

1208 Birmingham Street
Tallahassee, Florida 32304
Office (850) 222-0561; Fax (850) 222-1708

All Application Packets Include

THE FOLLOWING ITEMS SHOULD BE READ BY THE APPLICANT AND KEPT FOR YOUR RECORDS:

- *Application directions
- *Tenant Selection Plan
- *Fact Sheet: How your rent is determined
- *Fraud "Is It Worth It" Pamphlet
- *EIV and You Brochure

THE FOLLOWING ITEMS SHOULD BE READ, COMPLETED, SIGNED, DATED AND RETURNED TO MIRACLE VILLAGE, INC.

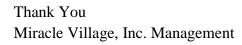
- Application for housing
- HUD-92006 Supplement to application for federally assisted housing
- Social Security and Supplementary income verification form
- Asset Verification form
- Race & Ethic Data Reporting Form
- HUD-9887/9887-A Notice of Consent to Release Information (A copy will be given to you for your records once signed.)
- Consent Form Disclosure of Information
- Landlord Reference
- Tenant's Self Certification form
- Verification for Need of an Accessible Unit



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Application Directions

	Application Directions
Thank you	for your interest in Miracle Village, Inc. Please return the following information as soon as
possible:	
-	Complete all questions (do not leaves any blanks/do not white out)
	_Only answer questions as they apply to the applicant (person applying for apartment) these remembers are for senior citizens at least 62 years of age.
	Present original document of your driver's license, birth certificate, or picture identification copy will made and the original returned to you)
	Present the original document of your social security card (a copy will be made and the original arned to you)
5	_Marriage License or Divorce Decree(if applicable)
	Proof of income for each member of the household. Examples of sources of income: Social urity, SSI, Unemployment, Disability, Pensions, Public Assistance, Employment, Retirement, etc. <i>fust include name, address and phone number.</i>)
Cer	_Proof of assets for each member of the household. Examples of Assets: Bank Account, tificate of Deposits, Stocks, bonds Annuities, Trusts, Real Estate, etc. ust include name, address and phone number.)
	_If Checking Account exists please submit the last six (6) most recent bank statements ust include name, address and phone number.)
	If Savings Account exists please submit the most recent bank statement. (Must include name, tress and phone number.)
	_Proof of any medical expenses that you pay out of pocket or expect to pay during the next twelve on the contract of the contr
11	Schedule an appointment to come in for a tour and to review application and ask questions







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Office U	se Only
Date	Time
Received By:	
Income Level: VL	/ EL

APPLICATION FOR ADMISSION

Applicant Name:				
Other Names Used:				
Social Security Number:				
Date of Birth:	_ Place of Birth: _			
		(C	City/State)	
Current Address:				
City:	State:		Z	ip:
Home Telephone:	Work:		Cell: _	
Spouse Name:				
Social Security Number:	Age: _	Sex: _	Male	Female
Date of Birth:	_ Place of Birth: _			
		(C	City/State)	
How did you learn about the facility?				
Are you a former tenant of this facility? _	If you	. When?		
. 10 you a former tenunt of tins facility: _	n yes	, , , , , , , , , , , , , , , , , , , ,		
List names, addressed and telephone num contact you and can be notified in case of Name: Address:	emergency.			
City:				
Telephone:				
Relationship to Applicant:				
Name:				
Address:				
City:				
Telephone:				
Relationship to Applicant:				
HOUSEHOLD COMPOSITION AND living in the unit. Give the relationship of	of each family mem	ber to the he	ad of househo	old.)
Name (First and Last Name)				
Relationship to Head of Household				
Date of Birth	Age	Sex:	_ SSN	



Name (First and Last Name	2)				
Relationship to Head of	Household				
Date of Birth		Age	Sex:	SSN	
Name (First and Last Name	P)				
Relationship to Head of	Household				
Date of Birth		Age	Sex:	SSN	
INCOME INFORMAT List all income sources f SSI, Unemployment, Di	for each member of		-		• •
Household M	lember Name	Monthly	Amount	So	ource
	NINIGG (D. A)				
EMPLOYMENT EAR					
Name of Employer:					
Address: City:					
Telephone:					
Hourly Rate:		Ann	ual Salary:		
ASSET INFORMATION	<u> </u>				
Type of Asset	Value/Balanc	e of Asset	Name of B	ank	Account #
					_
Do you own a home or o	other Real Estate? _				
Have you sold or given a			Assets in the pa	st two years?	
If yes, what is the curren	nt market value of the	he Assets? \$_			



