly</span> <span>Yearly</span> <span>Other</span> </div>	
	<div style="display: flex; justify-content: space-between;"> <span>Hourly</span> <span>Weekly</span> <span>Bi-Weekly</span> <span>Twice a</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Monthly</span> <span>Yearly</span> <span>Other</span> </div>	

### HOUSEHOLD ASSESTS

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	Yes No	IRA/Keogh Account*	Yes No	Revocable trust fund	Yes No
Saving Account	Yes No	Retirement/Pension Fund*	Yes No	Mortgage/Note Held	Yes No
Cash	Yes No	Mutual Funds/Stocks*	Yes No	Life Insurance Policy*	Yes No
Certificate of Deposit*	Yes No	Real Estate/Land*	Yes No	Personal Property Held as Investment	Yes No



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Are any household members planning to attend school full-time? Yes No. If yes, who? \_\_\_\_\_

Have you ever lived in Public or HUD Housing before? Yes No If so, where? \_\_\_\_\_

Did you leave owing a balance? Yes No

Has any person listed on this application ever been evicted from public housing or any federal assisted program? Yes No

If so, was the eviction 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 a State Sex Offender Registration Program? Yes No

If so, when? \_\_\_\_\_

Does any person on this application have a history of criminal activity within the last 7 years? Yes No

If so, for what and when? \_\_\_\_\_

Does any person on this application have any convictions for drug related criminal activity for the manufacture or production of methamphetamine on or off the premises of Federally Assisted Housing? Yes No

Do you currently have a Section 8 voucher? Yes No

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### FEDERAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

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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 permanent replacement housing. **Do not check this box if you have been evicted.**

#### **SUBSTANDARD HOUSING/HOMELESS**

Check this box if your current housing is in very poor condition; for example lacks adequate plumbing (toilet, tub/shower, sink), heat, or electrical service, has been declared substandard by a government agency, or you are staying at a shelter or are homeless and living on the street.

#### **RENT EXCEEDS 50 PERCENT OF INCOME**

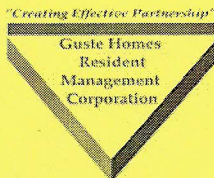
Check this box if your rent plus utility payments are more than 50 percent of your monthly gross income.



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### LOCAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

#### 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, or sole member of the household is age 62, or older, or is a person with disabilities.

Check this box if the head, spouse or sole adult member works 25 to 29 hours per week.

Check this box if the head, spouse or sole adult member works 20 to 24 hours per week.

Check this box if the head, spouse or sole adult member works 19 hours or less per week.

Check this box if the head, spouse or sole adult member is participating in a job training program AND works 20 hours or less per week.

#### STUDENT STATUS

Check this box if you are a full time student. (12 or more credit hours)

#### NO PREFERENCES CLAIMED

CHECK THIS BOX IF YOU DID NOT CLAIM ANY OF THE PREFERENCES ABOVE.

#### DOMESTIC VIOLENCE

Check this box if any family member listed on this application is a victim of domestic violence and currently resides in Public or Section 8 Housing. Documentation must be provided stating the victim is under fortification of a service provider.

#### CURRENT EMPLOYMENT INFORMATION

Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		Work Fax #

Co-Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		Work Fax #







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For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Account #	Market Value	\$ Asset will earn in next 12 months

Have you sold any property for less than its worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no) Yes No. If yes, explain.

### ACCOMODATIONS (such as disabilities, wheelchair, etc.)

Do you require an accessible or specially equipped apartment? Yes or no If yes, please describe

Initial

Do you have other needs that you would like GHRMC to be aware of? Yes or no If yes, please describe

Initial

### Applicant Certification

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I understand that it is my responsibility to notify GHRMC of any change of information provided on this application. Furthermore, I understand that if GHRMC/ is unable to contact me because I have moved without notifying them of my current address, my name will be removed from the waiting list and I will have to reapply.

Applicant/ Date

Co-Applicant/ Spouse

Adult Member, 18 years and older/ Date

Adult Member, 18 years and older/ Date



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\_\_\_\_\_  
Adult Member, 18 years and older/Date

\_\_\_\_\_  
Adult Member, 18 years and older/Date

**May we ask, how did you hear about us?**

Newspaper, Which one? \_\_\_\_\_

Resident Referral

Agency, Which one? \_\_\_\_\_

Friend

Word of Mouth

HANO's website



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