



Fischer Senior Village
Public Housing Program
Rental Application

1915 LB Landry Avenue ♦ New Orleans, LA 70114 ♦
Telephone (504)-266-2503 - Facsimile (504)266-2502

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verifications of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected. **Applications must be submitted by mail ONLY to: Guste Homes RMC, 1915 LB Landry Ave., New Orleans, LA 70114 and postmarked no later than February 29, 2012. Please do not leave any blanks. If the question does not apply, please place an N/A in that box.**

Applicant Information

Applicant Name			Home Phone
Present Street Address, City, State and Zip Code			# of years at present address
Former Street Address			# of years at former address (3 or more years)
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single Married Divorced Widowed
Emergency Contact Person:		Relationship	Home Phone # Cell Phone #

Co-Applicant Information

Co-Applicant Name			Home Phone
Present Street Address	City	State	Zip
Former Street Address			# of years at former Address (3 or more years)
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single Married Divorced Widowed

Rental History

Current Landlord	Address	Phone Number
Address Rented	Number of Years	Reason for Moving

HOUSEHOLD INFORMATION: Please list each person's name and provide information below of all persons who will be living with you.

	Full Name	Relationship	DOB	AGE	SEX	SOCIAL SECURITY #	Student Status	Receiving any source of income
HOH		HOH					Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8							Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you expect a change in your family size? Yes No If yes, when? _____

Type of Change _____



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Are any household members listed above foster children? Yes No. If yes, who? _____

Are any household members listed above live-in attendants? Yes No. If yes, who? _____

Are any household members planning to attend school full-time? Yes No. If yes, who? _____

Have you ever lived in Public Housing before? Yes No If so, where? _____

Did you leave owing a balance? Yes No Please list reason for move-out: _____

Has any person listed on this application ever been evicted from public housing or any federal assisted program? Yes No

If so, was the eviction due to drug related activity or criminal activity? Yes No

Is any person on this application currently engaged in illegal use of drugs or alcohol? Yes No

Does any person on this application have a lifetime registration requirement under a State Sex Offender Registration Program? Yes No

If so, when? _____

Does any person on this application have a history of criminal activity including an arrest or conviction within the last 7 years? Yes No

If so, for what and when? _____

Does any person on this application have any convictions for drug related criminal activity for the manufacture or production of methamphetamine on or off the premises of Federally Assisted Housing? Yes No

Do you currently have a Section 8 voucher? Yes No

FEDERAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

Please review the following descriptions and indicate whether one or more of these circumstances apply to your situation.

HOMELESS

Check if you are homeless and living on the street.

DISABILITY

Check this box if head, co-head or spouse or sole member is person with disability.

ELDERLY

Check this box if the head, spouse or co-head or sole member of the household is age 62 or older

LOCAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

EMPLOYMENT

Check this box if the head or co-head of your household is employed for 30 hours or more a week in a permanent position (at least 6 months)

Check this box if the head, spouse or sole adult member works 25 to 29 hours per week.

Check this box the head, spouse or sole adult member works 20 to 24 hours per week.

Check this box if the head, spouse or sole adult member works 19 hours or less per week.

Check this box if the head, spouse or sole adult member is participating in a job training program AND works 20 hours or less per week.

STUDENT STATUS

Check this box if you are a full time student. (12 or more credit hours)

NO PREFERENCES CLAIMED

CHECK THIS BOX IF YOU DID NOT CLAIM ANY OF THE PREFERENCES ABOVE.



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CURRENT EMPLOYMENT INFORMATION

Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		Work Fax #

Co-Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Supervisor's Name				
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		Work Fax #

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Supervisor's Name				
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		Work Fax #

OTHER SOURCE OF INCOME

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source – Employment	Check One	Source - Benefits/ Pensions One	Check	Source – Other	Check One
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Amount Received	Source
	Month Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Month Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Month Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Month Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Month Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	





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HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset one	Check	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saving Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stocks*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Account #	Market Value	\$ Asset will earn in next 12 months

Have you sold any property for less than its worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no) Yes No. If yes, explain.

ACCOMODATIONS (such as disabilities, wheelchair, etc.)

Do you require an accessible or specially equipped apartment? Yes or no If yes, please describe _____
 _____ **Initial** _____

Do you have other needs that you would like HANO to be aware of? Yes or no If yes, please describe _____
 _____ **Initial** _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I understand that it is my responsibility to notify HANO/GHRMC of any change of information provided on this application. Furthermore, I understand that if HANO/GHRMC/ is unable to contact me because I have moved without notifying them of my current address, my name will be removed from the waiting list and I will have to reapply.

 Applicant/ Date

 Co-Applicant/ Spouse

 Adult Member, 18 years and older/ Date

 Adult Member, 18 years and older/ Date

 Adult Member, 18 years and older/Date

 Adult Member, 18 years and older/Date

May we ask, how did you hear about us? Newspaper, Which one? _____ Resident Referral
 Agency, Which one? _____ Friend Word of Mouth HANO's website



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