



PRELIMINARY APPLICATION

*date/time stamp
office use only* _____

Notre Dame Living Center I & II (Seven Oaks of Florence I & II)

- Section 202/PRAC – 45 one-bedroom units opened in 1997 and 1998.
- **Must be 62 years of age and meet current HUD Income limits to apply.**
- Rent based on your household income + eligible medical expenses (recalculated annually).
- Managed by Kimball Management, Inc.

Notre Dame Apartments, LLC

- LIHTC and HOME Fund programs – 62 studio, one-bedroom, or two-bedroom units opened in two phases (1999 and 2011).
- **Must be 55 years of age and meet current HUD Income limits to apply.**
- Monthly gross income must be 2 times the current rent charged.
- Additional fees for some utilities.
- Managed by DP Management, LLC.

Number of bedrooms preferred

- Studio 1 bedroom 2 bedroom

Accommodations: Do you believe that you or a member of your family is in need of an apartment that is available to persons with disabilities requiring certain modifications? Y N

Do you require a live-in Aide:

- Y N

What type of housing do you live in now? *(check one)*

- Living in your own house Renting a house Renting an apartment
 Living with friends/relatives HUD Subsidized Housing Other: _____

Which affordable program do you prefer?

- Notre Dame Apartments Notre Dame Living Center(s) Either

PETS

Do you have a pet? Y N If yes, please list type and size: _____

Would you like a copy of our Pet Policy? Y N

Would you like them mailed or e-mailed? _____

How did you hear about us? _____

Please contact Notre Dame Housing if you need further information regarding the programs offered!





APPLICATION FOR HOUSING

Head of Household

Full Legal Name: _____

Present Address: _____
Number Street City State Zip Code

Telephone: _____ Cell: _____ Email: _____

Birth date: _____ Place of Birth: _____

Age: _____ Sex: _____ Social Security #: _____
(Optional)

If you are 62 years of age or older as of 1/31/2010 and do not have a Social Security Number were you receiving HUD assistance at another location 1/31/2010? Y N

Are you a U.S. Citizen Y N

Co-Head of Household

Full Legal Name: _____

Present Address: _____
Number Street City State Zip Code

Telephone: _____ Cell: _____ Email _____

Birth date: _____ Place of Birth: _____

Age: _____ Sex: _____ Social Security #: _____
(Optional)

Are you a U.S. Citizen Y N

3rd Family Member

Full Legal Name: _____

Present Address: _____
Number Street City State Zip Code

Telephone: _____ Cell: _____ Email: _____

Birth date: _____ Place of Birth: _____

Age: _____ Sex: _____ Social Security #: _____
(Optional)

Are you a U.S. Citizen Y N





4th Family Member

Full Legal Name: _____

Present Address: _____
 Number Street City State Zip Code

Telephone: _____ Cell: _____ Email _____

Birth date: _____ Place of Birth: _____

Age: _____ Sex: _____ Social Security #: _____
 (Optional)

Are you a U.S. Citizen Y N

FINANCIAL INFORMATION (add additional pages, if necessary)

<u>Monthly Income</u>	<u>HOH</u>	<u>Co-HOH</u>	<u>Add'l Family Member(s)</u>	
Social Security (Before Medicare is taken out)	\$ _____	\$ _____	\$ _____	\$ _____
Supplemental Security (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
Pension or Other Income (Head of Household)				
\$ _____				

 Name of Source

 Street address City State Zip Code Account number

Pension or Other Income (Other Family Member)

\$ _____

 Name of Source

 Street address City State Zip Code Account number





Monthly Income (continued)

Pension or Other Income *(Other Family Member)*

\$ _____

Name of Source

Street address

City

State

Zip Code

Account number

ASSETS *(add additional pages, if necessary)*

Bank Account(s) *(Checking, Savings, MM, CD)*

Name of Bank: _____

Address: _____ Phone: _____

Type of Account: _____ Account Number: _____

Current Balance \$ _____ Interest Rate: _____

Account Holder Name: _____

Name of Bank: _____

Address: _____ Phone: _____

Type of Account: _____ Account Number: _____

Current Balance \$ _____ Interest Rate: _____

Account Holder Name: _____

Name of Bank: _____

Address: _____ Phone: _____

Type of Account: _____ Account Number: _____

Current Balance \$ _____ Interest Rate: _____

Account Holder Name: _____

Stocks/Bonds/IRA

Name of Financial Institution: _____

Address: _____ Phone: _____

Type of Asset: _____ # of Shares: _____

Current Balance \$ _____ Market Value \$ _____

Account Holder Name: _____

Name of Financial Institution: _____

Address: _____ Phone: _____

Type of Asset: _____ # of Shares: _____

Current Balance \$ _____ Market Value \$ _____

Account Holder Name: _____





Do you or any other HH member own any real estate? (*house, land, mobile home*)

Y N

Type of Real Estate: _____ Current Value \$ _____ Your Equity \$ _____

Legal Address of Real Estate Owned: _____

Personal History

Have you or any member of your household ever:

Been asked to move out or evicted? Y N

Broken a rental agreement or lease? Y N

Declared Bankruptcy? Y N

Been sued for nonpayment for rent? Y N

Been sued for damage to a rental unit? Y N

Been convicted of a felony? Y N

Have you or a member of your household been subject to a sex offender registry in any state? Y N

Are you or a member of your family a student enrolled in higher education? Y N

Please list all the states in which you or a member of your household have resided:

Please Read Carefully

I/we understand that by signing this form, I have read and completed the application in full. I understand that if the application is not returned completed and signed, my application will not be accepted for the wait list. Further, I/we understand that by signing this form, I/we understand that a criminal background check will be completed on all HH members.

I/we hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by the Landlord.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

As equal opportunity housing providers, Notre Dame Apartments, LLC and the Notre Dame Living Center(s) provide housing opportunities regardless of race, color, national origin, religion, sex, physical or mental disability, familial status or any other classification protected by applicable federal, state or local law. Our commitment to fair housing provides an opportunity for all people to call Notre Dame "Home."

