

**Green Park Terrace**  
**Notice to Applicants**  
**Smoke Free Policy**

Effective April 1, 2016, Green Park Terrace became a non-smoking community. Residents and their guests are prohibited from smoking in individual apartments and in common areas. This property has no designated smoking area located outside of the building.

This notice is in accordance with HUD Notice H 2010-21 and is created to help protect the health and safety of residents, visitors, resident's guests, and property staff.

This rule has no effect on your application to for our property. However, violating this rule can threaten your occupancy once you become a resident.

Please keep in mind, this new policy is meant to improve the health and safety of our residents. With the rising health problems relating to smoking and second-hand smoke, we want to provide a safe and healthy environment for all of our residents to enjoy. As a future resident, we hope that you will help support our efforts in making our community a more enjoyable place to live.

Please don't hesitate to contact our office at 317-859-8333 if you have any questions.

Sincerely,



Property Manager

*National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, marital or familial status, source of income, sexual orientation, gender identity, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.*



## Green Park Terrace Application for Housing

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is 317-859-8333. Our office hours are 9 AM to 4 PM Wednesdays and Fridays.  
 If you have a hearing or speech disability, you can dial 711 from any phone to access Telecommunications Relay Services (TRS) anywhere in the United States. For more information, visit [www.fcc.gov/guides/telecommunications-relay-service-trs](http://www.fcc.gov/guides/telecommunications-relay-service-trs).

### Income Limits

This property receives assistance from the U.S. Department of HUD. Qualified applicants must meet the income limits for the following county/region: Marion

Area Median Income Limits by Household Size								
Income Category	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
50% (Very Low)	24500	28000	31500	34950	37750	40550	43350	46150
30% (Extremely Low)*	14700	16800	20420	24600	28780	32960	37140	41320
Federal Poverty Level	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320

\***Extremely Low Income** is defined as families whose incomes do not exceed the higher of the Federal Poverty Level or 30% of the Area Median Income.

### Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "N/A" for any question that does not apply to you. Do not leave any spaces blank and do not strike through or cross out any section. **All household members 18 and older must sign this application. Proof of identity must be provided for all adult household members.** Only completed and signed applications will be accepted.

Social Security Numbers must be provided for all household members with the following exceptions:

1. Applicants who were age 62 or older as of January 31, 2010, whose initial determination of eligibility began before January 31, 2010. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable. Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010.
2. Individuals who do not contend eligible immigration status.
3. A child under the age of 6 years added to the applicant household within the 6 month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the SSN and adequate documentation that the SSN is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the SSN and adequate documentation to verify the SSN within the prescribed time frame, HUD requires the owner/agent to terminate tenancy.

<b>THIS SECTION TO BE COMPLETED BY MANAGEMENT STAFF ONLY</b>				Unit Type Requested: _____			
Date Received: _____	Time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	Received Via: <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax	<input type="checkbox"/> VLI	<input type="checkbox"/> ELI		
Manager	Fed. Preference (if applicable): _____			<input type="checkbox"/> Standard Unit WL			
Signature: _____				<input type="checkbox"/> Accessible Unit WL			



Return the completed Application to: Green Park Terrace  
 110 E Meridian School Rd  
 Indianapolis, IN 46227  
 317-859-8333  
 317-859-7697 fax

**Household Member Information – Please list ALL household members**  
*\*Place an "X" in the box for Sex if you decline to disclose. There is no penalty for choosing not to disclose the information.*

Name	Social Security #	Relationship	Sex*	Date of Birth	Student Status
		Head of Household			F/T P/T N/A
Race and Ethnicity of Head of Household may be disclosed on form HUD-27061-H (Race and Ethnic Data Reporting Form). <i>There is no penalty for choosing not to disclose the information.</i>					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

- Current Marital Status:  Single  Married  Widowed  Separated  Divorced  Decline to Disclose
- Have you or any member of your household been known by any other last name?  Yes\*  No  
 \*If yes, which member(s): \_\_\_\_\_ Prior/Maiden Name: \_\_\_\_\_
- What is the total number of household members expected to live in the unit? \_\_\_\_\_
- Do you expect a change in household size in the future?  Yes\*  No  
 \*If yes, explain: \_\_\_\_\_
- Are there any temporarily absent household members?  Yes\*  No  
 \*If yes, provide name, relationship to head of household, age, explanation for absence, and date of expected return.  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Are any members within the household enrolled as a student at an institution of higher education?  Yes\*  No  
 \*If yes, please complete a Student Certification form for each student enrolled.
- Do you or a household member have a disability that would necessitate the features of a fully accessible unit?  
 Yes\*  No \*Please note that this need will be verified with your doctor/physician.

