



PRE-APPLICATION FOR HOUSING

Archway Commons

2707 Rauschenbach Ave.
St. Louis, MO 63106
Phone: (314) 899-9762

FOR OFFICE USE ONLY

Date / Time Application Received:

____/____/____ ____:____ AM / PM

Received by (Initials): _____

PLEASE NOTE ANY PRE-APPLICATION NOT FULLY COMPLETED WILL BE RETURNED TO APPLICANT

Preferred unit size: 1BR 2BR

You MUST answer ALL questions. Do not leave any spaces blank: write "none" or "n/a" where appropriate.

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
STREET			CITY		STATE	ZIP
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		EMAIL ADDRESS		

CO-APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
SOCIAL SECURITY NUMBER			PREVIOUS / MAIDEN NAME		MARITAL STATUS	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		EMAIL ADDRESS		

OTHER OCCUPANTS

List all other persons who will live in the unit, including unborn children. No person is to live with you who is not listed.

NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP	STUDENT	
					YES	NO

HOUSEHOLD AND BACKGROUND INFORMATION - CURRENT HOUSING

Your current housing situation is best described as:

<input type="checkbox"/> Standard	<input type="checkbox"/> Substandard	<input type="checkbox"/> Without or Soon to Be Without Housing
<input type="checkbox"/> Conventional Public Housing	<input type="checkbox"/> Lacking a fixed nighttime residence	<input type="checkbox"/> Fleeing / Attempting to Flee Violence
Do you currently receive subsidized housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a voucher?	Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you displaced by government action or a Federally Declared disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets other than a service animal: TYPE:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any adult members of your household worked more than 30 hours per week for the last 6 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of any crimes listed below? (If no please skip below section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Using the numbers below, indicate whether you or any members of your household have been convicted of any crimes listed below:

- | | | |
|--|---|-----------------------------------|
| 1. Homicide / Murder | 6. Assault / Fighting | 11. Fraud |
| 2. Rape or Child Molesting | 7. Drug Trafficking / Use / Possession | 12. Prostitution |
| 3. Burglary / Robbery / Larceny | 8. Child Abuse / Domestic Violence | 13. Disorderly Conduct |
| 4. Threats or Harassment | 9. Public Intoxication / Drunk & Disorderly | 14. Other (please explain): _____ |
| 5. Destruction of Property / Vandalism | 10. Receiving Stolen Goods | |

MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION

Households in which the Head, Spouse or Co-Head is disabled or handicap, please indicate: If special unit requirements are needed please indicate below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

All applicants in which a household member has a disability may qualify for a Reasonable Accommodation and they have the right to request such an accommodation.

Do you or any members of your household have a condition that requires:

- | | | |
|---|--|--|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Physical Modification to a Typical Unit |
| <input type="checkbox"/> A Barrier Free Unit | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Any Other Accommodation |
| <input type="checkbox"/> A Mobility Impaired Unit | | |

HOUSEHOLD INCOME

List each source of income for all household members. Use gross amounts (before deductions)

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Military Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Social Security (SS/SSI/SSDI etc.) <input type="checkbox"/> State Supplemental Income <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Pension / Annuities <input type="checkbox"/> Regular payments from Settlement <input type="checkbox"/> Income from Trust <input type="checkbox"/> Other Retirement Accounts
<input type="checkbox"/> AFDC / TANF / Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	<input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Contribution from anyone outside of the household <input type="checkbox"/> Income from Lottery Winnings or Inheritance <input type="checkbox"/> Income from Rental Property or Real Estate <input type="checkbox"/> Any other income not listed

HOUSEHOLD MEMBER NAME	SOURCE	ANNUAL/MONTHLY/WEEKLY

ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS Do you or anyone in your household have or expect to have any of the following within the next 12 months? (please check all that apply):

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money market	<input type="checkbox"/> Direct Express <input type="checkbox"/> Benefit card <small>(welfare/child support – NOT for FOODSTAMPS)</small> <input type="checkbox"/> Payroll card	<input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Other retirement funds	<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Life Ins. (whole or universal ONLY) <input type="checkbox"/> Real Estate <input type="checkbox"/> Trusts <input type="checkbox"/> Any other assets
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HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT	CURRENT BALANCE

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household’s eligibility for HUD, Rural Development and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this Pre-Application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD, Rural Development and/or LIHTC Program requirements

ALL Household Members 18 and Older MUST Sign

HEAD OF HOUSEHOLD SIGNATURE	DATE
SPOUSE OR CO-HEAD SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE

FOR OFFICE USE ONLY:		
Household qualifies for the following preferences: (please reference your resident selection plan)		
<input type="checkbox"/> Working Family <input type="checkbox"/> Elderly <input type="checkbox"/> Veteran <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Handicapped <input type="checkbox"/> Homeless <input type="checkbox"/> Agency Referral <input type="checkbox"/> Existing Tenant	<input type="checkbox"/> Government Declared Disaster <input type="checkbox"/> Receiving Voucher Assistance <input type="checkbox"/> Other: _____ _____

Citizenship Declaration Form

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:

<p>a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6). <u>AND</u></p> <p>b. One of the following documents:</p> <p>(1) Form I-551, <i>*Permanent Resident Card*</i></p> <p>(2) Form I-94, <i>Arrival-Departure Record</i>, 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."</p> <p>(3) If Form I-94, <i>Arrival-Departure Record</i>, is not annotated, it must be accompanied by one of the following documents:</p> <p>(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</p>	<p>(if application was filed on or after October 1, 1990).</p> <p>(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.</p> <p>(7) <i>*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the <i>Federal Register</i>.*</i></p> <p>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.</p> <p>If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.</p>
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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: _____

Citizenship Verification Consent Form

INSTRUCTIONS: Make as many copies as needed. Complete a separate form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the
(print or type first name, middle initial, last name)
following:

The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

1. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Citizenship Declaration Form

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 _____

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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 _____
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1. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
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Signature

Date

Check here if adult signed for a child: _____

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	Assist with <input type="checkbox"/> Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules Other: <input type="checkbox"/> _____
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.