



**LUTHERAN SENIOR SERVICES
AFFORDABLE HOUSING**

APPLICATION FOR RESIDENCY

Dear Prospective Resident:

Thank you for your interest in *Lutheran Senior Services Affordable Housing*! LSS offers HUD subsidized apartments to seniors whose head of household is 62 years of age and older; with the exception of Centennial Plaza Apartments, Vernon Heights, and Madison Manor; which is for seniors 62 years and older, and disabled adults, under 62 who qualify for a disabled apartment.

Residents' rent is determined based on their income and out-of-pocket medical expenses. To qualify for housing in our HUD subsidized communities, applicants must have an income level at or below 50% of the area median income. Income Limits for all of our communities, with the exception of Vernon Heights and Madison Manor, are based on Saint Louis County median income. Vernon Heights and Madison Manor are located in Laclede County, Missouri.

Enclosed is an application for all LSS Affordable Housing communities. Applicants will need to select which community or communities to apply for below. After completion of the application, mail the application, or schedule an appointment to visit and drop off the application to the community office. Once the completed application is received, the applicant will then be added to the community's waiting list. The staff at the location preferred will also be able to answer any questions about the waiting list or other amenities they offer. The wait time on the waiting lists vary by location, so you would have to contact the location for an estimated wait time.

Please note: if multiple locations are selected, please include signed copies of the last page for each location.

Centennial Plaza Apartments (314) 533-0550	<input type="checkbox"/>	Dunn Road Manor (314) 830-2774	<input type="checkbox"/>
Halls Ferry Manor (314) 388-1944	<input type="checkbox"/>	Hilltop Manor (636) 938-3387	<input type="checkbox"/>
Hylton Point I Apartments (314) 361-4111	<input type="checkbox"/>	Hylton Point II Apartments (314) 361-1100	<input type="checkbox"/>
Rose Hill House I (314) 966-0747	<input type="checkbox"/>	Rose Hill House II (314) 966-0747	<input type="checkbox"/>
Mackenzie 202-I (314) 884-7900	<input type="checkbox"/>	Mackenzie 202-II (314) 884-7900	<input type="checkbox"/>
Westfield Manor (618) 233-5506	<input type="checkbox"/>		
Madison Manor (417) 588-9633	<input type="checkbox"/>	Vernon Heights (417) 532-9733	<input type="checkbox"/>

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<i>(For office use only)</i>	Date and Time Received _____
Original application on file at: _____	
Application copy sent to the following: _____	
By: _____ Office Staff signature & date	

1. Do you or any household member require the features of a vision, hearing or mobility impaired accessible apartment? Please circle one YES NO
2. Are you or any household member a Veteran of the United States Armed Forces?
Please circle one YES NO
3. Are you or any household member being temporarily housed as a result of a presidential declared disaster?
Please circle one YES NO

NAME OF APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LIC. # _____ STATE ISSUED _____

_____ MALE _____ FEMALE _____ I CHOOSE NOT TO ANSWER

NAME OF SPOUSE/ CO-APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LIC. # _____ STATE ISSUED _____

_____ MALE _____ FEMALE _____ I CHOOSE NOT TO ANSWER

RELATIONSHIP TO APPLICANT _____

(Co-applicants must complete a separate application.)

APPLICANT'S PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL PHONE # _____

PRESENT ADDRESS IS: _____ Own Home _____ Rented Home _____ Rented Apartment

If renting, are you receiving HUD assistance to pay rent _____ YES _____ NO

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVING OUT: _____

(PLEASE CONTINUE ON NEXT PAGE)

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IF RENTING, NAME AND ADDRESS OF PRESENT LANDLORD OR APARTMENT COMPLEX:

TELEPHONE # _____

APPLICANT'S PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

IF RENTED, NAME AND ADDRESS OF PREVIOUS LANDLORD OR APARTMENT COMPLEX

TELEPHONE # _____

PREVIOUS ADDRESS WAS: _____ Own Home _____ Rented Home _____ Rented Apartment

If rented, were you receiving HUD assistance to pay rent? _____ YES _____ NO

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVED OUT: _____

1.) Why are you leaving your present residence?

2.) Have you ever been evicted? _____ YES _____ NO If yes; give dates and details:

3.) Have you previously been convicted of any criminal offense? _____ YES _____ NO

If yes, give dates and details:

4.) Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? _____ Yes _____ No If yes, give dates and details:

5.) Are you or any member of your household currently engaged in the use of illegal drugs?

_____ Yes _____ No If yes, give dates and details:

6.) Are you or any member of your household subject to lifetime registration requirements under a state sex offender program? _____ Yes _____ No If yes, give dates and details:

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7.) Do you or any member of your household abuse alcohol? _____ Yes _____ No
If yes, please explain:

8.) Do you or any member of your household have a record of criminal activity? ____ Yes ____ No
If yes, give dates and details:

9.) Have you or any member of your household been previously denied admission for criminal activity that has since ceased? _____ Yes _____ No If yes, give dates and details:

10.) Have you or your spouse/co-applicant ever used different names from the names given on this application? _____ Yes _____ No If yes, please explain:

11.) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures or for any other reason? _____ Yes _____ No If yes, please explain:

12.) Please list all states you and/or spouse/co-applicant has previously resided in below:

