

INDEPENDENCE HALL APARTMENTS



**ALL INFORMATION MUST BE
PRESENTED TO BE ADDED TO
THE WAITTING LIST!**

***APPLICATIONS ACCEPTED
MONDAY-FRIDAY 10 A.M- 3P.M.***

THIS IS A DISABLED - HANDICAP & ELDERLY COMMUNITY ONLY!

REQUIERED APPLICATION INFORMATION

- ◆ ID/PASSPORT
- ◆ SOCIAL SECURITY CARD
- ◆ BIRTH CERTIFICATE OR BAPTISMAL RECORD
- ◆ CURRENT PROOF OF INCOME AWARD LETTER/PAYROLL 6MONTHS IF UNDER 62 YEARS OLD. DR.STATEMENT OF DISABILITY
- ◆ RENTAL & CRIMINAL RECORD MUST BE CLEAR

FILL OUT FORMS



6 BURRESS ST. HOUSTON TX 77022

OFFICE: 713-692-6237

FAX: 713-697-5520

EMAIL: ihburress@outlook.com

PREFERENCE:

- EFFICIENCY**
- 1 BEDROOM**
- 2 BEDROOM**

OFFICE USE ONLY

DATE: _____
 TIME: _____
 AGENT: _____



INDEPENDENCE HALL RENTAL APPLICATION

HEAD OF HOUSEHOLD : _____

Current Address : _____

City : _____ State : _____ Zip Code : _____

Age : _____ Email : _____

Phone Numbers : _____ / _____

Social Security #: _____ - _____ - _____

DL/ID#: _____ STATE _____ EXP/DATE: _____

Marital Status:

- Married
- Single
- Unmarried
- Widowed
- Divorced
- Other

For statistical purposes only, select all that apply:

- White
- Asian
- Choose Not To Respond
- Black
- Pacific Islander

Also Designate:

- Hispanic
- Non-Hispanic

Are you or a member of your household a U.S. Military Veteran?

- YES
- NO

PRIVACY ACT NOTICE STATEMENT - The information on this form is being collected to determine the applicant's (whether one or more) eligibility, the recommended unit size, and the amount the applicant, if otherwise approved, must pay toward rent and utilities as a tenant. The information will be used to manage the programs covering this form, protect the Government's, and Creative Property Management's financial interests, and verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies and when relevant, to civil, criminal, or regulatory investigators and prosecutors. Failure to provide information may result in a delay or rejection of eligibility approval. Creative Property Management, have authorization to ask for this information. This authorization is given by the U.S. Housing Act of 1937, as amended (42 U.S.C., 1437 et seq.); the Housing and Community Development Amendments of 1981 (P.L. 97-35); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); and the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479). Please complete this application with all pertinent details. Applications are placed in order of date and time received. The information requested provides the basis for our selection of the best neighbors for you and all residents. An Application is only accepted once all documents required are received and application is completed in full. If accepted as a resident, this application will become a part of your resident file.

Independence Hall Apartments does not discriminate on the basis of disabled status in the admission or associated, or 1442522 or employment in, its federally assisted programs and activities. The person below has been designated to coordinate compliance with the nondiscrimination Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). William Elsabee, 8323 SW Fwy, Suite 330, Houston, TX 77074. 713-772-4420. TTY: 1-800-735-2989.

INDEPENDENCE HALL RENTAL APPLICATION



CURRENT ADDRESS?

CITY/STATE/ZIP

HOW LONG?

HOW MUCH ARE YOU PAYING FOR RENT?

ARE UTILITIES INCLUDED IN YOUR RENT?

HOW MANY PEOPLE RESIDE WITH YOU?

HAVE YOU EVER BEEN EVICTED?

REASON FOR MOVING

HAVE YOU NOTIFIED YOUR LANDLORD YOUR MOVING?

