

Guste Homes Apartments Rental Application

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verifications of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected.

Application's Name				Home Phone () -	
Present Street Address				# of years at present address	
Former Street Address				# of years at former address (3 or more years)	
Social Security Number	Date of Birth / /	Place of birth	Marital Status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Emergency Contact Person:		Relationship	Home Phone #	-	-
			Cell Phone #	-	-

Co-Application's Name				Home Phone - -	
Present Street Address		City	State	Zip	# of years at present address
Former Street Address		City	State	Zip	# of years at former Address (3 or more years)
Social Security Number - -	Date of Birth / /	Place of birth	Marital Status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		

Rental History

<u>Current Landlord</u>	<u>Address</u>	<u>Phone Number</u> - -
<u>Address Rented</u>	<u>Number of Years</u>	<u>Reason for Moving</u>



HOUSEHOLD INFORMATION: Please list each person's name and provide information below of all persons who will be living with you								
	Full Name	Relationship	DOB	AGE	SEX	SOCIAL SECURITY #	Student Status	Receiving any source of income
Head of HH			/ /			- -	Student Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			/ /			- -	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you expect a change in your family size? ☐ Yes ☐ No If yes, when? _____

Type of Change _____

Are any household members listed above foster children? ☐ Yes ☐ No. If yes, who? _____

Are any household members listed above live-in attendants? ☐ Yes ☐ No. If yes, who? _____

Are any household members planning to attend school full-time? ☐ Yes ☐ No. If yes, who? _____

Have you ever lived in Public Housing before? ☐ Yes ☐ No If so, where? _____

Did you leave owing a balance? ☐ Yes ☐ No

Has any person listed on this application ever been evicted from public housing or any federal assisted program? ☐ Yes ☐ No

(See back of this page)

If so, was the eviction due to drug related activity or criminal activity? ☐ Yes ☐ No



Is any person on this application currently engaged in illegal use of drugs or alcohol? ☐ Yes ☐ No

Does any person on this application have a lifetime registration requirement under a State Sex Offender Registration Program? ☐ Yes ☐ No If so, when?

Does any person on this application have a history of criminal activity within the last 5 years? ☐ Yes ☐ No

If so, for what and when? _____

Does any person on this application have any convictions for drug related criminal activity for the manufacture or production of methamphetamine on or off the premises of Federally Assisted Housing? ☐ Yes ☐ No

Do you currently have a Section 8 voucher? ☐ Yes ☐ No



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FEDERAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

Please review the following descriptions and indicate whether one or more of these circumstances apply to your situation. Applicants with at least one federal and one local preference receive higher priority on the Waiting List.

INVOLUNTARY DISPLACEMENT

- ☐ Check this box if you have moved or will have to move through no fault of your own and do not have permanent replacement housing. Do not check this box if you have been evicted.

SUBSTANDARD HOUSING/HOMELESS

- ☐ Check this box if your current housing is in very poor condition; for example lacks adequate plumbing (toilet, tub/shower, sink), heat, or electrical service, has been declared substandard by a government agency, or you are staying at a shelter or are homeless and living on the street.

RENT EXCEEDS 50 PERCENT OF INCOME

- ☐ Check this box if your rent plus utility payments are more than 50 percent of your monthly gross income.

LOCAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

EMPLOYMENT

- ☐ Check this box if the head or co-head of your household is employed for 20 hours or more a week in a permanent position (3 months) or if the head, spouse, or sole member of the household is age 62 or older, or is a person with disabilities.

JOB TRAINING

- ☐ Check this box if the head or co-head of your household is enrolled in a job training program.

NO PREFERENCES CLAIMED

- ☐ CHECK THIS BOX IF YOU DID NOT CLAIM ANY OF THE PREFERENCES ABOVE.



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CURRENT EMPLOYMENT INFORMATION

Applicant's Name			Occupation		Work Phone - -	
Name and Address of Employer			City		State	Zip Code
Date Hired / /	Date Terminated / /	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other				Work Fax - -

Co-Applicant's Name			Occupation		Work Phone - -	
Name and Address of Employer			City		State	Zip Code
Supervisor's Name						
Date Hired / /	Date Terminated / /	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other				Work Fax - -

Additional Household Member's Name			Occupation		Work Phone - -	
Name and Address of Employer			City		State	Zip Code
Date Hired / /	Date Terminated / /	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other				Work Fax - -

Additional Household Member's Name			Occupation		Work Phone - -	
Name and Address of Employer			City		State	Zip Code
Date Hired / /	Date Terminated / /	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other				Work Fax - -

Do you have any person's in the household 16 and older employed? ☐ Yes ☐ No If so, who and where



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OTHER SOURCE OF INCOME

Does anyone in your household receive income from any of the following? Please mark “yes” or “no” for each source of income.

Source – Employment	Check One	Source - Benefits/ Pensions	Check One	Source – Other	Check One
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

Household Member Name	Amount Received	Source
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

HOUSEHOLD ASSETS

Does anyone in your household have any of the following types of assets? Please mark “yes” or “no” for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saving Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stocks*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “Yes” marked above, please complete the following:

Household Member Name	Type of Asset	Account #	Market Value	\$ Asset will earn in next 12 months



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Have you sold any property for less than its worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no) ☐ Yes ☐ No.
If yes, explain. _____

ACCOMODATIONS (such as disabilities, wheelchair, etc.)

☐ I desire an accessible or specially equipped apartment. (Please describe) _____

Please initial _____

☐ I have other needs that I would like HANO to be aware of. (Please describe) _____

Please initial _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I understand that it is my responsibility to notify HANO of any change of information provided on this application. Furthermore, I understand that if HANO is unable to contact me because I have moved without notifying them of my current address, my name will be removed from the waiting list and I will have to reapply.

Applicant

Date

Co-Applicant/ Spouse

Date



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I/We the undersigned adult members of the head of household of _____, hereby acknowledge that all information on the application is true and accurate to the best of my/our knowledge. I/We hereby certify that all the information listed on this application as it pertains to us/me is true and accurate and no information has been misrepresented or falsified.

Adult Member, 18 years and older/Date

Adult Member, 18 years and older/Date

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