



## Crown Center for Senior Living Application for Admission

Date:

Property Name:	Weinberg Building	Telephone:	(314) 991.2055
Address:	8350 Delcrest Drive	Fax:	(314) 991.8419
	Saint Louis, MO 63124	TTD/TTY:	TTY MO 1.800.735.2966
Property Website	<a href="http://www.crowncenterstl.org">www.crowncenterstl.org</a>	Email	<a href="mailto:info@crowncenterstl.org">info@crowncenterstl.org</a>

**Return this application to the address listed above**

<b>For Office Use Only:</b>	Time application received:	By
Date application received:		

**Applicant's Information**

Full Name:			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I choose not to respond
Date of Birth			
Citizenship Status	<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen
What is your relationship to the Head of Household?	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-head/Spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Live-In Aide (Live-in Aide must be approved before move in)		
	<input type="checkbox"/> Other Adult	<input type="checkbox"/> None of the Above	
Current Address			
City, State, Zip			
Home Phone		Cell Phone	
Email Address			
Social Security Number (SSN)			
If you do not have a Social Security Number, do you qualify for one of the following exceptions?			
<input type="checkbox"/>	Ineligible non-citizen—not contending immigration status.		
<input type="checkbox"/>	62 years of age as of January 31, 2010 and receiving HUD assistance as of January 31,2010.		

Do you require the features of an accessible apartment unit?		NO		YES
Are you currently receiving assistance from HUD or PHA (voucher program) to pay rent?		NO		YES
Do you (or other applicant) plan to house an animal in the apartment? If yes, complete below:		NO		YES
Animal Type		Height		Weight
Do you own a vehicle?		NO		YES
Insurance Company				
Why are you leaving your current residence?				

### Co-Applicant's Information

Full Name:					
Gender	Male		Female		I choose not to respond
Date of Birth					
Citizenship Status	United States Citizen		Eligible Non-Citizen		Ineligible Non-Citizen
What is your relationship to the Head of Household?	Head of Household		Co-head/Spouse		Child
	Live-In Aide (Live-in Aide must be approved before move in)				
	Other Adult		None of the Above		
Current Address					
City, State, Zip					
Home Phone			Cell Phone		
Email Address					
Social Security Number (SSN)					
If you do not have a Social Security Number, do you qualify for one of the following exceptions?					
	Ineligible non-citizen—not contending immigration status.				
	62 years of age as of January 31, 2010 and receiving HUD assistance as of January 31, 2010.				

Do you require the features of an accessible apartment unit?		NO		YES
Are you currently receiving assistance from HUD or PHA (voucher program) to pay rent?		NO		YES
Do you (or other applicant) plan to house an animal in the apartment? If yes, complete below:		NO		YES
Animal Type		Height		Weight
Do you own a vehicle?		NO		YES
Insurance Company				
Why are you leaving your current residence?				

### Applicant's Current Address and Landlord Information

Current Address is		Own Home		Rented Home		Rented Apartment
Monthly Payment	\$		Date Moved In		Date Moving Out	
Current Landlord						
Address						
City, State & Zip						
Landlord's Phone #				Landlord's Fax #		



**Co-Applicant's Current Address and Landlord Information (If same as Applicant's, make an X through this section.)**

Current Address is	<input type="checkbox"/>	Own Home	<input type="checkbox"/>	Rented Home	<input type="checkbox"/>	Rented Apartment
Monthly Payment	\$	Date Moved In		Date Moving Out		
Current Landlord						
Address						
City, State & Zip						
Landlord's Phone #				Landlord's Fax #		

**Applicant's History of Residency. Minimum of past 5 years, attach additional pages if necessary:  
If Co-Applicant's History of Residency is different, include additional pages with rental history:**

<b>Previous Address</b>						
City, State, Zip						
Address was	<input type="checkbox"/>	Own Home	<input type="checkbox"/>	Rented Home	<input type="checkbox"/>	Rented Apartment
Monthly Payment	\$	Date Moved In		Date Moved Out		
Previous Landlord Name						
Previous Landlord's Address						
City, State & Zip						
Landlord's Phone #				Landlord's Fax #		

