

Dear Applicant,

Please fill out your application and make sure you have all the information filled out and signed where needed.

PLEASE BRING WITH YOU A COPY OF YOUR CURRENT SOCIAL SECURITY BENEFIT LETTER TELLING THE AMOUNT YOU RECEIVE. YOU MUST BRING A PRINT-OUT IF YOUR PHARMACY IS WALGREENS, WALMART, OR CVS.

You must bring your application completely filled out.
PLEASE BRING BACK THE ENTIRE APPLICATION.

It is very important that we have all the information needed such as names of banks, insurance companies, medical information, etc. Names, addresses, phone numbers and Life Insurance policy company names, addresses, phone numbers, and fax numbers.

On page 5, if you DO NOT PAY OUT OF POCKET EXPENSES for Doctors, put N/A. This is for Doctors only. All other areas must be completed if it applies to you.

Thank you for your cooperation.

Management

**Horizon Homes
1450 Luther Square
Evansville, IN 47714**

**Instructions for
Application for Occupancy**

**FAILURE TO READ AND FOLLOW THESE
INSTRUCTIONS COULD RESULT IN THE DELAY
OF YOUR APPLICATION PROCESS!**

- 1) Print legibly in black ink or type all entries. All items must be answered with either relevant information or "N/A" (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error and initial the change.**
 - 2) Provide complete street address and ZIP code for all addresses that are requested. Failure to do so may result in your application being returned for you to complete.**
 - 3) Each adult member of the household must initial each page and sign on final page of the application.**
 - 4) PLEASE RETURN ALL PAGES WHEN COMPLETED.**
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WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

***Instructions for Applications. Please read all lines.
Please bring the following back with your completed application.***

- **Social Security Card for every member of your household.**
- **Picture ID for every member of your household 18 or older.**
- **Birth certificates for every member of the household, no exceptions.**
- **Most recent signed tax return for self employed.**
- **Please fill out every section completely. If it does not apply, draw a line through it or write N/A. Provide complete information such as account information, addresses, phone, and fax numbers.**
- **You must provide emergency contact information on the form provided.**
- **You must list present landlord information. Previous landlord information if you've been at present address less than 3 years.**
- **Attach any Section 8 (Housing Authority) certificates, or vouchers. Please make us aware if you have signed up for or are currently on Section 8 through the Housing Authority.**

Are you ready to start enjoying retirement life?

Horizon Homes

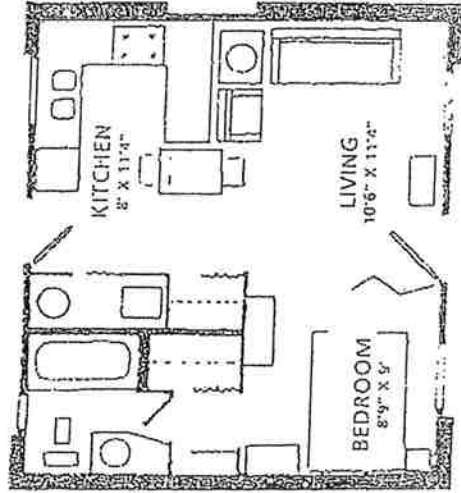
The choice for carefree seniors 55 and older!

We offer 15 tree filled acres on Evansville's eastside. At Horizon Homes everything is at your fingertips...banks, groceries, churches, medical facilities, malls and a library.

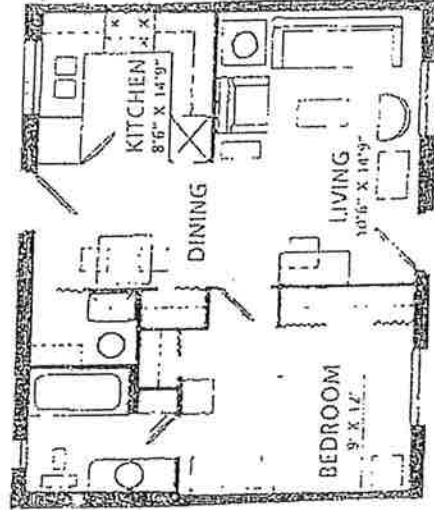
Apartment features are:

- ❖ Full Size Stove & refrigerator
- ❖ Electric heat & A/C
- ❖ Carpet & mini blinds
- ❖ Emergency Pull Cords
- ❖ Roomy Closets
- ❖ Water, sewer & trash removal furnished
- ❖ Front & Back Doors

We offer two floor plans, the 425sq. ft. award winning efficiency and the 565sq. ft. one bedroom.



