

HUD Check List

This is to inform staff involved in placing or recertifying consumers into a HUD facility.

1. Havens Apartments/Apartment Living Inc.
2. Hudson Place/Group Living Inc.
3. Hartung Place/Group Living II Inc.
4. Questend
5. Sunshine House (Deaf Group Home)
6. Pauley Glover Apartments

It is MANDATORY for all HUD paperwork to be completed prior to the consumer physically moving into a HUD facility. The following information will be required.

- MOVE-IN'S
1. Proof of Social Security number. A legible copy of the card or letter from SS office stating the number.
 2. Social Security Income Verification-print out from SS office.
 3. Copy of birth certificate (new HUD regulation).
 4. Earned Income-pay stubs for the three most recent consecutive pays or employer printout for the verification.
 5. Medication co-pay verification. Printout for the past twelve months. Proof of any out of pocket payments for medical expenses such as receipts or canceled checks.
 6. Bank statement. For checking account needed is the past six months worth of bank statements. Saving account a copy of the most recent statement.
 7. Unit/Apartment has been inspected/prepared by maintenance and cleaning company. The report must be signed by tenant.
 8. Tenant has paid the deposit and rent due before moving into HUD facility.
 9. Please be sure all files within the HUD folder is printed out and signed by tenant. For Haven's or Pauley Glover this includes the Owners Pet Policy and the Rules and Regulations

TRANSFERS Contact the Housing Department for instructions.

MOVE OUTS A 30-day intent to vacate letter must be sent to the Housing Department as soon as it is known the tenant will be moving from the facility. Security deposit is forfeited in the event the 30 day notice is not given. The rent will continue until all belongings are removed from the unit.

SECURITY DEPOSITS In the event the tenant is moved from the facility due to a medical problem or being released from the group homes by the doctor the security deposit will be refunded as long as the unit is in a safe, clean and sanitary condition.

Moving tenants into a HUD facility without having them certified first, transferring tenants and moving tenants out before giving a 30 day notice and not contacting the Housing Department is a direct violation of HUD rules. Any of these violations could result in Aspire Indiana losing HUD contracts. Any questions concerning any of these rules need to be directed to Aspire Housing at (765) 641-8351



PERSONAL DECLARATION
APPLICATION QUESTIONNAIRE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: HOME: () _____ - _____ - _____

WORK: () _____ - _____ - _____

CONTACT: () _____ - _____ - _____

Apartment Community Location: (circle one)
Hudson/ Hartung/ Haven's/ Questend/ Deaf Group Home

A. FAMILY COMPOSITION (LIST ALL PERSONS WHO WILL BE LIVING
IN YOUR HOME WHEN PLACED ON PROGRAM.)

NAME	SEX	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD
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1. _____

2. _____

3. _____

4. _____

5. _____

D. ALLOWANCES

ELDERLY/DISABLED ONLY:

MEDICAL * ELDERLY/DISABLED ONLY (i.e. prescriptions, doctor fees, medical insurance).

NAME OR COMPANY AMOUNT PAID OR OWED AMOUNT PAID MONTHLY

MEDICATION CO-PAY \$ _____.

MEDICAID SPENDDOWN \$ _____.

MEDICARE SUPPLEMENT INS. \$ _____.

E. Child Care

CHILD CARE EXPENSES

_____ YES _____ NO \$ _____ WEEKLY AMOUNT

LIST NAME, ADDRESS AND PHONE OF CHILD CARE PROVIDER ABOVE.

F. GENERAL INFORMATION

1. Have you or any members of your household participated in any of Aspire Indiana's housing programs? () YES () NO
If so, approximate date: _____

2. Have you or any member of your household received assisted housing on any other housing program?
() YES () NO

If yes list where and when below.

3. Does anyone outside of your household pay for any of your bills or give you money? ()Yes ()No If Yes, explain below.

4. Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? ()Yes ()No If Yes, list where and when below.

5. Have you or anyone in your household been convicted of any drug or sexual charges? ()Yes ()No
If yes explain below (Applies to Public Housing Applicants Only.)

6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? ()Yes ()No If yes, explain what state and when below.

7. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? ()Yes ()No If yes, explain below.

8. Is anyone in the household 18 years of age or older & a student? () Yes () No. If yes, please list family member's name and school.

Current Rent \$ _____ () utilities included
() utilities not included

LANDLORD NAME, ADDRESS AND PHONE NUMBER:

****NOTE:** Previous participants that owe any monies to Aspire Indiana i.e. damage claims) must repay Aspire Indiana in full before placement on any programs. I do here by swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to Aspire Indiana in WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE
OR OTHER ADULT

DATE

SIGNATURE OF OWNER OR MANAGER

DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

One Strike Rule & Sex Offender Registry Policy

In accordance with Federal Regulations mandating the implementation of more stringent criminal background screening of all applicants for housing assistance, the Department of Housing and Urban Development (HUD) developed the One Strike Rule.

In response to this mandated rule Aspire Indiana conducts criminal history checks on all applicants (18 years of age and older) giving special attention to those applicants with:

- 1) A history of arrest and/or conviction for criminal activity or eviction involving drug related activity and crimes of physical violence to persons or property, or other criminal acts which adversely affect the health, safety, or welfare of other residents, including but not limited to:
 - a) possession of drugs
 - b) distribution of drugs
 - c) rape
 - d) gang-related activity
 - e) child molestation
 - f) murder/attempted murder

- 2) A pattern of continuous or repeated arrest and/or conviction for the same activity, including but not limited to:
 - a) public intoxication
 - b) disturbance
 - c) resident arrest
 - d) public indecency

In addition, HUD prohibits lifetime registered sex offenders from admission to HUD-subsidized housing therefore: Sex Offender Registry screening of all adult members of the household and in accordance with Indiana state law all juveniles 14 years of age or older, will be conducted prior to approval for occupancy.

Regarding juveniles: A child who is at least 14 years of age and is on probation or parole or is discharged from a facility by the department of corrections, discharged from a secure private facility, or discharged from a juvenile detention facility as a result of being adjudicated as a delinquent child for an act that would be listed sex offense that required registry as an adult (IC 31-37-1-1 to -2) and is found by a court to be likely to repeat a listed sex offense that required registry as an adult (IC 31-37-19-5 (b) (1)).

Applicants: I have read and understand the One Strike Rule Admissions statement. I understand that the apartment community listed above will conduct a criminal history check on all members of the household 18 years of age and older. In addition they will conduct a sex Offender Registry Check on all members of the household who are 14 years of age or older (in accordance with Indiana State law). I consent to release of my personal history and that of my child's history, if applicable, allowing all relevant criminal or sex offender information to be released for this purpose. I further understand that our application will be denied on the basis of unfavorable criminal or sex offender history regarding myself or another family member.

Signature of Head of Household member (18 years of age or older) Date

Signature of Household member (18 years of age or older) Date

Printed name of juvenile (14 years of age or older) Date

*Parental signature consent is necessary for release of juvenile sex offender registry.

Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION
I, _____ hereby declare, under penalty of perjury, that I am _____ (print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.