

**Aspen Apartments Limited Partnership's
APPLICATION FOR ADMISSION TO ASPEN APARTMENTS
APLICACION PARA VIVIENDAS/APARTAMENTOS**

IMPORTANT: Please fill out this form completely. No application will be accepted if each question is not answered completely.
IMPORTANTE: Favor de llenar esta forma completamente. No sera aceptada ninguna aplicacion hasta que cada pregunta sea contestada completamente.

PLEASE PRINT LETRA DE MOLDE POR FAVOR

Name
Nombre _____

Address
Domicilio _____

City _____ State _____ Zip Code _____ Telephone # _____
Ciudad _____ *Estado* _____ *Zona Postal* _____ *Telefono #* _____

Employer _____ How long have you worked there _____
Empleador _____ *Cuanto tiempo* _____

Address of Employer _____
Domicilio de Empleador _____

City _____ Position Title _____ Work Telephone # _____
Ciudad _____ *Posicion* _____ *Telefono de Trabajo* _____

HOUSEHOLD MEMBERS Please list all members living in the home, including yourself
MIEMBROS DEL HOGAR Nombre abajo todas las personas que viviran en la unidad, incluyendo a si mismo

Last Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Social Security # <i>Numer de Seguro Social</i>	Date of Birth <i>Fecha de Nacimiento</i>	Sex <i>Sexo</i>	Relation to Applicant <i>Relacion con el Aplicante</i>

**CITIZENSHIP
ESTADO DE RESIDENCIA**

Is at least one member of your household who is 18 years or older employed and a citizen or legal permanent resident of the United States? _____ Yes _____ No
Hey una persona en la casa que es de 18 anos o mas que esta empleado y es un ciudadano, o residente legal de Estados Unidos? _____ Si _____ No

Have you been displaced because of a government action?
Ha sido usted desplazado por una accion de gobierno? _____

Is there any household member that has a violent criminal history, or drug or alcohol charges? _____
Hay algun miembro de su casa con historia de actividad criminal, o cargos de alcohol? _____

If yes, please explain:
Si es si, favor de explicar: _____

Has any household member ever been terminated from any housing for fraud, non payment of rent, or failure to meet your re-certification date? _____

Hay algun miembro de su casa que le hayan terminado su asistencia en renta de po fraude, no pagar renta, la falta de cooperacion con el proceso de recertification? _____

If yes, please explain:

Si es si, favor de explicar circunstancias: _____

Do you need a Handicapped accessible apartment? _____ Yes _____ No

Necesita un apartamento con accesibilidad de impedido? _____ Si _____ No

INCOME INGRESO

List all anticipated income for the household from all household members for the next 12 months. Mark each one yes or no. Fill out the spaces for each yes answer.

Anticipa cualquier miembro de esta familia recibir ingreso de cualquier siguiente fuente durante los proximos 12 meses. Marque cada pregunta si o no. Llene todos espacios para cualquier pregunta que conteste con un si.

	Yes or No <i>Si o No</i>	Amount rec'd week/month/year <i>Cantidad que recibe por semana/mes/año</i>	Which family member <i>Cual miembro de la familia lo recibe</i>	Name of Company Contact, Address, Phone <i>Trabajo o Compania Nombre, Direccion, Telefono</i>
A. Job 1 <i>Sueldos 1</i>		\$		
B. Job 2 <i>Sueldos 2</i>		\$		
C. Job 3 <i>Sueldos 3</i>		\$		
D. SS, SSI, SSD, SSB		\$		
E. Pension/Retirement <i>Pension/Retiro</i>		\$		
F. Child Support <i>Mant. Para Hijos</i>		\$		
G. Veteran's Benefits <i>Beneficios para veteranos</i>		\$		
H. Welfare/AFDC <i>Welfare/AFDC</i>		\$		
I. Unemployment <i>Desempleo</i>		\$		
J. Workman's Compensation <i>Compensacion al trabajador</i>		\$		
K. Interest bearing accounts <i>Interes</i>		\$		
L. Gifts <i>Regalos monetarios</i>		\$		
M. Other Income <i>Otro Ingreso</i>		\$		

Note: Please give the name and address for the sources of income listed. They will be used to verify the income.

Nota: Debe dar lista de domicilios de lugares de ingreso. Seran usados para verificacion.