EXPENSES
Do you pay for a care attendant or any equipment for the disabled member(s) of the family to permit that
person or someone in the family to work?
If yes, describe expenses:
Do you have Medical Insurance? If yes, what is the premium \$
Do you have any other kind of Medical Insurance?
If yes, what is the name of the insurance
Do you have any outstanding medical bills that you are paying?
Do you expect to have any medical expenses during the next twelve (12) months?
If yes, list the amount of the medical expenses
PRESENT LANDLORD
Name:
Address:
Telephone: Hours of Operation:
Have you ever been evicted? If yes, explain:
Miscellaneous
Are you living in a government subsidized unit?
Has your residency of government assistance in a subsidized housing program ever been terminated for fraud non-payment of rent, or failure to comply with recertification procedures? Yes No
Will this unit be your only place of residence? Yes No If yes, please explain:
Do you own a motorized vehicle (car, truck, motorcycle, etc.)? Yes No If yes, license#
Are you or any other member listed on this application, required to a lifetime state sex offender registration program: Yes No If yes, what State
(Failure to respond to the question may jeopardize the approval of the application)

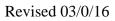
(Failure to respond to the question may jeopardize the approval of the application)

Have you or any other household member listed on this application ever been convicted of a felony?

Yes____ No____ If yes, please explain_____



CREDIT REFERENCES		
J		
COMMENTS/ADDITIONAL INFORM	IATION	
APPLICANT RELEASE/CERTIFICAT	TION	
eligibility for Miracle Village. I/We autho that may include but is not limited to, prev resources for credit and verification inform local agencies. I/We certify that the statements made in the	I in this application is being collected to deterize the owner to verify all information provious and current Landlord inquiries, police relation which may be released to the appropriate application are true and complete to the beaments or information are punishable under the coviding false information.	ided on this application eports and/or other ate federal, state or est of my knowledge
I/We certify that if selected to move into the residence.	nis housing community, the unit I/We occupy	y will be my/our
Printed Name of Head of Household	Signature of Head of Household	Date
Printed Name of Spouse	Signature of Spouse	Date
Printed Name of Management or Designee	Signature of Management or Designee	 Date







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DISCLOSURE OF INFORMATION CONSENT FORM

A separate form must be completed for each household member over the age of 18.

Applicant Name:	Home Phone#: ()
Social Security Number	Date of Birth:/
Present Address	Previous Address
I hereby give consent to management of the above na access any records pertaining to me, which may be o	
Credit Agency Law Enforcement Agency City, State or Federal Court	Previous Address Previous Address Previous Address Date of Birth:
I understand that I do not have to sign this consent received the information.	t form if it is not clear who will provide the information or who will
documents of public records, and these reports wil authorize any agency contacted to furnish any and	ll be used in making decisions about my potential tenancy. I hereby all information required. This releases the aforesaid parties from any
fraudulent statement to any department of the Unit the owner) may be subjected to penalties for unaut consent form. Use of the information collected ba person, who knowingly requests, obtains or disclo participant may be subject to a misdemeanor and for negligent disclosure of information may bring cive the officer or employee of HUD or the owner resp for misusing the social security number are contain	ted States Government. HUD and any owner (or any employee of HUD or thorized disclosures or improper use of information collected based on the used of this verification form is restricted to the purposes cited above. Any ses any information under false pretenses concerning an applicant or fined not more than \$5,000. Any applicant or participant affected by ril action for damages and seek other relief, as may be appropriate, against consible for the unauthorized disclosure or improper use. Penalty provisions and in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of
Information will be provided as follows:	
Provider: Edge Information Management, Inc.	Miracle Village, Inc. 1208 Birmingham Street
Signature of Applicant:	Date:





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LANDLORD REFERENCE

Dear Landlor	rd:			
tenancy at you supply the for to the above a	sted above has applied for an aparur residence. The applicant's signallowing information. Please compaddress or fax as soon as possible	nature indicat plete this brie	es their permission t	for you to
Thank you.				
Applicant's	Signature		Date	
Dates of reside	ency: Fromt)		
2. Has the tenant	_	Yes		
·	standing balance owed?	Yes		
4. Has housekeep	ing been acceptable?	Yes		
5. Have here beer	any complaints against the			
tenant, or mem	bers of their family or guests?	Yes	No	
What was the reason for	or vacating the unit?			
Are there any other co	mments?			
Landlord Signature:		Telephon	e Number:	
Name of Business and	/or Landlord:			
Address:	City		State	Zip

