

APPLICATION FOR HOUSING

General Instructions

Answering questions on this form: Please do not leave any sections or questions on this application blank. If questions do not apply to you, enter "none" or "N/A" for those questions. We will verify your answers. It is important to remember that falsification of any information on the application is grounds for automatic rejection. Be sure to sign the application, certifying the accuracy and completeness of the information provided. Incomplete applications will be returned to you. Once you have completed the package, please return to:

NAMI-Delaware
2400 W. 4th Street
Wilmington, DE 19805

You will be placed on the waiting list according to the date and time the application was received in our office. When your application nears the top of the waiting list, you will be notified of an interview time. You will also be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program. If you have any questions concerning the application package, please contact our office **between the hours of 8:30 am and 4:00 pm, at 888-427-2643** and we will be glad to provide assistance. Information you provide will be treated as confidential by Management.

If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to insure equal access to this notice will be provided in a confidential manner and setting.

HOUSEHOLD GENERAL INFORMATION:

NAME: _____

Street Apt # _____

City State ZIP _____

(_____) _____ (_____) _____
Telephone # Work Telephone #

SOCIAL SECURITY #: _____ DRIVER LICENSE/INUMBER: _____

BIRTHDATE: _____ SEX: ____ MALE ____ FEMALE

Head or Spouse/Co-Head Elderly (62 or older)? Y/N _____

Marketing Effectiveness:

Racial Categories

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

Ethnic Categories

- Hispanic or Latino Not Hispanic or Latino



HOUSING INFORMATION:

What is your present living situation? RENT OWN

Do you live: alone with spouse with family other _____

Do you currently live in subsidized housing? YES NO

If you are currently subsidized, what agency provides that subsidy? _____

Have you ever lived in subsidized housing? YES NO

Do you have any household pets? YES NO

Breed: _____ Size: _____

Spay/Neutered: YES NO

Please provide list and information (cities, counties and states) past ten (10) years (list most recent first):

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

Please answer the following questions considering head of household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? No _____ Yes _____

Explain _____

2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol?

No _____ Yes _____

Explain _____

3. Has any household member been convicted of a felony? No _____ Yes _____

Explain _____

4. Is a household member on probation or parole? No _____ Yes _____

Explain _____

5. Is any household member listed as a registered sex offender in any state?

No _____ Yes _____ If yes, which states? _____

Explain _____

VERIFICATION OF DISABILITY

Name of Source: _____

Address: _____

Applicant: _____ SS# _____

The individual named above is an applicant for housing assistance, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the individual to be eligible, we must verify information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining their eligibility for the program.

TO BE COMPLETED BY THE EVALUATION DIAGNOSTICIAN

Handicap Certification: HUD's definition of handicap requires that an individual have a physical or mental handicap which: will be of long and indefinite duration; impedes the ability to live independently; and is of such a nature that the person's ability to live independently could be improved by more suitable housing. All of the above conditions must be true to qualify as handicapped.

Based on the above definition, it is my opinion that _____
Name of Applicant

_____ is handicapped
_____ is not handicapped

Disability Certification: HUD considers a person disabled if Social Security's definition is met in paragraph (a), or the individual has a developmental disability as described in paragraph (b).

- (a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (b) A developmental disability is a severe, chronic disability which:
- (1) is attributable to a mental and/or physical impairment;
 - (2) was manifested before the age of 22;
 - (3) is likely to continue indefinitely;
 - (4) results in substantial functional limitations in three or more of the following areas: capacity for independent living; self-care; receptive and expressive language; learning; mobility; self-direction; and economic self-sufficiency.

SIGNATURE

DATE

TITLE

PHONE

BACKGROUND INFORMATION FORM

ADVISORY: Complete the information below in **HAND PRINTING, IN BLACK INK**. An investigation will be conducted on all information furnished on this form. By signing this form, you acknowledge your understand that the housing offered to you will depend upon the results of a background investigation. Inaccurate or untruthfulness to questions below may be the basis for refusal.

RELEASE: By signing this form, I hereby authorize any representative of Info Retrieval Services, bearing this release, or copy thereof to obtain any information in your files pertaining to my employment, credit, licensing, disciplinary actions, and criminal history. I hereby direct you to release such information upon the request of the bearer. Consent is granted to Info Retrieval to furnish such information as described above to Synetics Corporation only. I hereby release Info Retrieval Services and Synetics Corp., as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing this information on a voluntary basis and have been advised by Info Retrieval Services and Synetics Corporation this information will be used for the sole purpose of facilitating the accurate acquisition of records concerning me in connection with an application for housing. Should there be any question as to the validity of this release, you may contact me as indicated below.

 SIGNATURE _____
 DATE

1. NAME (Last, First, Middle) _____

2. LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN NAMES, MARRIED NAMES AND NICKNAMES.

3. BIRTH DATE: ____ - ____ - ____ 4. sex: ____ 5. SS: ____ 6. Lic. ____ State Issued ____
Month Day Year M/F Social Security Number Drivers License Number/State Issued

7. HOME TELEPHONE: _____ 8. WORK TELEPHONE: _____

8. NAME OF SPOUSE(S) _____ 10. DATE OF MARRIAGE(S) _____

11. LIST CITY, COUNTY, AND STATE OF RESIDENCE FOR PAST 7 YEARS BEGINNING WITH YOUR MOST RECENT ADDRESS

CITY	COUNTY	STATE	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY OFFENSE? NO YES
 This question does not apply to traffic offenses. If you have answered yes, provide the details below.

DATE OF ARREST (mm/dd/yyyy)	COUNTY/STATE OF ARREST	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release of Information Waiver

Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

I hereby authorize _____ to
MENTAL HEALTH PROVIDER

release information to the National Alliance for the Mentally Ill in DE (NAMI-DE) regarding any issue that may impact my independent housing opportunities.

This information may be released to the following institutions/individuals:

NAMI-DE's Housing Operations Manager

For the purpose of: Assuring the housing stability of below named individual.

Applicant Signature

Date

Print Name

Note: I understand that my records are protected under the federal regulations governing Confidentiality of Drug Abuse Patient Records, 42 CFR Part 2, and the privacy and security of personal healthcare information, 45 CFR Parts 160-164. I understand that my records cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time including oral and written revocation except to the extent that action has been taken in reliance on it. This waiver is in effect for on year or until the tenant notifies National Alliance for the Mentally Ill in Delaware to withdraw this authorization.