HOUSEHOLD EXPENSES
GASTOS PER LA FAMILIA

Please include monthly obligations/payments for medical expenses, car payments, childcare expenses, loans, etc.
Incluya obligaciones mensuales, incluso gastos medicos, pagos del auto, mantenimiento para ninos, prestamos, etc.

Type of Payment <i>Pagable a</i>	Name & Address of company <i>Nombre de la Compania</i>	Monthly amount paid <i>Cantidad</i>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Note: If you need additional space, please use another sheet of paper
Nota: Si necesita espacio adicional, puede usar hojas adicionales

BANK INFORMATION INVENTARIO DE BIENES

Please answer each question with yes or no. For any yes answers please fill out the following spaces.
Inventario de bienes que tengan todos los miembros de esta vivienda. Complete todos los espacios en blanco si su respuesta es si

	Yes or No <i>Si o No</i>	Name on Account <i>Nombre en La Cuenta</i>	Account Number <i>Numero de Cuenta</i>	Account Balance <i>Balance Actual/Valor</i>	Bank Address & Phone # <i>Lugar de Banco Nombre/domicilio/Telefono</i>
A. Checking Account <i>Dinero en efectivo Cuenta de Cheques</i>				\$	
B. Savings Account <i>Cuenta de Ahorros</i>				\$	
C. Certificate of Deposit <i>Certificado De Deposito</i>				\$	
D. IRA/Life Insurance <i>IRA/Aseguranza de vida</i>				\$	
E. Pension <i>Cuenta de pension Ahorros de jubilacion</i>				\$	
F. Other Accounts <i>Otros Bienes</i>				\$	

Have you or a household member sold any property in the last two years? _____ If yes, please explain:
Durante los ultimos 2 anos, ha dispuesto usted o alguien en esta familia de bienes por menos de su valor?
 _____ *Si es si, explique:*

VEHICLES VEHICULOS

Include cars, motorcycles, trailer, trucks, boats, etc. that belong to any household members.
Incluya autos, motos, barcos, campers, trailas, etc. que pertenezcan a alguien en su familia.

Make/Model <i>Marca/Modelo</i>	Year of Vehicle <i>Ano del carro</i>	Color <i>Color</i>	License Plate # <i># De Placas</i>	Plate Expiration Date <i>Expiran En</i>

CERTIFICATION & AUTHORIZATION
CERTIFICACION Y AUTORIZACION

I certify that the statements above are true and complete to the best of my/our knowledge. I/We understand that false statements are punishable under Federal Law, and may result in the termination of my application. I also certify that the unit I am applying for will be my household's permanent residence, and I will not maintain a separate subsidized rental unit in a different location.

The information on this form is being collected by the Federal Government to determine the applicant's recommended unit size, and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408

Yo certifico que la informacion contenida aqui es verdadera y correcta con mi mejor conocimiento. Entiendo que toda informacion escrita en esta aplicacion asi como cualquier informacion o materiales que sea determinada falsa o no verdadera resultara en la cancelacion permanente de la aplicacion. Yo certifico que en la vivienda que ocupare, sera nuestra residencia permanente. Tambien certifico que no voy ha tener vivienda separada en otro lugar.

La informacion solicitada en esta aplicacion es requerida por el dueno de los apartamentos para asegurar al Gobierno Federal, actuando por via de sus agencias, que las Leyes Federales prohibiendo discriminacion contra inquilinos/aplicantes a base de raza, color, credo, origen nacional, religion, sexo, estado matrimonial o familiar, edad, o desabilitacion fisica o mental se estan cumpliendo. Esta informacion no sera usada en la evaluacion de su aplicacion o para discriminar contra usted en cualquier forma. Si decide no darnos la informacion, el dueno es requerido apuntar la raza/origen nacional y sexo de los aplicantes a base de observacion visual o apellido.

STATISTICAL INFORMATION / INFORMACION ESTADISTICA:

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surnames.

Enthnicity:

Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

I/We authorize the Aspen Apartments and/or its approved management agent to verify my income, criminal history, credit/collection information, rental history and references:

Yo autorizo la relevada de la informacion requerida de los siguientes lugares y entiendo que tengo el derecho de revisar mis expedientes archivados por la Compania Manejadora.

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years or both."