The efficiency is just enough!



The one bedroom offers just a little bit more!

Eff. \$339 - \$393
1BR \$397 - \$460

Other Amenities and Activities...

- ❖ 24 hour maintenance
- ❖ Community Room
- ❖ SWIRCA noon meal Monday - Friday
- ❖ Coin Laundry Facility
- ❖ Bus Stop
- ❖ Mail delivered to your door
- ❖ Monthly newsletter
- ❖ Monthly Pot Luck
- ❖ Resident planned parties
- ❖ Exercise class
- ❖ Games
- ❖ Monthly special activities
- ❖ Much, much more

FOR OFFICE USE ONLY

- Section 42 Elderly
- Section 236 Elderly
- Section 8 Elderly Subsidized

Date / Time Received

Horizon Homes
Application for Residency
 1450 Luther Square
 Evansville, IN 47714
 812/479-0456 Fax 812/479-1161



Last Name,	First	MI	Age	Sex	Relationship	Social Security #	Date of Birth
					Head		

Are you? Married Single Divorced Separated (circle one)

Current Address	Telephone Number

What size apartment are you applying for? (Circle preference)	Efficiency	One Bed	Both
Do you want to be on the Section 8 waiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you an Evansville Housing Authority recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approximately how much income do you earn each year?	\$		
From what source do you receive it? Work, SS, interest, etc			
How did you hear about Horizon Homes?			
Do you own a pet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe type and weight.			
Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have legal right to enter into a lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has eviction ever been filed against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HOUSING REFERENCES

Present Landlord's Information

Name	Address	City	State	Telephone
Rented From / To	Reason for Leaving	Monthly Rent		

Previous Landlord Information

Name	Address	City	State	Telephone
Rented From / To	Reason for Leaving	Monthly Rent		

All adults must initial each page _____

ELIGIBILITY APPLICATION

It is very important that you answer all questions and provide complete information. If this information is not provided, the processing of your application could be delayed significantly.

PLEASE REMEMBER THE FOLLOWING:

1. Provide your Social Security Card (6 yrs. old + above), a Birth Certificate, and a picture ID.
2. Sign all Authorizations for Release of Information.
3. Answer every question by providing complete information.
4. DO NOT use pencil.
5. Incomplete applications cannot be accepted.

You reside in or have applied to rent a unit that is only available to qualified and certified households of low-to-moderate income. In order to determine if you qualify, you are required to provide the following information. The owner will keep all information confidential, except as necessary to prove to the government that you qualify to live at this apartment community.

- Y N 1. Is someone living with you now who won't be with you at this property? (also relative)
Name/relationship: _____
Explain: _____
- Y N 2. Do you expect any additions to the household in the next 12 months?
Name/relationship: _____
Explain: _____
- Y N 3. Are you (separated / divorced) (circle one) from your spouse?
 Y N Do you hold ANY joint assets?
 If yes, explain: _____
 If no, complete the "Personal Affidavit" form.
- Y N 4. In case of Emergency, whom shall we contact?
 Contact: _____ Relationship: _____
 Address: _____ Phone # _____

All adults must initial each page _____

- Y N 5. Is any member of your household a full-time student? List student's name.
 Y N 6. Do you expect to be a student during the next 12 months?
 Y N 7. Is anyone in your household subject to a lifetime state sex offender registration program in any state? (Failure to answer this question may jeopardize approval of this application.)