<b>Previous Address</b>						
City, State & Zip						
Address was	<input type="checkbox"/>	Own Home	<input type="checkbox"/>	Rented Home	<input type="checkbox"/>	Rented Apartment
Monthly Payment	\$	Date Moved In		Date Moved Out		
Previous Landlord Name						
Previous Landlord's Address						
City, State & Zip						
Landlord's Phone #				Landlord's Fax #		

**Complete questions below for all applicants. Application will be rejected if any question is left blank.**

Do you have litigation, suits, judgments, bankruptcies, foreclosures, etc. against you? If Yes, give dates and details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NO		YES
Have evictions proceedings begun or been completed against you? If yes, give dates and details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NO		YES



Have you ever been asked to sign a repayment agreement? If yes, give dates and details:		NO		YES
Have you ever lost HUD housing assistance? If yes, give dates and details:		NO		YES
Have you ever been evicted from federally assisted (HUD) housing for drug-related criminal activity, or for failure to report a crime? If yes, give dates and details:		NO		YES
Have you ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures or for any other reason? If yes, please explain:		NO		YES
Have you previously been convicted of any criminal offense? If yes, give dates and details:		NO		YES
Are you subject to lifetime registration requirements under a state sex offender program?		NO		YES
Are you a victim of assault, domestic violence, dating violence or stalking?		NO		YES
Have you ever used a different name from the name given on this application? If yes, please list all names used:		NO		YES

Select all states where all applicants have lived.

This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

Alabama	Alaska	Arizona	Arkansas	California	Colorado
Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho
Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana
Maine	Maryland	Massachusetts	Michigan	Minnesota	
Mississippi	Missouri	Montana	Nebraska	Nevada	
New Hampshire	New Jersey	New Mexico	New York	North Carolina	
North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	
Rhode Island	South Carolina	South Dakota	Tennessee	Texas	
Utah	Vermont	Virginia	Washington	West Virginia	
Wisconsin	Wyoming	Washington D.C.			



**INCOME and ASSET Information:** In order to determine your eligibility, please complete the following information. We are required by HUD to verify all information by third party.

**Employment Information**

**Applicant Employment**

Are you currently Employed? If yes, please provide the name and address of your present employer.			NO		YES
Employer					
Address					
City, State, Zip					
Phone					
Amount of Income (before taxes) you expect to receive in the next 12 months		\$			
If currently employed, do you plan to continue to work after you move in?			NO		YES

**Co-Applicant Employment**

Are you currently Employed? If yes, please provide the name and address of your present employer.			NO		YES
Employer					
Address					
City, State, Zip					
Phone					
Amount of Income (before taxes) you expect to receive in the next 12 months		\$			
If currently employed, do you plan to continue to work after you move in?			NO		YES

**Applicant**

**Income Sources**

How much do you expect to receive in income in the next 12 months? Write N/A or None if you will not receive income from these sources. The application may be rejected if these fields are not complete.					Monthly Amount
Social Security?		Check	Direct Deposit	Pre-paid debit card	\$
SSI?		Check	Direct Deposit	Pre-paid debit card	\$
Retirement Benefit?		Check	Direct Deposit	Pre-paid debit card	\$
VA Benefit?		Check	Direct Deposit	Pre-paid debit card	\$
Unemployment Benefits?		Check	Direct Deposit	Pre-paid debit card	\$
Are you entitled to Alimony?			NO		YES
Monthly Alimony Amount		\$			
Income from a Pension or Annuity or other Asset (IRA)?		\$			
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?		\$			
Regular contributions from family outside of the unit, for rent or other bills.		\$			
Any lump sum payments from delay of payments for SSI or VA Disability?		\$			
Other Income? List Income:		\$			