AVISO: Seccion 1001 de titulo 18, al codigo de Estado Unidos estipular, quienquiera en qualquiera situacion con jurisdiccion de qualquiera departamento o agencia de Estados Unidos, astutamente y deliberado de daba informacion falso, si puedo recibir un multa que no es en exceso de \$250,000 o menos de cinco anos encarcelar o las dose.

Name

Nombre _____

Signature

Firma _____

Date

Fecha _____

Name

Nombre _____

Signature

Firma _____

Date

Fecha _____

Name

Nombre _____

Signature

Firma _____

Date

Fecha _____

All member of the household 18 years of age or older must complete and sign this form.

Todos los miembros de la casa mayores de 18 anos se requiere que completen y firmen esta forma.

APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older must complete a separate questionnaire

This questionnaire is invalid unless filled out by the applicant. Management may not fill out this form.

Unit # _____

Applicant/Tenant Name: _____

Applicant/Tenant Phone: _____

Applicant/Tenant **Estimated GROSS** Monthly Income: \$ _____

Applicant/Tenant: Please check "yes or no" for each line

Yes	No	
_____	_____	I am entitled to file a joint tax return.
_____	_____	I am currently a student. Anticipated graduation date: _____
_____	_____	I intend to become a student in the next 12 months.
_____	_____	I am presently employed and receive wages/tips/commissions.
_____	_____	I am presently employed at more than one job. (NOT self-employed)
_____	_____	I am self-employed.
_____	_____	I own a business.
_____	_____	I currently am on leave of absence from work.
_____	_____	I currently receive unemployment benefits.
_____	_____	I have a savings account.
_____	_____	I have a checking account.
_____	_____	I have a money market account.
_____	_____	I own a certificate of deposit (CD).
_____	_____	I own stocks/bonds. (Not held in a retirement plan)
_____	_____	I own real estate or I am in the process of selling real estate.
_____	_____	I have sold or given away real property or other assets (including cash) in the past two years.
_____	_____	I have an IRA. (NOT yet receiving income)
_____	_____	I have a pension plan at work. (NOT yet receiving income)
_____	_____	I receive Social Security income.
_____	_____	I receive income from a pension/annuity/retirement ftmd.
_____	_____	I receive money periodically from my family, church, friends, etc.
_____	_____	I am entitled to receive child support.
_____	_____	I am entitled to receive alimony.
_____	_____	I receive AFDC/TANF
_____	_____	I receive assistance from a Public Housing Authority.
_____	_____	I receive Supplemental Social Security (SSI).
_____	_____	I receive Workman's Compensation.
_____	_____	I have a Trust Fund.
_____	_____	I have some other form of income not specifically referenced above.

Signature

Date

APPLICANT REFERENCE INFORMATION

Please complete the following landlord information. A minimum of 2 years rental history is required. If you have not had any previous landlords, you must provide us with at least 4 alternative references. (See items 5 through 8) All references must be able to provide information concerning the applicant family's (1) past performance in meeting financial obligations and lease obligations, including rent obligations, and (2) past performance in caring for rental property (housekeeping), and (3) past performance in getting along with neighbors.

1. MOST RECENT LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

2. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

3. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____

4. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Your address was: _____

City: _____ State: _____ Zip: _____

Move in Date: _____ Move out Date: _____

Name you used when renting: _____



HOUSING AUTHORITY OF THE
COUNTY OF UMATILLA, OREGON

SERVING GILLIAM, MORROW, UMATILLA AND WHEELER COUNTIES

GENERAL INFORMATION RELEASE AUTHORIZATION

A. The Umatilla County Housing Authority requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: to confirm prior rent payment history and to verify eligibility information (i.e. income, assets, etc.)

I/We have read the above and understand and agree to provide social security Numbers to HAP for the purposes mentioned.

B. I/We do hereby authorize the Umatilla County Housing Authority to contact any agencies, employers or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on-going basis for continued participation and copies of this form to be used in place of the original.

C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction have a personal, family or household purpose for the consumer); AND

D. I/We give permission to any police authority, parole or probation authority, or any other entity or agency which maintains or has access to records of criminal arrests, conviction, incarceration, probation, parole and the like and copies of this form to be used in place of the original.

Print name of tenant/applicant

Print name of co-tenant/applicant

Signature of tenant/applicant

Signature of co-tenant/applicant

Social Security Number

Social Security Number

Date of Birth

Date of Birth