DO YOU OWN A VEHICLE? _____ YES _____ NO

VEHICLE MAKE & MODEL _____ YEAR _____

LICENSE PLATE # _____ STATE REGISTERED _____

APPLICANT'S PERSONAL REFERENCES: Please provide the names, addresses and phone numbers of at least 2 people, not related to you who have known you for at least 2 years

1.) Name: _____

Address: _____ City _____ State _____

Telephone #: _____ Cell Phone #: _____

(PLEASE CONTINUE ON NEXT PAGE)



2.) Name: _____

Address: _____ City _____ State _____

Telephone #: _____ Cell Phone #: _____

APPLICANT'S INCOME: Please mark all of income that apply to you and provide the amount of the *GROSS* monthly income you receive from that source. *We are required by HUD to verify all income.*

_____ Social Security \$ _____ per month
(SSN Benefits claim # _____)

_____ SSI \$ _____ per month

_____ Pension/Annuity \$ _____ per month
Please provide the name and address of the source or your pension

_____ Employment \$ _____ per month
Please provide the name and address of your employer

_____ Other Income \$ _____ per month
(Includes payments made by others on your behalf)
Please provide the name and address of the source of this income

APPLICANT'S ASSETS: Please mark all types of assets that apply to you and provide the 6 month average balance or cash value of the asset. *We are required by HUD to verify all assets.*

_____ Checking Account _____ Jointly owned with spouse/co-applicant

Account# _____

6 months average balance \$ _____

(PLEASE CONTINUE ON NEXT PAGE)

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Name of Bank _____

Address _____

City _____ State _____

_____ Savings Account _____ Jointly owned with spouse/co-applicant

Account# _____

6 months average balance \$ _____

Name of Bank _____

Address _____

City _____ State _____

_____ Certificate of Deposit(s) _____ Jointly owned with spouse/co-applicant

Account# _____

Account Balance \$ _____

Name of Bank _____

Address _____

City _____ State _____

_____ IRA/ Mutual Funds _____ Jointly owned with spouse/co-applicant

(Please attach complete list of all stocks owned and the number of shares of each)

Account Balance \$ _____

Name of Broker _____

Address _____

City _____ State _____

_____ Stocks/Bonds _____ Jointly owned with spouse/co-applicant

Account Value \$ _____

Name of Broker _____

Address _____

City _____ State _____

_____ Real Estate _____ Jointly owned with spouse/co-applicant

Fair Market Value \$ _____

Address _____

City _____ State _____

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_____ Life Insurance _____ Whole Life Policy or _____ Term Life Policy

Cash Surrender Value \$ _____

Name of Company _____

Address _____

City _____ State _____

APPLICANT’S MEDICAL EXPENSES/ DEDUCTIONS: Certain medical expenses such as health insurance premiums, maintenance medications and regularly scheduled doctor visits can be used to help reduce your rent. Please check all that apply to you. *We are required by HUD to verify all expenses.*

_____ Medicare

_____ Supplemental Health Insurance (please attach copy of policy and/or payment coupons)

Name of Insurance Company _____

Address: _____

Cost per month \$ _____

_____ Long Term Care Insurance (please attach copy of policy and/or bill)

Name of Insurance Company _____

Address: _____

Cost per month \$ _____

_____ Prescriptions

Name and address of Pharmacy: _____

Average cost per month \$ _____

_____ Doctor Visits Number of visits per year _____

Name and address of doctor _____

(PLEASE CONTINUE ON NEXT PAGE)

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APPLICANT'S CREDIT REFERENCES:

Please provide names of two companies you have accounts with.

COMPANY NAME _____

ADDRESS _____

TYPE OF ACCOUNT _____

COMPANY NAME _____

ADDRESS _____

TYPE OF ACCOUNT _____

APPLICANT'S EMERGENCY CONTACT INFORMATION:

1.) NAME OF EMERGENCY CONTACT _____

ADDRESS _____

CITY _____ STATE _____

TELEPHONE # _____ CELL PHONE # _____

RELATIONSHIP TO APPLICANT _____

2.) NAME OF EMERGENCY CONTACT _____

ADDRESS _____

CITY _____ STATE _____

TELEPHONE # _____ CELL PHONE # _____

RELATIONSHIP TO APPLICANT _____

HOW DID YOU HEAR ABOUT US? _____

(PLEASE CONTINUE ON NEXT PAGE)

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PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises is to be used as a residence to be occupied by not more than 2 persons and that occupancy is subject to possession being delivered by present occupant. Each prospective occupant is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems necessary in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary/pension details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the Landlord shall have no further obligation to applicant. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for doing so. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the opinion of the Landlord, be terminated at any time.

Applicant's Signature: _____ Date: _____

Spouse/Co-Applicant: _____ Date: _____

Lutheran Senior Services Affordable Housing is managed and operated by Lutheran Senior Services whose mission is "Older Adults Living Life to the Fullest®"

Lutheran Senior Services does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, regardless of sexual orientation or gender identity.

(For office use only) Date: _____

Applicant's Name: _____ Manager's Approval: _____

Community: _____ Fax Number: _____

_____ Criminal History Report, Sex Offender Check, Credit Check, Background Check

Credit Score _____ Landlord Verification _____

_____ Home Visit Date Lease Sign Date _____

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