



## 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**

<b>Application's Name</b>			<b>Home Phone</b>
<b>Present Street Address, City, State and Zip Code</b>			<b># of years at present address</b>
<b>Former Street Address</b>			<b># of years at former address (3 or more years)</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Place of birth</b>	<b>Marital Status (circle one)</b> Single    Married    Divorced Widowed
<b>Emergency Contact Person:</b>		<b>Relationship</b>	<b>Home Phone #      Cell Phone #</b>

**Co-Applicant Information**

<b>Co-Application's Name</b>			<b>Home Phone</b>
<b>Present Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Former Street Address</b>			<b># of years at present address</b>
<b>Former Street Address</b>			<b># of years at former Address (3 or more years)</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Place of birth</b>	<b>Marital Status (circle one)</b> Single    Married    Divorced Widowed

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

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

**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>



"Equal Housing Opportunity"

1301 Simon Bolivar Avenue, New Orleans, LA 70113-2256  
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**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	Receiving any source of income
HOH							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? \_\_\_\_\_

Have you ever lived in Public 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 3 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

### FEDERAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

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.



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### 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.

### 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 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. Documentation must be provided stating the victim is under fortification of a service provider.

#### CURRENT EMPLOYMENT INFORMATION

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

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

<b>Additional Household Member's Name</b>		<b>Occupation</b>	<b>Work Phone</b>	
<b>Name and Address of Employer</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Hourly Pay</b> \$	<b>Total # of Hours Worked per Week</b>	<b>Supervisor's Name:</b>		<b>Work Fax #</b>



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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 One	Check	Source – Other	Check One
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

Household Member Name	Amount Received	Source
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

### HOUSEHOLD ASSETS

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 one	Check	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saving Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash/Pre Paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stocks*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 HANO/GHRMC to be aware of? Yes or no If yes, please describe \_\_\_\_\_  
Initial \_\_\_\_\_



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## 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

\_\_\_\_\_  
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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