**Co-Applicant**

**Income Sources**

How much do you expect to receive in income in the next 12 months? Write N/A or None if you will not receive income from these sources. The application may be rejected if these fields are not complete.						Monthly Amount			
Social Security?	<input type="checkbox"/>	Check	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Pre-paid debit card	\$		
SSI?	<input type="checkbox"/>	Check	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Pre-paid debit card	\$		
Retirement Benefit?	<input type="checkbox"/>	Check	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Pre-paid debit card	\$		
VA Benefit?	<input type="checkbox"/>	Check	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Pre-paid debit card	\$		
Unemployment Benefits?	<input type="checkbox"/>	Check	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Pre-paid debit card	\$		
Are you entitled to Alimony?						<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Monthly Alimony Amount						\$			
Income from a Pension or Annuity or other Asset (IRA)?						\$			
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?						\$			
Regular contributions from family outside of the unit, for rent or other bills.						\$			
Any lump sum payments from delay of payments for SSI or VA Disability?						\$			
Other Income?						\$			
List Income:						\$			

**Applicant and Co-Applicant Asset Sources. Select and list All Asset Sources for all applicants.**

**Asset Information**

Do you have a checking account?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
If you answered yes, you will be required to provide the most recent six (6) months of bank statements. Please save your bank statements.				
Do you have a savings account?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current balance—write in 0.00, N/A or None if the balance is zero	\$			
Do you have cash that is not in an account?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current amount.	\$			
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current value—write in 0.00, N/A or None if the asset value is zero.				
Do you own a life insurance policy?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Whole Life      Term      Current Value—write in 0.00, N/A, or None if the asset value is zero	\$			
Do you have a 401K or other employment savings account?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current balance—write in 0.00, N/A or None if the balance is zero.	\$			
Do you have a trust fund in your name, or a trust you have established for someone else?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current Value—write in 0.00, N/A or None if the asset value is zero.	\$			
Do you own a home or other property?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
Current Value—write in 0.00, N/A or None if the asset value is zero.	\$			
Do you have a safety deposit box?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES



List the value of assets (US Savings Bonds, Cash, Stock Certificates, etc.) stored in your safety deposit box.	\$		
Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/>	NO	YES
Do you have access to other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/>	NO	YES
If yes, please provide a description of the asset(s) and the current cash value of each below:			

**Deductions:** Household income can be reduced based on the amount of qualified monthly expenses. Complete the following if you would like to use your out-of-pocket expenses. You will need to provide verification of the items listed.

**EXPENSES**

Applicant Health Insurance annual premium	\$		
Co-Applicant Health Insurance annual premium	\$		
Applicant's Dr. visit/medical treatments annual out-of-pocket expense	\$		
Co-Applicant's Dr. Visit/medical treatments annual out-of-pocket expense	\$		
Applicant's Prescription Drugs annual out-of-pocket expense	\$		
Co-Applicant's Prescription Drugs annual out-of-pocket expense	\$		
Do you pay for all your medicines/dr. visits, etc.?	<input type="checkbox"/>	NO	YES
If no, who pays for your medical expenses?			

**PERSONAL REFERENCES**

Please list two people who are not related to you that have known you for at least two (2) years.

Name	
Address	
City, State, Zip	
Telephone	
Name	
Address	
City, State, Zip	
Telephone	

**CREDIT REFERENCES**

Please list two companies you have established credit with.

Name		Account Number	
Address, City, State			
Name		Account Number	
Address, City, State			



**READ ALL TERMS BELOW AND SIGN:**

**PENALTIES FOR MISUING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**APPLICANT CERTIFICATION**

By signing this document, I/we certify that if approved to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/managing agent to verify all information provided on this application, to contact current or previous landlords, and collect other information deemed necessary in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and/or other sources of credit and verification information which may be released to appropriate Federal, State or local agencies; and release Crown Center, it's employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/We understand I/we waive any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so.

I/We certify that the statements made in the application are true and complete. I/We understand that providing false statements or information is punishable under Federal Law.

I/We also understand, upon approval and acceptance, before possession is given I/we must sign a one-year lease agreement, pay the full security deposit and rent. It is further agreed that if any information herein is false, the lease made on the strength of this application may be terminated at any time.

This application shall be deemed a part of any lease executed in conjunction therewith.

I/We understand that this application is not binding upon me or upon Crown Center for Senior Living.

I/We understand that Crown Center does not offer assisted living, nursing care, or provide oversight for residents.

Applicant's Signature		Date	
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Co-Applicant's Signature		Date	
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*Crown Center 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. All information will be kept in strictest confidence.*

