_____0 Bedroom
_____1 Bedroom
_____2 Bedroom

Office Use Only

Received Date: _____
Time: _____ am/pm
Initials: _____
Prospect #: _____
Unit #: _____

PRELIMINARY APPLICATION

(HUD Properties)

Applicant's Name: _____
In Care Of (optional): _____
Mailing Address[1]: _____
_____
Home Phone: _____
Cell Phone: _____
Message Phone: _____
Email Address: _____

Return to: **Friendship Manor**
1320 East 500 South
Salt Lake City UT 84102
Phone #: **(801) 582-3100** / TTY 711
Fax #: **(801) 583-0412**
Email Address: **info@friendship-manor.com**
Website: **www.friendship-manor.com**

[1]If you are currently homeless, please list a mailing address of a family member or friend who will accept mail on your behalf.

This Preliminary Application is used to place applicants on our Waiting List and does not include all information we require to determine program eligibility.

Instructions:

- It is important that all information on the Preliminary Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we contact you about scheduling the Application Interview and/or for a specific apartment. If we do not hear from you within this timeframe, we will move to the next applicant on the Waiting List.

This property does not discriminate based on disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; 504@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.

Select the apartment size(s) you wish to apply for, in order of preference:

1st Preference: _____
2nd Preference: _____
3rd Preference: _____

Apartment Sizes[1] / Occupancy Standards	
Studio	*(1-3 household members)*
1 Bedroom	*(1-3 household members)*
2 Bedroom	*(1-5 household members)*

[1] Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or view floorplans on our property website.

When would you like to move in? _____ **What is your preferred language?** _____

How did you hear about us? _____

This institution is an equal opportunity provider

EQUAL HOUSING OPPORTUNITY

Household Information

List all individuals that are applying to live in this apartment.
Exclude live-in aides / attendants (they will be added at move-in).

[1] **Response Optional**

Name *First, Middle Initial, Last*	**Aliases** *Maiden / other legal names*	**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Head of Household**	**Gender[1] M / F / P** P=Prefer not to disclose	**Is the Individual:**		
							A Student (Y/N)	**US Military Veteran (Y/N)**	**Disabled (Y/N)[1]**
					Self				

Household Income

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis.

Income sources to consider: Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, income from assets, etc.

Household Member	**Income or Benefit Source Name**	**Amount Received** (before deductions)		**Frequency** (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	**Total Annual Income**
		$	Per		
		$	Per		
		$	Per		
		$	Per		
		$	Per		
		$	Per		
		$	Per		
		$	Per		
		$	Per		

		$	Per		

Preliminary Application Questions:

Yes	No	
☐	☐	Do you anticipate any changes to the number of people that will be living in your household? **If yes**, please explain:
☐	☐	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments? **If yes**, select type: ☐ Mobility Accessible ☐ Vision Accessible ☐ Hearing Accessible
☐	☐	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following: **Member Name:** **Describe What Is Needed:**
☐	☐	Have you been displaced from your previous home due to government action or a presidentially declared disaster? (*If you mark yes, please be prepared to provide a written statement or certificate of displacement by the appropriate governmental authority.)*
☐	☐	Do you require rental assistance in order to live at this property (if available)? If you mark "no" we will assume you want to be considered only for apartments with no rental assistance.
☐	☐	Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property? Note: if this property is 100% rent assisted by HUD or RD, we cannot accept your voucher.
☐	☐	Is any member of your household subject to state lifetime sex offender registration in any state? *Note: We are required by HUD and company policy to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Failure to respond accurately to questions regarding your criminal record during the application process may jeopardize approval of your application and after move-in, continued assistance and/or occupancy. Having a criminal record does not necessarily mean that you or your household will be disqualified, but you should be prepared to provide documentation regarding your criminal record and/or pending charges to assist in processing your application expediently. Criminal background checks must be performed in this state and in all states where all adult household members have resided.*

Statements by all Household Members

Applicant represents the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.**

Applicant has reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available upon request. Applicant understand that they must notify management in writing if there are any changes in household address, telephone numbers, income and household composition and must respond to Waiting List update requests to remain on the Waiting List. We are using this brief form of application to gather the minimum information needed to determine if the applicant should be put on the waiting list. Applicant's position on the waiting list may change depending upon the preferences that other households may qualify for. Applicant can find the most up to date status of their waiting list application by calling our office or logging into the online portal.

If apartments are available (or will be soon), we must collect more detailed information from Applicant during the Application Interview and verify all information. Please be aware that if Applicant is placed on the waiting list, it does not indicate that Applicant is eligible to receiving housing at this property. Only after all required information has been received and verified can we make an eligibility determination. Failure to remain eligible as determined by the Resident Selection Plan will result in us rejecting Applicant's application.

Applicant acknowledges by providing an email address, applicant authorizes management to communicate about this Preliminary Application and related documents and/or processes via email.

Signature – Household Member	Date	Signature – Household Member	Date
Signature – Household Member	Date	Signature – Household Member	Date

Attachment(s):

Supplement to Application for Housing
Race and Ethnic Data Form(s)

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Friendship Manor | 10538002 | 1320 East 500 South, Salt Lake City, UT 84102

Name of Property | **Project No.** | **Address of Property**

Tamarack Property Management Co.

Name of Owner/Managing Agent | **Type of Assistance or Program Title:**

Name of Head of Household | **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**