



LUTHERAN TOWERS
727 Juniper Street, NE
Atlanta, GA 30308
(404) 873-6087

APPLICATION FOR RESIDENCY

Apartment Preference: Studio (Efficiency) _____ One Bedroom _____

APPLICANT(S)

Head of Household:

FULL NAME _____ Mr. ___ Mrs. ___ Ms. ___ Miss ___

CURRENT ADDRESS _____
Street City State ZIP

PHONE NUMBER _____ Work _____

DATE OF BIRTH: _____ Age _____ Social Security Number _____

Spouse/Co-head

FULL NAME _____ Mr. ___ Mrs. ___ Ms. ___ Miss ___

CURRENT ADDRESS _____
Street City State ZIP

PHONE NUMBER _____ Work _____

DATE OF BIRTH: _____ Age _____ Social Security Number _____

Please list names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

INCOME: Do you or any members of your household receive any of the following types of income on a regular basis?

	Source	Monthly Amount	Documentation Needed at Eligibility Interview
___ Yes ___ No	Wages/Salaries		Pay stub/ letter from employer
___ Yes ___ No	Social Security		Current award letter
___ Yes ___ No	SSI		Current award letter
___ Yes ___ No	Railroad Retirement		Current award letter
___ Yes ___ No	Private Pension		Most recent statement or Check stub
___ Yes ___ No	Annuities		Most recent statement or check stub
___ Yes ___ No	Disability Insurance		Most recent statement or Check stub
___ Yes ___ No	Interest from Investments (Assets)		Bank statement; 1099 Forms
___ Yes ___ No	Dividends		Dividend statement
___ Yes ___ No	Trust Income		Most recent statement
___ Yes ___ No	Income from self-Employment		Tax documents or written Statement
___ Yes ___ No	Other (specify)		Written documentation

Do you or any member of your family have any regular sources of income not listed above?

___ Yes ___ No If yes, please describe _____

Have you or any other member of your household ever used any name(s) or Social Security numbers other than the one you are currently using? ___ Yes ___ No If Yes, please explain: _____

Have you or any member of your household disposed of assets for less than fair market value during the past two years? ___ Yes ___ No If yes, please describe: _____

Have you been displaced due to government action or a President declared disaster? ___
 If yes, describe. _____

SECTION 8 SUBSIDY

_____ I believe I am eligible for a subsidy and wish to be considered for assistance and placed on the subsidy waiting list if a subsidized apartment isn't available at move-in.

Are you receiving Section 8 subsidy at your current address? _____ Yes, _____ No

APPLICABILITY OF STUDENT RULE:

The student rule applies to all individuals enrolled as students at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential except for a student who is living with his/her parents and are applying for or receiving section 8 assistance.

Part 327 (A), amended by Public Law 109-249, only applies to individuals under the age of 24 unless the individuals are students who are living with his/her parents or are applying for or receiving section 8 assistance.

No section 8 assistance shall be provided to any individual who:

- Is enrolled as a student at an institution of higher education;
- Is under the age of 24
- Is not a veteran of the United States military;
- Is unmarried;
- Does not have a dependent child;
- Is not living with his or her parents who are receiving Section 8 assistance; and

Is not a person with disabilities, as such term is defined in section 3(B) (F) of the United States housing Act of 1937 (42 U.S.C. 1437 a (b) (3) (E) and was not receiving assistance under such section 8 as of November 30, 2005; and is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive section 8 assistance.

Part 327 (b) applies to all individuals enrolled as students at an institution of higher education unless the student is living with his or her parents who are applying for or receiving Section 8 assistance or is a person over the age of 23 with dependent children.

Financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education is considered income for that individual, except for persons over the age of 23 with dependent children.

Is anyone in your household enrolled in an institution of higher education? _____ Yes _____ No

ASSETS:

Do you or any member of your family have any of the following assets?

