



National Church Residences

NORTHLAND GATE

We are excited to announce the opening of the waitlist for Northland Gate Apartments!

Please find the attached official application to this letter. When you have an appointment scheduled, please bring the following items:

- Application
- Social Security Card
- Drivers License or other State ID
- Birth Certificate
- \$25 application fee (*money order or cashier's check*)

About Northland Gate:

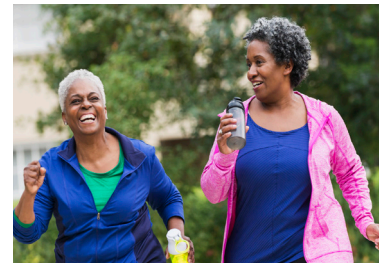
The best time in life is when you can relax and enjoy the good life you have earned. Enjoy life to its fullest at Northland Gate! We offer a carefree lifestyle for adults age 55+.

Apartments

1 bedroom	667 sq. ft.	Up to \$1,106
2 bedroom	886 sq. ft.	Up to \$1,326

We look forward to seeing your smiling face and getting you one step closer to your new home!

**AFFORDABLE HOUSING
FOR SENIORS!
APPLY TODAY!**



For more information, visit us at www.northlandgate.com



NORTHLAND GATE

Application for Housing



Applicant Name: _____ Date: _____

Current Address: _____ Home Phone: _____

City, State, Zip: _____ Work/Cell Phone: _____

Email Address: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is 888-572-9862. Our office hours are **TUESDAY & THURSDAY 10AM-2PM**
 If you have a hearing impairment, our TDD number is 1-866-925-8689 and is available during the same hours.

Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "None" for those questions which do not apply to you. Do not leave any blanks and do not strike through or cross out any section.

All household members 18 and older must sign this application. Proof of identity and social security cards must be provided for all household members.

Household Members	Social Security #	Relationship	Sex	Date of Birth	Student Status
		Head of Household	M F Decline		F/T P/T N/A
Ethnicity of Head of Household: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Race of Head of Household: (Select All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian					
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

1. Current Marital Status: Single (Unmarried) Widowed Married
 Separated (date) _____ Divorced (date) _____ Decline to Report

2. Have you or any member of your household been known by any other last name? Yes* No
 *If yes, which member(s): _____ Prior/Maiden Name: _____

3. What is your total number of household members? _____

4. Do you have full custody of any children living in the household? Yes No

TO BE COMPLETED BY MANAGEMENT STAFF ONLY Unit Type Requested: _____

Date Received : _____ TIME: _____ AM PM Received via: Mail In person

Manager Signature: _____ Approved Preference: _____ Accessible WL Non-Accessible WL

5. Do you have foster children who reside in your household? Yes* No
 *If yes, please list names and ages: _____
6. Do you expect a change in household size in the future? Yes* No
 *If yes, explain: _____
7. Are there any temporarily absent household members? Yes* No
 *If yes, provide name, relationship to head of household, age, explanation for absence, and date of return.
 Name: _____ Relationship: _____ Age: _____ Return Date: _____
 Explanation: _____
8. Are there any household members that are a Veteran of any branch of the United States Armed Forces? Yes No
 * Important Information for Former Military Services Members. Women and men who services in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/> *
9. Are ANY members within the household enrolled as a student at an institution of higher education? Yes* No
 *If yes, please complete a Student Certification form (located at the end of this application) for each student enrolled.
10. Do all of the household members expect to attend school full time in the next 12 months? Yes No
11. Were all of the household members previously full-time students 5 months out of the calendar year? Yes No
12. Are any adult household members claiming zero income? Yes No
13. Disability Status Disabled Not Disabled
14. Do you or a household member have a disability that would necessitate the features of a fully accessible unit?
 Yes* No *Please note that this need will be verified with your doctor/physician.

