

# LEBANON HOUSING AUTHORITY

## APPLICATION FOR ADMISSION TO ROMANO PLACE AT ROMANO CIRCLE

Please provide an answer for each question, even if the answer is "no" or "does not apply."

Applicants will be placed on a waiting list for any upcoming vacancy, and will be considered in the order of the date and time received at the Lebanon Housing Authority office.

1. APPLICANT NAME \_\_\_\_\_

CURRENT ST. ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

2. DO YOU (CHECK THOSE THAT APPLY):

Own your own home \_\_\_\_\_ Rent \_\_\_\_\_ Live with others \_\_\_\_\_

Who? \_\_\_\_\_

Other arrangements?

Explain \_\_\_\_\_

3. LANDLORD REFERENCES FOR THE PAST 5 YEARS (USE ANOTHER SHEET IF NEEDED)

Apt. Address	Landlord Name	Landlord Address	Landlord Phone	From When	To When
Current					

Are you now, or have you ever been, asked to leave your housing unit? No \_\_\_ If yes \_\_\_

explain \_\_\_\_\_

Do you owe money to a landlord? No \_\_\_ If yes \_\_\_ explain \_\_\_\_\_

Have you ever lived in Public Housing? No \_\_\_ If yes \_\_\_ where? \_\_\_\_\_

Do you have Section 8 assistance now? No \_\_\_ Yes \_\_\_ In the past? No \_\_\_ Yes \_\_\_

4. INFORMATION ON EVERY HOUSEHOLD MEMBER WHO WILL LIVE IN THE UNIT:

	Full Name	Soc. Sec. #	Birth Date	Relationship
Applicant				Head of House
Other Adult				
Other				
Other				



5. PREFERENCES:

A. Does anyone in your household require any specific feature of unit design, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? No\_\_\_

If yes\_\_\_ please describe:\_\_\_\_\_

B. Is your household displaced because of a fire or natural disaster? No\_\_\_ If yes\_\_\_\_\_

please explain: \_\_\_\_\_

6. STUDENT STATUS:

Will all persons listed in question 4 be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (not a correspondence school) with regular faculty and students? No\_\_\_ Yes\_\_\_

Are any full-time students(s) married and filing a joint tax return? No\_\_\_ Yes\_\_\_

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or similar state or local program? No\_\_\_ Yes\_\_\_

Are any full-time student(s) Title IV (ANFC/TNF) recipients? No\_\_\_ Yes\_\_\_

Are any full-time students(s) a single parent living with his/her minor child who is not a dependent on another's tax return? No\_\_\_ Yes\_\_\_

7. Has any household member ever been convicted of a crime? No\_\_\_ If yes\_\_\_ please explain\_\_\_\_\_

8. Is any household member required to be listed as a lifetime sex offender? No\_\_\_ Yes\_\_\_  
Who?\_\_\_\_\_

9. INCOME INFORMATION (GROSS AMOUNT BEFORE DEDUCTIONS) FOR **ADULTS**. WITH EARNINGS ADD "W" FOR WEEKLY, "M" FOR MONTHLY OR "A" FOR ANNUAL AMOUNT:

Household Member	1.	2.	3.
Employer Name			
Employer Address			
Employer Phone			
Earnings			

10. OTHER INCOME (LIST AMOUNT PER MONTH):

Household Member			
Self-Employment			
Child Support			
Pension/Annuity			
Social Security			
SSI/SSDI			
TANF/ANFC/ADPT			
Other			

11. HOUSEHOLD INTEREST EARNINGS FROM CHECKING, SAVINGS ACCOUNTS, CD's, IRA's, OR PENSION OR ANNUITY FUNDS TO WHICH A FAMILY MEMBER MAY HAVE ACCESS BEFORE RETIREMENT OR TERMINATION OF EMPLOYMENT.

Household Member	Type of Account	Account Number	Interest Rate	Balance in Account	Bank or other Institution

12. Does any household member own real estate? No\_\_\_ If yes \_\_\_ give details:

Address of Property	Tax Appraised Value	Remaining Mortgage Amount

13. Does any household member own stocks or bonds? No\_\_\_ If yes \_\_\_ describe:

Household Member Name	1.	2.
Stock Name		
Approximate Value		
Dividend paid per year		
Bond Issuer		
Value of Bonds		
Interest Earned per year		

14. Does any household member currently own other assets excluding furniture and motor vehicle(s) used for personal transportation? No\_\_\_ If yes \_\_\_ describe the asset, give the date acquired and list the current value:

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15. Has any household member disposed of, transferred or given away any assets for less than what they were worth during the past two years? No \_\_\_ If yes \_\_\_ give details:

Asset Description	Cash Value	Amount Received	Date Disposed Of

16. Does anyone in the household expect any change in income or assets during the next twelve months? No \_\_\_ if yes \_\_\_ explain \_\_\_\_\_

17. PLEASE PROVIDE AUTOMOBILE INFORMATION:

Make	Model	Year	Color	State & Plate #

Household Member	Drivers License Number	State

18. PLEASE PROVIDE THREE PERSONAL REFERENCES (OTHER THAN FAMILY):

Name	Address	Phone

19. PLEASE PROVIDE RACE AND ETHNICITY DATA

	Check Only One Race Category	Check if Also Hispanic Ethnicity
1 American Indian or Alaska Native		
2 Asian		
3 Black or African American		
4 Native Hawaiian or Other Pacific Islander		
5 White		
6 American Indian or Alaska Native <i>and</i> White		
7 Asian <i>and</i> White		
8 Black or African American <i>and</i> White		
9 American Indian or Alaska Native <i>and</i> Black or African American		
10 Balance/Other		

20. I/we understand that the information contained in this application form will be used to determine my/our eligibility for an apartment. I/we grant consent for Romano Place LLC management c/o Lebanon Housing Authority to verify the information contained on this form and to obtain and verify other information affecting my/our eligibility.

I/we certify that all of the above information is true and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

