



HOUSING OPPORTUNITIES, INC.

MANAGED & SPONSORED BY OPPORTUNITIES, INC.

600 E. 43RD ST.

TEXARKANA, AR 71854

(903) 791-2297

HUD Subsidized

Efficiency and One Bedroom Apartments for Elderly

Rent is based on 30% of Annual Income

Security Deposit Required Prior to Move In

Smoke Free Facility

Effective January 1, 2011

Qualifications

- Persons 62 Years of Age or Older
- One or Two Adults Living Together
- Income Eligible
- Rental References if Applicable

Services

- Weekday Lunch Service
- House Keeping Assistance
- Planned Activities
- All utilities Included, with exception of phone and cable

For Office Use Only
 Date Returned: _____
 Time: _____ Initials _____



HOUSING OPPORTUNITIES, INC.
600 EAST 43RD
TEXARKANA, AR 71854
APPLICATION FOR ELDERLY SERVICES

Applicants and tenants must disclose SSNs for all household members and provide verification of the complete and accurate SSN assigned to them, except those who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 by receiving subsidy from another community.

Personal Information:

Name: _____ SSN: _____

Address: _____ Date of birth: _____

_____ Spouse Name: _____

Phone: _____ Spouse SSN: _____

Veteran Status: Active Reserve Retired Sex: Male Female Did Not Disclose

Marital Status: Married Single Widowed Divorced Did not Disclose

Are you seeking housing due to a Presidentially Declared Disaster? Yes No

Please identify any special needs your household may have: *i.e. Handicap accessible* _____

Please indicate if you are interested in One Bedroom only or First Available *i.e. Efficiency or One Bdrm.*

Citizenship: Canada Mexico United States

Optional and for statistical purposes only: Ethnicity of Household: Hispanic Non-Hispanic

Race of household: Hispanic or Latino Black or African American (not Hispanic or Latino)

White (not Hispanic or Latino) Native American or Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino) American Indian or Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Are you or any member of your household a student at an institute of higher education? Yes or No

Financial Information:

Monthly Income

- Wages/ Salary _____
- Social Security _____
- Public Assistance _____
- Pension/Retirement _____
- Other _____

Assets	Name	Address	Acct #	Amount/ Value
Checking Acct.				
Savings Account				
CD's				
Property				
Other _____				



Have there been any assets disposed for less than fair market value within the last 2 years?

Yes or No If yes explain _____

How did you hear about our organization?

Agency _____ Advertisement _____ Other _____

Prior Landlords:

Name	Address	Phone #	Dates

Employment History:

Name of Employer	Supervisor Name	Occupation	Dates of Service	Salary

Drug and Criminal History:

Have you ever been found guilty or been convicted of a crime Yes or No

Are you presently under indictment for a crime? Yes or No

If yes explain _____

Are you or any household member subject to a lifetime state sex offender registration program in any state where you reside or have resided? Yes or No Please list all states you or any members of your household have resided. *Failure to respond may jeopardize approval of the application.*

Emergency Contacts:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Applicant Certification

I/we certify that if selected to receive assistance, that 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 the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit verification information which may be released to appropriate Federal, State, or local agencies. I/we authorize the owner/manger to verify criminal history by conducting a criminal history check. I/we certify that the statements made in this application are true and complete to the best of my/or knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/we understand the EIV Existing Tenant Search will be conducted to determine dual subsidy.

Signature (Name of Applicant)

Date



I understand that I must verify in writing my interest in remaining on the waiting list within 14 calendar days from date of receipt of Waiting List Review letter from Housing Opportunities, Inc. I understand that this enables Housing Opportunities, Inc. to maintain an up-to-date waiting list. I understand I must inform Housing Opportunities, Inc. of any change of address or phone number. I understand that prior to move-in a criminal history background check will be completed and results may affect my eligibility.

Signature (Name of applicant)

Date

Office Use Only:

Preliminary Determination Eligibility:

Meets HUD's Eligibility Requirements

Does not meet HUD Eligibility Requirements

Reasons:

Not income eligible

Elderly must be 62 years of age

Family composition

Does not meet disability definition

Signature: _____
(Office Staff)

PENALTIES FOR MISUSING THIS CONSENT:

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 uses of information collected based on the consent form. Use of the information collected based on this application 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 \$5000. 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). Violations of the provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

Housing Opportunities Inc. /Housing Opportunities Extension Inc. does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations. The Chief Compliance/QA Officer has been designated to coordinate compliance with the non-discrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988). The Chief Compliance/QA Officer can be reached at 903-791-2270 or 6101 North State Line Ave. Texarkana Texas 75503 or lyoung@oppinc.org.



Acknowledgment of Smoke Free Facility

I understand effective January 1, 2011, Housing Opportunities, Inc. / Housing Opportunities Extension Inc. will become a smoke free facility. I understand if I accept housing at this facility, I will not be allowed to smoke on the grounds, or inside my apartment. I understand failure to comply with the policy will result in termination of my lease.

Print Name

Signature

Date

Acknowledgment of Background Checks

I understand effective November 1, 2015 Housing Opportunities, Inc. /Housing Opportunities Extension Inc. will perform criminal history and sex offender background checks prior to my name being added to the waiting list. I understand failure to provide necessary information for backgrounds checks to be completed will result in the delay of processing your application.

Print Name

Signature

Date

Driver's License/ Identification Number

Issuing State of License/ID