

Providence Place Marion

Preliminary Applications are accepted at the Rental Office Monday, Tuesday and Thursday from 10:00am – 4:00pm.

Below is a list of items to return with the Preliminary application:

- Government issued I.D.:
 - Needed for each applicant 18 years of age or older (original, no copies please)
- Verification of Age:
 - Verification of age is needed for all household members. Acceptable forms:
 - Valid driver's license for anyone 18 years of age or older
 - Or birth certificate
 - Contact the Rental Office for other acceptable forms of verification.
- Social Security card verification:
 - Original Social Security card needed for all household members (original, no copies please). The Preliminary Application can be submitted without this, but verification must be obtained prior to moving in, some exceptions apply. Please inform the Rental Office if any household member doesn't have an original Social Security Card.
 - Contact the Rental Office for other acceptable forms of verification.

Contact us for questions at 765-664-5957 (TTY 711)





Preliminary Application for Senior Subsidized Properties

Complete one application per household

OFFICE USE ONLY					
Date Application Received		Time Application Received		Owner/Agent's Initials	
				Phase (If applicable)	
HOUSEHOLD INFORMATION					
Head of Household Name:			Current Address:		
City:		State:		Zip:	
Primary Phone:		Alternate Phone:		Email:	
How did you hear about us?				What size apartment:	
Please list all persons who will be living in the household, including yourself:					
Name	Relationship to Head of Household	Sex *Not Required	Date of Birth	Social Security Number	DLN & State Issued
	Head of Household				
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	1) There are members in my/our current household not listed above. If yes, explain:			
<input type="checkbox"/>	<input type="checkbox"/>	2) I/we expect a change in my household composition in the next 12 months. If yes, explain:			
<input type="checkbox"/>	<input type="checkbox"/>	3) A member of my household doesn't have a social security number. If yes, explain:			
<input type="checkbox"/>	<input type="checkbox"/>	4) A member of my/our household qualifies as a person with a disability as described in Section 504 of the Rehabilitation Act of 1973 and is in need of an accessible unit. If yes, list household member and the features needed:			
<input type="checkbox"/>	<input type="checkbox"/>	5) My/Our Household has income. If yes, list the total annual income from all sources (this includes, but is not limited to employment, social security benefits, unearned income from minors, and/or Income for assets etc.):			\$
<input type="checkbox"/>	<input type="checkbox"/>	6) A member of my household is housed temporarily pursuant to HUD guidance as a victim of a Presidentially declared disaster? If yes, disaster name, area, and date it occurred:			
<input type="checkbox"/>	<input type="checkbox"/>	7) Do you know that this property exists as a smoke free campus? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes parking lots, balconies, sidewalks, hallways, elevators, etc.			
<input type="checkbox"/>	<input type="checkbox"/>	8) Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?			
<input type="checkbox"/>	<input type="checkbox"/>	9) Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			
BACKGROUND CHECK					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	10) A member of my/our household is subject to a lifetime registration requirement under a state sex offender registration program. If yes, explain:			





Preliminary Application for Senior Subsidized Properties

<input type="checkbox"/>	<input type="checkbox"/>	11) I/we have a criminal or juvenile record, and/or have been convicted of any crime other than a traffic violation. If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	12) I/we have been convicted of the illegal manufacture or distribution of a controlled substance. If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	13) I/we have used a name(s) and/or social security number(s) other than the one I am currently using. If yes, explain:
		14) List all states in which any household member has resided:

RENTAL HISTORY

**Please provide your last 2 years of residential history.
At least 1 previous address is required.**

Current Address:

Time at this
Address:

From (Month/Year):

To (Month/Year):

Previous Address:

Time at this
Address:

From (Month/Year):

To (Month/Year):

Previous Address:

Time at this
Address:

From (Month/Year):

To (Month/Year):

CERTIFICATION

Applicant Certification & Consent: I certify that the statements made on the pre-application are true, correct, and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law. I hereby authorize the holder of the consent to obtain any investigative reports necessary to process this pre-application, including but not limited to credit, landlord/resident history, & criminal history.

Signature of Head of Household

Date

Signature of Household Member

Date

Signature of Management Agent:



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204

Name of Property **Project No.** **Address of Property**

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 provided 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 not require any special protection.

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"/> 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	
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.

Language Identification Certification

Property Name: _____

For purpose of Title VI and the LEP (Limited English Proficient) Guidance, persons may be entitled to language assistance with respect to a particular service, benefit, or encounter.

Title VI of the Civil Rights Act of 1964 is the federal law that protects individuals from discrimination on the basis of their race, color, or national origin in programs that provide federal financial assistance. In certain situations, failure to ensure that persons who are LEP can effectively participate in, or benefit from, federally assisted programs may violate Title VI's prohibition against national origin discrimination.

United States citizenship does not determine whether a person is LEP. It is possible for a person who is a United States citizen to be LEP. It is also possible for a person who is not a United States citizen to be fluent in English language. Title VI is interpreted to apply to citizens, documented non-citizens, and undocumented non-citizens. Some HUD programs require recipients to document citizenship or eligible immigrant status of beneficiaries; other programs do not. Title VI LEP obligations apply to every beneficiary who meets the program requirement, regardless of the beneficiary's status.

Please complete the Language Identification Flashcard. Mark the appropriate box of the language you read or speak.

Applicant/ Resident

Date

Community Reinvestment Foundation
Language Identification (2/08)

"Investing in housing...Reinvesting in individuals, families and communities"

- | | |
|--|------------------------|
| <input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p> | 1. Arabic |
| <input type="checkbox"/> <p>Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակությունը,
եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն:</p> | 2. Armenian |
| <input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।</p> | 3. Bengali |
| <input type="checkbox"/> <p>ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p> | 4. Cambodian |
| <input type="checkbox"/> <p>Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.</p> | 5. Chamorro |
| <input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p> | 6. Simplified Chinese |
| <input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p> | 7. Traditional Chinese |
| <input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p> | 8. Croatian |
| <input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p> | 9. Czech |
| <input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p> | 10. Dutch |
| <input type="checkbox"/> <p>Mark this box if you read or speak English.</p> | 11. English |
| <input type="checkbox"/> <p>اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بنيد.</p> | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish