

PARK NORTH

Cooperative, Inc.

WAITLIST APPLICATION

For Office Use Only
Return Date: _____
Time: _____
By: _____

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

PREFERRED UNIT SIZE 1 Bedroom 2 Bedroom 3 Bedroom

TOTAL MONTHLY GROSS INCOME OF **ALL HOUSEHOLD MEMBERS** including wages, social security, pensions, child support, alimony, disability, workers compensation, self-employment, cash public assistance, etc.

\$ _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO REGISTRATION UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM? Yes No

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING FOR DRUG-RELATED CRIMINAL ACTIVITY WITHIN THE LAST THREE (3) YEARS? Yes No

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:
Head of Household and/or Spouse is (Please check one): 62 years of age or older Handicapped Disabled

List the information of all persons, including yourself who will reside in your unit.

Full Name	Relationship	Sex	Age

It is the policy of Park North Cooperative, Inc. to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

Applicant Signature

Date



PARK NORTH COOPERATIVE, INC.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing & Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and information that may be asked for include but are not limited to:

Identity & Marital Status

Employment, Income, & Assets

Medical or Childcare Allowances

Credit & Criminal Activity

Residences & Rental Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including

Past & Present Employers

Public Housing Agencies)

Welfare Agencies

Courts & Post Offices

State Unemployment Agencies

Schools & Colleges

Social Security Administration

Law Enforcement Agencies

Support & Alimony Providers

Medical & Childcare Providers

Veterans Administration

Retirement Systems

Banks & other Financial Institutions

Utility Companies

Credit Providers & Credit Bureaus

CONDITIONS

I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE IN THE MANAGEMENT OFFICE AND **WILL STAY IN EFFECT FOR A YEAR AND ONE MONTH (13 MONTHS) FROM THE DATE SIGNED.** I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

Head of Household **Print**

Sign

Date

Spouse/Other Adult **Print**

Sign

Date

Other Adult **Print**

Sign

Date

Other Adult **Print**

Sign

Date