8. **INCOME SOURCE(S):** Please list ALL sources of income received by ALL ADULT members of your household. Examples include, but are not limited to: Wages, SSI, SSA, Unemployment, Pension, Child Support, Alimony, TANF, and regular gifts. List additional income on a separate page if more space is needed.

	Household Member	Type of Income	Amount Received	Frequency of Payment (circle one)
A				Per: Hour Week Month Year
B				Per: Hour Week Month Year
C				Per: Hour Week Month Year
D				Per: Hour Week Month Year
E				Per: Hour Week Month Year

\*\*If benefits are drawn under a different Social Security Number, please provide: \_\_\_\_\_

- For all income types listed above (other than SSA and SSI), please list a company name, address, and phone number.  
 A. Income Type / Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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

B. Income Type / Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

C. Income Type / Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

D. Income Type / Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E. Income Type / Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

10. Will another individual or agency guarantee payment for your rent and/or other fees?  Yes\*  No

\*If yes, please list the name, address, and phone number:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

11. **ASSET SOURCE(S):** Please list ALL assets for ALL members of your household.

Examples include, but are not limited to: Bank accounts, stocks, annuities, life insurance, retirement accounts, cash on hand, and personal property held as an investment. List additional assets on a separate page if more space is needed.

Household Member	Asset Type	Account #	Cash Value	Source Name/Address/Phone

12. Have you ever received rental assistance or lived in subsidized housing?  Yes\*  No

\*If yes, explain: \_\_\_\_\_

13. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?  Yes\*  No \*If yes, explain: \_\_\_\_\_

14. Have you, or any member of your household, been evicted from any property, including, but not limited to, a federally assisted property, for drug-related criminal activity within the last 3 years?  Yes\*  No

\*If yes, explain: \_\_\_\_\_

15. Are you, or any member of your household, currently engaged in the use of illegal drugs (including marijuana) or abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents?  Yes\*  No \*If yes, explain: \_\_\_\_\_

16. Landlord Reference:

Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

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

Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

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

17. Have you, or anyone in your household, EVER been convicted of a felony?  Yes\*  No

\*If yes, explain: \_\_\_\_\_

18. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?

Yes\*  No \*If yes, explain: \_\_\_\_\_

19. Are you or anyone in your household subject to any sex offender registration program, up to and including lifetime registration? **Note:** Failure to respond to this question may jeopardize the approval of your application.

Yes\*  No \*If yes, explain: \_\_\_\_\_

20. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years?



Yes\*  No \*If yes, explain: \_\_\_\_\_

21. Does any person listed on this application request protections, assistance, or support under the Violence Against Women Act (VAWA)?  Yes\*  No

*\* VAWA protects victims of domestic violence, dating violence, stalking, or sexual assault. This law requires owners to provide special consideration and confidentiality during the rental application process and prevents denial of tenancy of the victim and the victim's family, solely based on history or current circumstances related to domestic violence, stalking, sexual assault and dating violence. If requested, more documentation may be required.*

22. Please list your last 3 addresses (house/apartment number, street, city, state, and zip code).

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23. Please list all states in which you and your household members have lived:

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24. Do you own a pet or animal?  Yes\*  No \*If yes, what type of animal: \_\_\_\_\_

25. What is the size of unit(s) for which you are applying? (Number of bedrooms) \_\_\_\_\_

26. How did you hear about our community?  Friend  Employee  Religious Organization

Current/Previous Resident or Family Member  Information provided by a government agency

Advertisement (where?) \_\_\_\_\_  Other \_\_\_\_\_

#### APPLICANT'S CERTIFICATION:

**I/we certify that if selected to move into this project, 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 for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

#### PENALTIES FOR MISUSING THIS CONSENT:

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 (or any employee of HUD 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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*National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.*



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Green Park Terrace 77043**

110 E Meridian School Rd, Indianapolis, IN 46227

Name of Property

Project No.

