

# APPLICATION FOR HERITAGE HEIGHTS

An Eventide Community

118 South 20<sup>th</sup> Street Denison, Iowa 51442

Danielle Kinney, Manager Phone (712) 263-6631



NOTE: This is an APPLICATION for the eligibility determination and residency at Heritage Heights An Eventide Community. The Fair Housing Act prohibits owners/managers from discriminating on the grounds of age, race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, or marital status. We ensure that LEP persons have meaningful access to HUD programs and activities. Heritage Heights An Eventide Community does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in its federal assisted programs and activities. Heritage Heights An Eventide Community will make reasonable adjustments to their rules, policies, practices, and procedures in order to enable an applicant or resident with a disability to have equal opportunity to use and enjoy the unit and the common areas of a dwelling. Or to participate in or have access to other activities conducted or sponsored by the owner. The owner will provide the requested accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. Information provided by you at this time will assist greatly in the completion of the certification procedures at the time of your personal interview. All information is subject to verification by Management, prior to occupancy. Please complete this form Do NOT leave any blank spaces. and return it to the address listed above.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

NAME (print) \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Present Address \_\_\_\_\_

How long at this address \_\_\_\_\_ ( ) Own ( ) Rent ( ) Other *explain*

The attached forms are data gathering tools to be used to determine if I am eligible for housing under HUD Section 202/8. The application may entitle me to placement on the waiting list but does not entitle me to an apartment. I understand I must be qualified by income data and meet selection criteria in order to qualify for occupancy. I understand that my income and expense information data requires third-party verification at the time I am offered an apartment. Any indication of my rent is an estimate only until all parties have provided verification information understand all applicants who sign a lease with Heritage Heights An Eventide Community agree to the House Rules.

Heritage Heights An Eventide Community  
Denison, IA  
Housing Application

**I am interested in a:**

Studio Apartment       One bedroom Apartment       Handicap Assessable Unit

**Are you enrolled as student in an institute of higher education**  Yes  NO

**How did you hear about Heritage Heights An Eventide Community?**

Church                       Newsprint               HUD Listing

Word of Mouth               Website               Other

**Do you lack a nighttime residence?**  Yes               No

**Are you fleeing or attempting to flee violence?**  Yes                       No

**Please check your reason for desiring to move;**

Personal Choice               Displacement               Government Action

Natural Disaster               Other, *please specify*

*Please list all states and /or countries that you have previously lived in and under which name:*

- 1.
- 2.
- 3.
- 4.

*Cont. on back of page if necessary*

**Have you previously lived or do you currently live in subsidized or public housing?**

No                               Yes name *and location* \_\_\_\_\_

Race of head of household (Optional - For government statistical purpose only)

White\_\_\_\_ Oriental\_\_\_\_ African American\_\_\_\_ Hispanic\_\_\_\_ Indian\_\_\_\_ Other\_\_\_\_

**Are you or is any household member a veteran?**  Yes                       No

If a tenant of Heritage Heights would you have a car?  Yes  No

How Many? \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ License Number \_\_\_\_\_

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Character References (required)

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name and telephone of two people we can contact if we are unable to reach you.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

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Please check all sources of current income and monthly amount received:

**Applicant:**

Social Security	\$_____	SSI	\$_____
Employment	\$_____	Disability	\$_____
Pension	\$_____	Medicaid	\$_____
Dividends	\$_____	Other	\$_____

**Spouse**

Social Security	\$_____	SSI	\$_____
Employment	\$_____	Disability	\$_____
Pension	\$_____	Medicaid	\$_____
Dividends	\$_____	Other	\$_____

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Please indicate assets held and approximate value of each

**APPLICANT:**

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Checking Account (6 month balance required)      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Savings Account – (Current Balance )                      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Checking Account (6 month balance required)      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Savings Account – (Current Balance )                      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

**SPOUSE:**

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Checking Account (6 month balance required)      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Savings Account – (Current Balance )                      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Phone# \_\_\_\_\_ Address \_\_\_\_\_

Checking Account (6 month balance required)      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

Savings Account – (Current Balance )                      \$ \_\_\_\_\_ Interest earned \_\_\_\_\_

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**APPLICANT**

**CD'S**

Name of Bank \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Stocks**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Treasury Bills**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Money Market Funds**