ASSETS

- Y N 8. Do you hold any personal property as an investment? (i.e. coin collection, antique cars, etc.) If yes, please explain and provide a written statement of the value.
 Y N 9. Do you have money in a safe deposit box? If yes, what amount: \$ _____
 Y N 10. Are any assets held jointly with a person who does not live with you? (i.e. divorced spouse) Describe: _____
 Y N 11. Have you received any LUMP SUM payments in the last 24 months. If yes, what amount: \$ _____ Explain _____
 Y N 12. Do you have Cash On Hand or cash at home? Amount: \$ _____
 Y N 13. Do you own Real Estate (home, mobile home, acreage, land contracts, hold mortgage or Deed of Trust)? Please list address: _____
 Y N 14. Do you own Revocable Trusts? (You have access to the money.) Where? _____
 Y N 15. Do you have Whole Life or Universal Life Insurance policies? (ones you can cash in) List: _____
 Y N 16. In the past two years, have you disposed of any assets for less than fair market value? (This means "sold cheap" or "given away") If yes, complete DISPOSAL OF ASSETS form.
 Y N 17. Do you hold assets in a foreign country? Type: _____ Mkt. Value: \$ _____

INCOME

- Y N 18. Are you Unemployed? Complete NON-EMPLOYMENT AFFIDAVIT.
 Y N 19. Do you receive Gift Income from anyone each month? Name: _____ Amount: \$ _____
 Y N 20. Do you have any other household income (i.e. Workman's Compensation or other temporary benefits?) If, YES, List Source: _____ Amount: \$ _____

All adults must initial each page _____

Please provide information of ALL Bank Accounts, Stocks, Bonds, Trusts, Christmas Clubs, Keoghs, IRA, etc.)

Type of Account	Account Number	Name of Financial Institution	Telephone/Fax Number	Account Owner(s) And/Or

Please list ALL income your receive each month.

Income Type	Person Receiving	Name of Source or SS# of person collecting on	Monthly amount	Fax/Phone Number
Employment				
Employment				
Veterans				
Railroad				
Public Asst				
Child Support				
Child Support				
Child Support				
Pension				
Pension				
Annuity				
Annuity				
Social Security		Check or Direct Deposit (circle one)		
Social Security		Check or Direct Deposit (circle one)		
SSI/Disability		Check or Direct Deposit (circle one)		
Other				
Other				

MEDICAL

- Y N 21. Do you receive Medicaid Benefits?
- Y N 22. Do you have a spenddown? How much? _____
- Y N 23. Do you have Medicare Benefits? Y N Does Medicaid pay Medicare premium?
(Circle one.)

All adults must initial each page _____

Y N 24. Does any household member require a live-in attendant?

Y N 25. Do you have a Supplemental Insurance Policy? (Pays 20% Medicare doesn't pay)
 Y N Do you pay the premium? Y N Does Medicaid pay it?
 Amount paid: \$ _____
 Insurance Co.: _____
 Policy # _____ Telephone # _____

Y N 26. Do you have a Medicare Prescription Drug (MPD) Discount Card? (Provide a copy.)
 Y N Do you pay a premium? Name of Insurance Co: _____
 Amount of premium: \$ _____

List ONLY the health care providers you pay OUT OF YOUR POCKET.

Family Member	Kind of Doctor	Name of Doctor	Address	Telephone	Fax Number

Pharmacy Name	Address	Telephone	Fax Number

Do you have any unpaid medical bills? Please list providers:

Name: _____ Pho: _____ Name: _____ Pho: _____

WARNING: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department any matter within its jurisdiction.

I/We certify that all of the above information is complete and correct. I/We understand that providing or making false statements may be grounds for denial of my application and may subject me to criminal penalties.

I/We further understand that all information required to determine my eligibility may be submitted to the government for their use in reviews or for gathering statistical data.

If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Hotline at 1-800-424-8590.

_____	_____	____/____/____
Applicant Signature	Print Name	Date
_____	_____	____/____/____
Co-Applicant Signature	Print Name	Date

_____ Date

Management Agent

(Update: 2/2010)

HORIZON HOMES
1450 LUTHER SQ.
EVANSVILLE, IN 47714

CONSENT FORM

(To be attached to ALL Verification forms)

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 negligent 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 social 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).**

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Signature (Applicant/Tenant)

Date