



Guste High Rise Public Housing
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 can be submitted in-person, fax, email or mail. If mailing the application, send it 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.

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 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	Disabled Y or N
	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



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
	\$		
	\$		
	\$		
	\$		
	\$		

Household Assets

HUD defines assets as a resource with economic value that a family owns or controls with the expectation that it will provide a future benefit. Does anyone in your household have any of the following types of assets? Please circle yes or no for each type of asset:

Type of Asset (Circle One)	Type of Asset (Circle One)	Type of Asset (Circle One)
Checking Account Yes No	Stocks Yes No	Mobile Payment App Yes No (Cash App, ApplePay, Venmo, PayPal, etc)
Savings Account Yes No	Bonds Yes No	Boat or ATVs Yes No
Money Market Fund Yes No	Bitcoins Yes No	RVs Yes No
Pre-Paid Debit Card Yes No	Whole Life Insurance Yes No	Antique Car Yes No
Certificate of Deposit Yes No	Personal Property (Held as investment) Yes No	Collectible Yes No
Cash On Hand Yes No	Safety Deposit Box Yes No	Any other assets Yes No
Mutual Fund Yes No	Real Property (land, real estate, home, etc.) Yes No	Please describe: _____
Lottery Winnings Yes No	Federal Tax Refund Yes No	

For each yes circled, please complete the following:

Household Member	Type of Asset	Financial Institution	Cash Value of Asset	Amount asset will earn in the next 12 months



If you circled yes for owning real property, please answer the following questions: (Documentation will be requested during your eligibility/intake appointment)

1. Do you or any household member listed on this application have ownership interest in any real property? Yes No
2. If yes, please check off if any of the following statements are true about the property:
 - a. The property does not meet the disability-related needs for all members of the household (for example, physical accessibility requirements, accessible common areas, disability-related need for additional bedrooms, closeness to accessible transportation/medical facilities/other supportive services, etc.);
 - b. The property is not sufficient for the size of the family;
 - c. The property is located in an area that is a hardship (for instance, far from the household member's place of work or school);
 - d. The property is not safe to live in because of physical condition; or
 - e. The property is not property where a family can live based on the state or local laws where the property is located
3. If you did not check off any of the statements in question 2, do you or any household member have the legal authority to sell the property
4. There is an exemption from the limitation on assistance for applicants that have an ownership interest in real property for victims of domestic violence, dating violence, sexual assault and stalking. If you are or any household member is a victim, you can claim this exemption from the real property limitation. Please check the box below if you think you may be eligible for this exemption:
 I believe I may be eligible for this exemption, and I would like more information from the management agent. (If you do not understand this exemption or how to exercise your rights, you can speak to my appointed contact person)
5. What is the estimated cash value of the property (market value minus mortgage/other loans and costs to sell the property). Enter \$0 if the market value of the property is less than the outstanding debt (i.e., mortgage is upside down/underwater)?
\$ _____

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

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).