	Assets	Current Value	Annual Income	Documentation needed at eligibility interview
___ Yes ___ No	Checking Account (s)			Copy of most recent Bank statements
___ Yes ___ No	Savings/ Money Market Account(s)			Most recent Statements
___ Yes ___ No	Stocks and Bonds			Most recent Statements
___ Yes ___ No	Certificates of Deposit			Statement from bank Or copy of cert.
___ Yes ___ No	IRA(s)			Most recent Statement
___ Yes ___ No	Trusts (Revocable or			Most recent

	Irrevocable)			Statement
___ Yes ___ No	Real Estate			Tax statement or Broker statement
___ Yes ___ No	Life Insurance (Whole life, Paid up coverage)			Copy of policy or Statement from Agent

LIST ALL ADDRESSES FOR THE LAST 10 YEARS: (Use additional sheet if necessary)

Street _____ City _____ State _____ ZIP _____

Dates: _____ Rental: Yes _____ No _____ If Yes, complete: _____

Landlord/Mgr. _____ Address: _____

Street _____ City _____ State _____ ZIP _____

Street _____ City _____ State _____ ZIP _____

Dates: _____ Rental: Yes _____ No _____ If Yes, complete: _____

Landlord/Mgr. _____ Address: _____

Street _____ City _____ State _____ ZIP _____

PERSONAL INFORMATION:

Our Service Coordinator will be completing a resident profile shortly after you move in.

Please note that effective January 1, 2006, smoking is not permitted in any area of the building including inside the apartments Do you smoke? _____ Yes _____ No

Do you have a pet? _____ If YES, please read the enclosed pet rules.

Do you have a car? _____ Model _____ License # _____

Drivers License # _____ State _____ GA State ID Card # _____

Are you disabled? _____

Does any member of your household require a reasonable accommodation or a structural modification because of a disability? _____ Yes _____ No If Yes, please describe: _____

You will be required to provide verification of this information.
Have you or any member of your household ever been convicted of a felony or any other criminal activity, including a violation of the Controlled Substance Act within the past ten (10) years? Yes No If Yes, please explain: _____

Are you or any member of your household a current illegal user of or addicted to a controlled substance? Yes No

Are you or any member of your household subject to registration under a state sex offender registration program? Yes No If yes, please explain: _____

Is there reasonable cause to believe that the **behavior** of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents? Yes No

Have you or any member of the household been evicted (including from federally assisted housing)? Yes No

A criminal background check and a credit check will be completed as a part of the application process on each member of the household.

ETHNICITY AND RACIAL DATA – This information will have no effect on your application. It is being requested for use in HUD reports. Please check any or all categories that apply to the head of household.

Ethnicity

Select one: Hispanic or Latino
 Non-Hispanic or Latino

Race

Select all that apply: American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

How did you hear about Lutheran Towers?

Current resident or resident family member Friend
 Employee Religious organization
 Information provided by a government agency
 Advertisement (Where)? _____
 Other _____

Please check one of the following so we will know approximately when you would be interested in moving to Lutheran Towers.

_____ As soon as possible. _____ As soon as I sell my house.

_____ As soon as my present lease is up - (date) _____

Other: _____

A **DEPOSIT** equivalent to one month's rent is required after you have been notified and have accepted an apartment. This deposit is held in a trust account and is refundable when you move out, provided your apartment is left clean and there is no rent due or damage beyond normal wear and tear in the apartment.

I/we understand that it is a requirement of our placement on the Waiting List that I/we contact Lutheran Towers every six (6) months to remain on the list or if any contact information has changed.

APPLICANT'S CERTIFICATION

I/we certify that if selected to move into Lutheran Towers, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State, or Local agencies.

I/we make this application for residency in **LUTHERAN TOWERS** of my/our own free will and accord. I/we understand fully the questions herein asked and the requirements for admission. The information included in the application is correct to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. Failing to complete the entire application could also result in this application being rejected.

I/we certify that I/we have not disposed of any assets for less than fair market value in the past two years, and understand that if I/we have, I/we must make full disclosure. The imputed income from said assets will then be added to my/our income.

Applicant's Signature

Date

Spouse/Co-head Signature

Date

Lutheran Towers Representative

Date

FOR OFFICE USE:

Received by _____

Date _____ Time _____

Lutheran Towers, Atlanta, Inc. does not discriminate in any fashion based on a person's race, color, sex, national origin, age, religion, familial status, source of income, sexual orientation, or disability.

Please return the application to the following address:

Lutheran Towers
727 Juniper Street, NE
Atlanta, GA 30308