LANDLORD NAME

LANDLORD PHONE NUMBER

PLEASE COMPLETE THIS APPLICATION WITH ALL PERTINENT DETAILS. APPLICATIONS ARE PLACED IN ORDER OF DATE AND TIME RECEIVED. THE INFORMATION REQUESTED PROVIDES THE BASIS FOR OUR SELECTION OF THE BEST NEIGHBORS FOR YOU AND ALL RESIDENTS. AN APPLICATION IS ONLY ACCEPTED ONCE ALL DOCUMENTS REQUIRED ARE RECEIVED AND APPLICATION IS COMPLETED IN FULL. **IF ACCEPTED AS A RESIDENT, THIS APPLICATION WILL BECOME A PART OF YOUR RESIDENT FILE.**

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INDEPENDENCE HALL RENTAL APPLICATION



STARTING WITH HEAD OF HOUSEHOLD, LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT

FULL LEGAL NAME	RELATIONSHIP	DOB	AGE	SOCIAL SECURITY #
CURRENT SOURCE OF ALL INCOME	GROSS AMOUNT	FREQUENCY		
IS THERE ANYONE NOT LISTED ON YOUR APPLICATION THAT WILL BE LIVING IN YOUR UNIT OR SPENDING MORE THAN 3 TIMES A MONTH IN YOUR UNIT?	IN THE FUTURE?	NAME OF PERSON		

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INDEPENDENCE HALL



RENTAL APPLICATION

GENERAL RESTRICTIONS: (AS AMENDED OF OCTOBER 1, 1989) THE TENANT MUST LIVE AND THE UNIT MUST BE THE TENANTS ONLY PLACE OF RESIDENCE THE SHALL USE.

Incase of Emergency Please notify:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OR CHARGED WITH A MISDEMEANOR OR FELONY OR BEEN GIVEN DEFERRED ADJUDICATION?

YES _____ / NO _____

HOW DID YOU HEAR ABOUT THE PROPERTY?

DO YOU NEED ANY ACCOMODATIONS FOR YOUR APARTMENT DUE TO YOUR DISABILITY?

Note: - AFTER FORMAL PROCESSING OF THIS APPLICATION HAS BEGUN, THE INFORMATION REPORTED

AND VERIFIED WILL BE UPDATED EVERY 90 DAYS PRIOR TO MOVE-IN.

- A CREDIT REPORT WILL BE OBTAINED PRIOR TO INITIAL OCCUPANCY.
- A POLICE CHECK AND CREDIT BUREAU CHECK WILL BE COMPLETED
- COPIES OF BIRTH CERTIFICATES OR OTHER PROOF OF AGE AND SOCIAL SECURITY CARDS WILL BE REQUIRED ON ALL HOUSEHOLD MEMBERS PRIOR TO INITIAL OCCUPANCY.
- ID OR PASSPORT WILL BE SCANNED BY CHECK POINT

I/WE THE APPLICANT(S) AGREE TO GIVE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY/OUR CREDIT RATING, MY/OUR CURRENT AND PAST RENTAL RECORD, AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY. I/WE UNDERSTAND THAT ANY MISREPRESENTATION IF INFORMATION ON THIS FORM WILL DISQUALIFY ME FROM CONSIDERATION FOR LEASING AND MAY BE GROUNDS EVICTION. I HEREBY AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WARNING: SECTION 1001 OF TITTLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENCE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO DEPARTMENT OR AGENCY OF THE UNITED STATES AS OF MATTERS WITH IN JURISDICTION.

APPLICANT(S) CERTIFICATION- UNDER PENALTY OR PERJURY: I/WE CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. IF I/WE FURNISH FALSE OR INCOMPLETE INFORMATION. I/WE HEREBY GIVE THE MANAGEMENT/OWNER THE AUTHORITY TO INVESTIGATE MY/OUR CREDIT RATING, MY/OUR CURRENT AND PAST RENTAL RECORD, AND ALL OTHER INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.

SIGNATURE OF HEAD OF HOUSEHOLD: _____



DATE: _____

INDEPENDENCE HALL RENTAL APPLICATION



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 use 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 willingly 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 this 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 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).