Address of Property

**National Church Residences**

**202 PRAC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## 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 should check as many as apply to you.
  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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



## Notice to Applicants and Residents of Rights under the Violence Against Women Act (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or "VAWA." These protections apply to men, women, and children. This notice explains your rights under VAWA.

- You cannot be denied housing or housing assistance solely because you are a victim. If you are otherwise eligible for housing or housing assistance, the landlord cannot deny you only because you are, or have been, a victim of domestic violence, dating violence, sexual assault, or stalking.
- Criminal acts directly related to domestic violence, dating violence, sexual assault, or stalking that are caused by the victim and/or another affiliated individual cannot be cause for termination or eviction of the victim of the abuse.
- If you are the victim of an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking, you cannot be evicted based on the incident unless there is an actual and imminent threat to other tenants or employees at the property if the victim is not evicted. A victim may be denied, terminated, or evicted based on good cause unrelated to domestic violence, dating violence, sexual assault, or stalking, provided that victim is not subject to a more demanding standard than non-victims.
- A victim's lease can be changed to evict only the perpetrator(s). This is known as "bifurcation" and allows the victimized tenants to remain in the unit while removing only the tenant who committed the act of domestic violence, dating violence, sexual assault, or stalking.
- You can move to protect family members. Landlords cannot terminate assistance if you move to protect the health/safety of a family member who is the victim of domestic violence, dating violence, sexual assault, or stalking and reasonably believed he/she was imminently threatened by further violence if he/she stayed in the unit.

If you claim protection under VAWA, the landlord may require you to provide documentation that you are a victim and that the incident or incidents are bona fide incidents of such actual or threatened abuse. If documentation is requested, the request must be made in writing.

- Self-certification of the victim: Upon request, the landlord will provide form HUD-50066 for you to complete; or
- Documentation of a statement from a Professional: The documentation can be from an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional you consulted about the domestic violence, dating violence, sexual assault, or stalking; or
- Other Records: You can also submit federal, state, tribal, territorial, or local police and court records and protective orders.

The landlord will give you at least 14 business days to provide documentation and may extend the deadline based on the individual situation. If you fail to provide the documentation by the deadline, you may be denied, terminated, or evicted.

Any information the victim provides to certify that he or she is a victim of domestic violence, dating violence, sexual assault, or stalking must be kept confidential by the landlord. The victim should inform the landlord if the release of the information would put his or her safety at risk. The landlord cannot enter the information into a shared database or reveal it to outside entities unless:

- The victim provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

For more information, visit <https://www.justice.gov/ovw>.

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## Student Certification

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

Applicant/Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_

### CERTIFICATION – TO BE COMPLETED BY THE RESIDENT/APPLICANT

**Are you a student at an institution of higher education?**

Yes      No  
     

*\*Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**\*\*IF YOU HAVE ANSWERED NO, PLEASE SKIP THESE QUESTIONS AND SIGN ON PAGE 2.\*\***

**If you answered yes, we are required to determine your eligibility as a student.  
Please complete the following questions:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you least 24 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you an individual that is or was an orphan, in foster care, or a ward of the court at any time from the age of 13?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you an individual that is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in your State of legal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or currently serving on active duty in the Armed Forces for other than training purposes?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a graduate or professional student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently married?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have legal dependents other than a spouse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been verified during the school year as either an unaccompanied youth who is homeless or at risk of homelessness and self-supporting*?  | <input type="checkbox"/> | <input type="checkbox"/> |

\*This must be verified by:

- A local education agency's homeless liaison;
- The director (or designee) of a program funded under the Runaway & Homeless Youth Act;
- The director of a program funded under Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act; or
- A financial aid administrator.

9. Are you receiving any financial assistance to pay for your education\*?

\*If yes, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If management determines at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

**Under penalty of perjury, I certify that the above information is true and correct.** I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: \_\_\_\_\_

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

**PENALTIES FOR MISUSING THIS CONSENT:**

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 (or any employee of HUD 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

*National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.*