Name of Bank \_\_\_\_\_

Account# \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**SPOUSE**

**CD's**

Name of Bank \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Stocks**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Treasury Bills**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Money Market Fund**

Name of Bank \_\_\_\_\_

Account# \_\_\_\_\_

Value \$ \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

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**Applicant**

**Individual Retirement**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Real Estate**

Location \_\_\_\_\_

Value \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

**Spouse**

**Individual Retirement**

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Value \$ \_\_\_\_\_

**Real Estate**

Location \_\_\_\_\_

Value \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Please list other assets and/or sources of income

Cash on Hand \$ \_\_\_\_\_ In Safe Deposit Box \$ \_\_\_\_\_

Recurring Gifts from Relatives or Friends for any of the following:

Rent \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Medical Expenses \$ \_\_\_\_\_

**Disposed Assets**

Have you or your spouse disposed of assets for less than fair market value during the two years preceding this application? ( ) Yes ( ) No

If you or your spouse has disposed of assets for less than fair market value, please show all assets disposed of:

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The date asset(s) was disposed of: \_\_\_\_\_ The amount received \$ \_\_\_\_\_

The asset's market value at the time of disposition \$ \_\_\_\_\_

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**Do you have recurring medical expense:**

**Applicant**

**Spouse**

Doctor \$ \_\_\_\_\_

Doctor \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Medicare \$ \_\_\_\_\_

Medicare \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Over the counter medicine must be for a medical condition as prescribed by a physician.

At the time you are notified of the availability of an apartment you will be required to provide the name and address of your physician, pharmacy, etc. to verify actual expenses

Provide Proof of age and citizenship or national of the United States:  
Provide a copy of Birth Certificate or Social Security Card, Drivers License  
Nationalization Document

HUD form 9887 and 9887 A are attached. Both forms must be signed by all parties making application.

Updated 2008



## **Reasonable Accommodations:**

Under both Section 504 and the Fair Housing Act, a tenant or applicant for housing makes a reasonable accommodation request whenever he or she makes it clear to the housing provider that a request is being made for an exception, change, or adjustment to a rule, policy, practice, service or physical structure because of his or her disability. A request can be made by the person with the disability, a family member, or someone else acting on the individual's behalf

Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Heritage Heights An Eventide Community makes our programs accessible to person with disabilities. These obligations include the following:

1. Making and paying for reasonable structural modification to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens.
2. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
3. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
4. Developing a transition plan to ensure that structural change are properly implemented to meet program accessibility requirements; and
5. performing a self-evaluation of the owner's program and policies to ensure that they do not discriminate based on disability
6. Operating their programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Heritage Heights An Eventide Community 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.

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Falsification of this certification is a federal violation of 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 and any owner may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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Signature of Applicant

Date

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Signature of Spouse

Date

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Office Use Only

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Date Received: \_\_\_\_\_ Date Acknowledged \_\_\_\_\_

Date Character Reference Mailed: \_\_\_\_\_

Date Landlord Reference Mailed: \_\_\_\_\_

Date Interview Scheduled: \_\_\_\_\_

Heritage Heights An Eventide Community Manager

Signature; \_\_\_\_\_

Comments: \_\_\_\_\_

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**Character Reference and Background Check Release**

All applicants of Heritage Heights an Eventide Community are required to undergo a criminal background check, sexual offender and/or predator background, current and/or previous landlord checks as well as three (3) Personal reference checks

Please check yes below. Each applicant must sign and print their name. Reference and background checks are conducted after you are notified for consideration of an available apartment.

( ) yes, I/we do wish to be considered for an apartment. By this/these signature(s), Heritage Heights An Eventide Community is provided the authority to conduct the personal reference checks, current and/or previous landlord checks and the criminal and sexual offender/predator background check that is conducted on all applicants. This authorization remains is effect until it is revoked in writing.

Background checks are done at the expense of Eventide

**Are you or any members of your household subject to a lifetime sex offender registration requirement in any state?** \_\_\_\_\_Yes \_\_\_\_\_No

(This will be verified using the DRU Sjin National Sex Offender Database).

Signed\_\_\_\_\_ Signed\_\_\_\_\_

Print Name:\_\_\_\_\_Print Name\_\_\_\_\_

Date:\_\_\_\_\_Date\_\_\_\_\_

MAIDEN NAME\_\_\_\_\_

**List all names you have gone by:**

