



Application for Admission

Pioneer Housing Development, Inc.

John Paul Apartments

200 Eighth Avenue North, Cold Spring, MN 56320

PH: 320.348.2350 TTY/TTD Users Dial: 711

Name _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # _____ Email: _____

****If you need Assistance with this Application please set up a time with the manager.****

How did you hear about John Paul Apartments?

Newspaper ___ Internet ___ Radio ___ Doctor/ clinic ___ Friend ___ Other _____

FAMILY COMPOSITION: Please list all household members who will live in the unit.

Name; First, MI, Last		Birth date	Social Security #	Student Y/N	Disabled Y/N
1.	Head of Household				
2.	Co-head or lessee				
3.					

Unit Type ___ One Bedroom ___ Two Bedroom ___ Handicap Accessible

Desired date to have an apartment: _____

Housing Council Code: _____

Can be obtained by calling the senior linkage line 1.800.333.2433 option one, must complete survey prior to lease signing.

CITIZENSHIP: Are you a US Citizen? ___YES ___NO If no, do you have eligible alien status? ___YES ___NO

Veteran: ___Yes ___No If Yes, what branch _____

INCOME: List all income for household members. Include full and part-time employment earnings, welfare, SSI, Social Security, pensions, disability compensations, child care earnings, alimony, child support, annuities, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarships and/or grants, net income from operation of business, contributions from family, etc.

Household Member	Source of Income (Include source name & address.)	Gross Income (Income <i>before</i> any deductions, including Medicare premiums.)
		\$ _____ Per _____
		\$ _____ Per _____
		\$ _____ Per _____

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Updated 6.2018

Certification of Assets Disposed of for Less Than Fair Market Value

I, or any family member, did_____ / did not_____ dispose of one or more assets, worth more than \$1,000, for less than fair market value during the 24 months preceding my annual recertification date.

If asset(s) were disposed of for less than fair market value, describe below:

Asset disposed of	Date of disposition	Fair market value	Amount received

ASSETS: Enter the amount or value of the asset, the current interest or dividend received, and the name and address of the bank or financial institution where the account is located.

Asset	Amount/Value	Int. Rate/Div.	Bank/Financial Inst. Name and Address
Cash			
Checking			
Savings			
CD's			
Annuities			
401(k), etc.			
IRA Accounts			
Life Insurance (Cash Value only)			
Stocks, Bonds			
Mutual Funds			
Contract for Deed			
Real Estate			
Business Assets			
Other (please list)			
Debt benefit cards with balances			

MEDICAL EXPENSES

Yes No Amount per Year Provider of Expense

Do you receive VA or Medicare benefits?				
Do you receive Medical Assistance?			Spend down:	
Additional medical insurance?				
Are you paying off outstanding medical bills				
Prescription drug costs?				
Any other reoccurring medical expenses				
Do you have any additional out of pocket expenses for attendant care or special				

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apparatus for a disabled or handicapped household member that is necessary for a household member to be employed?				
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Please list any information on places you have rented in the past 5 years

Address of unit Owner or Manager's name and address

BACKGROUND

Yes No

Have you, or any members of your household, ever lived in any financially assisted housing?		
Have you, or any members of your household, ever committed fraud in a federally assisted housing program, or been requested to repay money for knowingly misrepresenting information to such housing programs?		
Have you, or any members of your household, ever been evicted from a rental dwelling?		
Have you, or any members of your household, ever been convicted of a misdemeanor or felony offense?		
Are you or any member of your household, currently subject to a lifetime sex offender registration Requirement? Please List all states you have lived in:		
Do you currently use illegal drugs or abuse alcohol?		
Do you now, or have you ever used any aliases?		
Are you currently homeless or being forced to move?		
Do you consider the condition of your current housing to be Substandard		

REASONABLE ACCOMODATION REQUEST: If you are disabled, please request any reasonable accommodations you wish to be made that may help you access or use John Paul Apartment's housing programs or services. _____

APPLICANT'S STATEMENT

I/We certify that the information given to John Paul Apartments on household composition, income, net family assets, allowable expenses and background is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements of information are grounds for rejection of application, termination of housing assistance and termination of tenancy.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

This is a preliminary application and is not binding. You will be notified as soon as possible about the availability of an apartment. You will need to attend a personal interview, provide verification of age, citizenship status, income, assets and medical allowances before eligibility can be determined.

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Reference checks are made and John Paul Apartments reserves the right to reject applicants solely on negative references. Rent is determined annually on a percentage of your anticipated annual income and medical allowances as defined by HUD Section 8 projects. Telephone is not included in the rent. Electricity costs are included in the form of a utility allowance. Meal program and Cable TV costs are separate charges payable with the rent each month.

200 8th Ave North
Cold Spring, MN, 56320

Release for credit and background

I/we authorize John Paul Apartments to use information disclosed on Application for tenancy, to complete an investigation of all information provided within my application for tenancy. I have personally filled in or reviewed all information within the application for tenancy. A complete investigation of application will include: Credit report, Criminal record search, Rental history report, Identity trace, sex offender search, terrorism search, check writing history, and personal interviews with provided references. The source of information might come from but is not limited to credit bureaus, bank and other depository institutions: current and former employers, federal and state records including state employment Security Agency records, County or state criminal records as follows, or other sources as required. It is understood that a photocopy or Fax copy of this form will qualify as authorization. I/we understand that I have the right to make written request to have this information provided by this report

Applicant's Signature

Date

Applicant's Signature

Date

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EQUAL HOUSING
OPPORTUNITY
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