

**Champ Hodgens Estates
100 Senior Drive
Hartshorne, OK 74547
Telephone: 918-297-2300
or 918-967-2123**

APPLICATION for 202 HOUSING

Date Received _____
Time Received _____

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. To be qualified for admission to the CHAMP HODGENS ESTATES an applicant must:
 - a. Meet the PRAC/202 age requirements of 62 years or older;
 - b. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the CHAMP HODGENS ESTATES Offices,
 - c. Provide documentation of Social Security members for all family members, age 6 or older, or certify that they do not have Social Security numbers,
 - d. Meet or exceed the Tenant Selection Criteria
 - e. Pay any money owed to the CHAMP HODGENS ESTATES
 - f. Not have had a lease terminated by the CHAMP HODGENS ESTATES in the past 12 months
 - g. Be able and willing to comply with the CHAMP HODGENS ESTATES lease; and
 - h. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related activity.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order to unit type and size and admission preferences.
3. Each applicant who meets the above qualifications will be offered a lease. If the applicant refuses the offer without good cause, the application will be returned to the waiting list, annotated as to the date of declination, to be selected again. No penalty is associated with the first refusal, but upon a second refusal, the application is placed at the bottom of the waiting list, using the 2nd declination date and time as the new application date and time. Should management contact the applicant for a 3rd time and receive no response or a declination, the application will be removed from the waiting list.
4. Applicants with disabilities may seek assistance with the completion of the application at the CHAMP HODGENS office. CHAMP HODGENS ESTATES does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
5. CHAMP HODGENS ESTATES will conduct a criminal record check on all applicants.

CHAMP HODGENS ESTATES is an Equal Housing Opportunity Provider



Date of application: _____ **Time of Application:** _____ **App #** _____

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current address, Street, Apt. # _____

Current City, State and Zip _____

Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: _____ Caucasian/White _____ African American/Black
 _____ Asian or Pacific Islander _____ Native American/Alaskan Native

5. Ethnicity of Head: _____ Hispanic/Latino _____ Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if Different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?		
H					Head			
2								

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? . _____Yes _____No. If yes, who can verify this? Please give name, address and phone # _____

7. Is the applicant displaced by governmental action through no fault of their own? _____yes _____no
 If yes, who can verify this? Please give name, address & phone #: _____

8. Is the applicant family displaced by domestic violence? ___ Yes ___ No If yes, who can verify this? Please give name, address, and phone number _____

9. Is any adult family member employed ? ___ Yes ___ No If yes, name, address & phone # of employer: _____

10. Is any adult family member enrolled in a job training program, including one required under the Welfare program? ___ Yes ___ No If yes, who can verify this? Please give name, address & phone #: _____

11. Is any adult family member enrolled in an education program full-time? ___ Yes ___ No If yes, who can verify this? Please give name, address and phone #: _____

12. Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$42 I/month

Family Member Name	Income Source	Amount \$	Frequency - Per
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year

13. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? ___ Yes ___ No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____

14. Do you own any real estate? ___ Yes ___ No If yes, what is the address? _____

15. Have you sold any real estate or disposed of any asset in the past two years? ___ Yes ___ No If yes, what the asset? _____ Please see attached asset list for more information.

16. Current Landlord's name and phone # _____ Date _____
Family Moved to this location _____

17. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____

18. Most recent prior landlord's name, phone # _____

Date Family Moved to this location _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

19. Have you ever been evicted from housing? ____ Yes ____ No If yes, why? _____

20. Have you ever lived in public housing ? ____ Yes ____ No If yes, where _____
Dates: From _____ To _____

Do you owe any money to a public housing entity? ____ Yes ____ No

21. Do you have any past due utility bills? ____ Yes ____ No If yes, please describe and give amount owed: _____

22. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ____ Yes ____ No If yes, please explain the nature of the problem and who was involved: _____

23. Is anyone in your household currently on parole or probation? ____ Yes ____ No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

24. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? ____ Yes ____ No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone # of someone who can verify the expense: _____

25. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? ____ Yes ____ No If yes, describe the nature of the expense and the monthly amount: _____

Please give us the name, address & phone # of someone who can verify the expense: _____

26. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? ____ Yes ____ No If yes, please list the name, address and phone # of your child care provider: _____

Monthly unreimbursed child care cost: \$ _____

27. Drivers License or State ID #: Applicant: _____

Co-applicant: _____

Automobile: Year: _____ Make: _____ Model: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the CHAMP HODGENS ESTATES by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature: _____

Date: _____

Co-applicant Signature: _____

Date: _____

Warning: 18U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

NOTIFICATION OF NONDISCRIMINATION ON THE BASIS OF DISABILITY STATUS

CHAMP HODGENS ESTATES does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

John Jones

200 SE A Street

Stigler, OK 74462

(918) 967-3325

ASSETS INCLUDE:

- 1) Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- 2) Revocable trusts.
- 3) Equity in rental property
- 4) Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts.
- 5) Individual retirement, 401K, and Keogh accounts
- 6) Retirement and pension funds
- 7) Cash value of life insurance policies available to the individual before death
- 8) Personal property held as an investment
- 9) Lump-sum receipts or one-time receipts
- 10) A mortgage or deed of trust held by an applicant

These assets are listed on HUD Handbook 4350.3 Rev-1, page 5-86 to 5-88