15. **PLEASE CHECK ALL INCOME SOURCES BELOW:**

	Yes	No		Yes	No		Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Gifts	<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	Railroad Pension	<input type="checkbox"/>	<input type="checkbox"/>	Other Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	Settlements	<input type="checkbox"/>	<input type="checkbox"/>	Severance Package	<input type="checkbox"/>	<input type="checkbox"/>
Workman's Comp	<input type="checkbox"/>	<input type="checkbox"/>				Interest from Investments	<input type="checkbox"/>	<input type="checkbox"/>
Other Income*	<input type="checkbox"/>	<input type="checkbox"/>	*Describe: _____					

*If benefits are drawn under a different Social Security Number, please provide: _____

16. For each "Yes" marked for Income (above), please complete the following:
- Household Member Name:** _____ **Amount Received: \$** _____
 hourly weekly bi-weekly twice monthly monthly annually other: _____
 Contact Information: _____
- Household Member Name:** _____ **Amount Received: \$** _____
 hourly weekly bi-weekly twice monthly monthly annually other: _____
 Contact Information: _____
- Household Member Name:** _____ **Amount Received: \$** _____
 hourly weekly bi-weekly twice monthly monthly annually other: _____
 Contact Information: _____

17. Do you anticipate any additional earnings that have not been disclosed? Yes No
18. Will another individual or agency (including Section 8) guarantee payment for rent and/or other fees? Yes* No
 *If yes, please list the name, address, and phone number:
 Name: _____ Address: _____ Phone: _____



19. PLEASE CHECK ALL ASSET SOURCES BELOW:

	Yes	No		Yes	No		Yes	No
Checking	<input type="checkbox"/>	<input type="checkbox"/>	Savings	<input type="checkbox"/>	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Term Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds/IRA/401K	<input type="checkbox"/>	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate/Land	<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>

Personal Property held as an investment Yes* No *If yes, explain: _____

Do you have any other assets? Yes* No *If yes, explain: _____

20. For each "Yes" marked for Assets (above), please complete the following:

Household Member	Asset Type	Account Number	Cash Value	Source Name/ Address/Phone

21. Have you ever received rental assistance or lived in subsidized housing? Yes* No
 *If yes, explain: _____
22. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes* No
 *If yes, explain: _____
23. Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? Yes* No
 *If yes, explain: _____
24. Are you, or any member of your household, **currently engaged in the use of illegal drugs or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents? Yes* No
 *If yes, explain: _____
25. Are you currently using any form of marijuana? Yes No
26. Have you, or anyone in your household, **EVER** been convicted of a felony?
 Yes* No *If yes, explain: _____
27. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?
 Yes* No *If yes, explain: _____
28. Are you, or anyone in your household, subject to any sex offender registration program in any state, up to and including lifetime registration? **Note: Failure to respond to this question may jeopardize the approval of your application.**
 Yes* No *If yes, explain: _____
29. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past (10) years?
 Yes* No *If yes, explain: _____



30. Do you, or any member of your household, have a pattern of alcohol abuse that has interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?

Yes* No *If yes, explain: _____

31. Please list **all** of the states in which you or any other adult household members have lived.

32. LANDLORD REFERENCE:

Present Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

Previous Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

33. Do you own a pet? Yes* No *If yes, what type of pet: _____

34. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____

35. How did you hear about our community?

- Current resident or family member
- Employee
- Information provided by a government agency
- Other _____
- Friend
- Religious Organization
- Advertisement (where?) _____

APPLICANT'S CERTIFICATION:

I/we certify that if selected to move into this project, 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 for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Head: _____ Date: _____

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 verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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 \$5,000. 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 these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).



EQUAL HOUSING OPPORTUNITY. THIS HOUSING IS MADE AVAILABLE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, ANCESTRY, NATIONAL ORIGIN, PLACE OF BIRTH, AGE, MARTITAL STATUS, FAMILIAL STATUS, MILITARY STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR DISABILITY (HANDICAP).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, marital or familial status, source of income, sexual orientation, gender identity, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.

