

APPLICATION FOR TENANCY

UNION MANOR APARTMENTS
5211 Calvert, Lincoln, NE 68506
402-483-4504

EACH HOUSEHOLD MEMBER MUST FILL OUT AN APPLICATION.

Union Manor Apartments is a 56-unit retirement facility for persons 62 or older or disabled who qualify for subsidy under HUD's Section 8 guidelines. Six units are handicapped accessible. We do not discriminate. **We are a smoke-free property. Smoking is not allowed in our building or on the premises.**

NAME _____ **TELEPHONE** (____) _____
(Last) (First) (Middle initial)

ADDRESS _____
(Street) (City) (State) (Zip)

SOC. SEC. # _____ **DATE OF BIRTH** _____ **AGE** _____ **SEX**(opt.) _____

RACE: American Indian or Alaskan Native Asian or Pacific Islander Black White Hispanic

HOUSEHOLD MEMBERS APPLYING: Name Relationship to Head of Household

(Each household member must fill out an application.)

Monthly Income:	Social Security (gross amt. before deductions)	SSI(Supple-mental)	Public Assistance	Pension(s)	Wages	Other
You	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____

NAME OF BANK OR FINANCIAL INSTITUTION	TYPE OF ACCOUNT (checking, savings, etc.)	CURRENT BALANCE	INTEREST RATE

Have you disposed of any property or assets in the last two years for less than fair market value? If so, please explain: _____

Do you currently own your home or other property? If so, indicate the location and value. _____

PRESENT LANDLORD (name & address) _____ Phone _____

How long at that address? _____ Rent \$ _____ Reason for moving _____

PREVIOUS ADDRESS _____

PREVIOUS LANDLORD (name & address) _____ Phone _____

How long at that address? _____ Rent \$ _____ Reason for moving _____

(Over, please)



Do you need special handicap facilities? _____ Please explain: _____

Will you bring a car? _____

Do you have a pet? _____ Describe: _____

Do you use a waterbed? _____

How much did you spend out of your own pocket for medical care in the last 12 months? _____

Please give a complete list of all states in which any household member has resided: _____

Have you had a problem in the past with drug or alcohol abuse? _____ Please explain: _____

Is any household member subject to a lifetime sex offender registration requirement in any state? _____

Have you been evicted in the last 5 years from federally assisted housing for a drug-related criminal activity? _____

Have you been evicted in the past 5 years from any housing? _____

Have you been involuntarily displaced? _____

Are you currently receiving assistance from HUD (Tenant-based or Project-based)? _____

Do you confirm this will be your sole place of residence? _____

Are you currently enrolled as a student in an institute of higher education? _____

How did you hear about Union Manor? _____

PERSONAL REFERENCES (Please list **two** non-relatives, including **name, address, phone number.**)

1. _____

2. _____

I certify that the above information is true and correct to the best of my knowledge. I authorize inquiries to be made to verify the statements above. I have read "Things You Should Know" and I am aware of the penalties for falsification.

SIGNED _____ **DATE** _____