WAITING LIST POLICY

I, _____ understand that I will be placed on the active waiting list for and apartment at Independence Hall. In order to stay active on the waiting list, I will report any changes in income and/ or family composition, as well as update my address and/or contact number. I also understand that if I do not update my Information every six (6) months, my application will be rejected and removed from the waiting list.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE:

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INDEPENDENCE HALL RENTAL APPLICATION



PROSPECTIVE APPLICANT PET INFORMATION

I acknowledge that I have applied for an apartment at Independence Hall Apartments and was informed of the animal policy and animal agreement. I understand that I may only move in with one (1) animal. I understand there is an animal deposit and I must provide a current shot record for my animal.

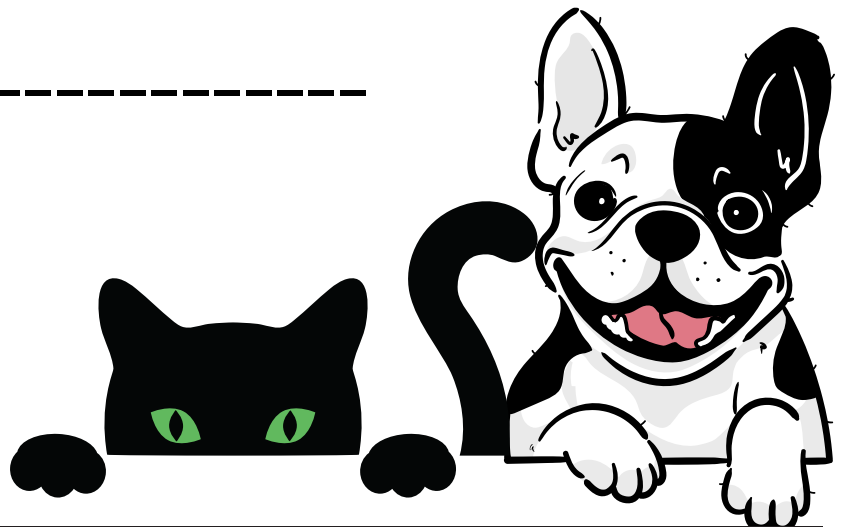
**BY SIGNING BELOW, I ACKNOWLEDGE
IF I DO OR DO NOT HAVE AN ANIMAL.**

YES

NO

SIGNATURE

DATE:





DO YOU HAVE A

SOCIAL SECURITY NUMBER

If you do not disclose a SSN, you may not be able to receive housing assistance.

THE FEDERAL GOVERNMENT REQUIRES EACH APPLICANT FOR HUD-ASSISTED HOUSING TO PROVIDE DOCUMENTATION OF THEIR SSN TO THE PROPERTY OWNER/MANAGER BY THE TIME A UNIT BECOMES AVAILABLE. THIS REQUIREMENT AFFECTS HOUSEHOLD MEMBERS WHO ARE U.S. CITIZENS, U.S. NATIONALS AND ELIGIBLE NONCITIZENS.



The SSNs of all members of my household have been provided.

What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

YES

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.



I have not provided SSNs for all of my household members to the property owner/manager.

What do I do?

Does everyone in your household have a SSN?

NO

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time unit becomes available.

NOTE

If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT
OFFICE OF HOUSING



INDEPENDENCE HALL APARTMENTS

RENTAL VERIFICATION REQUEST

Name OF RESIDENT

UNIT #

DATE
REQUESTED

Address

City

Zip

MOVE IN
DATE

MOVE OUT
DATE

CURRENT LANDLORD () PREVIOUS LANDLORD () OTHER ()

Yes No

1. Is/was the tenant current on rent? RENTAL AMOUNT:\$ _____

2. Was the tenant ever late with a rent payment? How many Times? _____

3. Has the tenant given you a 30 day notice?

4. Was there a balanced owed at move out? How much? \$ _____

5. Did the tenant keep the unit clean?

6. Number of insufficient checks: _____

7. Were there any complaints or violations with this tenant, other occupants and/or guest? If Yes Please explain

8. Was the tenant evicted? If YES Please Explain

9. Does tenant have a pet?

10. Would you lease to this tenant again?

**Applicant Authorization
Signature**

Date

**Signature of Person
Completing report**

Date