



OFFICE USE  
 APP#: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_

**APPLICATION**

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

Phone # ( ) -

**Applicant's Employer:**

**Co-Applicant's Employer:**

Name/Company \_\_\_\_\_

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # ( ) -

Phone # ( ) -

How did you hear of this housing development? \_\_\_\_\_

Are you now or have you ever lived in a government subsidized housing (income-based housing)?

Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Development Name/Address: \_\_\_\_\_

On January 31, 2010, were you age 62 or older, did not have a SSN and receiving HUD rental assistance at a government subsidized housing? Yes \_\_\_ No \_\_\_ if yes, list Development Name/Address: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment, or any other reason? Yes \_\_\_ No \_\_\_ if yes, explain circumstances: \_\_\_\_\_

List names, address and phone numbers of relatives or friends who generally know how to contact you:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # ( ) -

Phone # ( ) -

**Social Security Numbers for all members of the applicant's household, except those household members who do not contend eligible immigration status must be listed.**



## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List Head of Household (**H.O.H.**) & all other members applying & give the relationship to Head of Household:

Family Members First Name, Middle Name, Last Name	Relation to H.O.H.	Date of Birth	Age	Sex	Place of Birth	Soc. Sec. #
	<b>H.O.H.</b>					

## PERSONAL DECLARATION

You must use the correct legal name for each member of your household as it appears on the social security card. List all children who will be living in the household.

Child's Name (as it appears on social security card) First, Middle, Last Name	Relation to H.O.H.	Absent Parent's Name	Absent Parent's Address	Do you Have Custody?

Do you have full custody of the children listed? Yes \_\_\_ No \_\_\_ if no, explain custody arrangements \_\_\_\_\_

\_\_\_\_\_



If separated or divorced, list name and address of spouse/ex-spouse as follows:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
SSN (if known)

\_\_\_\_\_  
SSN (if known)

Is the Head of Household or spouse disabled? Yes \_\_\_ No \_\_\_

Is anyone in the Household disabled? Yes \_\_\_ No \_\_\_

Does anyone live with you now who is not listed above? Yes \_\_\_ No \_\_\_ if Yes,  
explain \_\_\_\_\_

Are any additions to the family expected? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Explain: \_\_\_\_\_

**Have you or any adult members ever used any name(s) or social security numbers(s) other than the one you are currently using? (Including Maiden & Previous Married Names) Yes\_\_\_ No\_\_\_;**  
if yes, please list and explain \_\_\_\_\_



Have you or anyone in your household ever been arrested of any crime? Yes\_\_\_ No\_\_\_; if yes, please fill out all areas below:

**\*\*Failure to list any & all offenses regardless of disposition may result in denial of your application.**

Arresting Agency	Offense	Convicted Y/N	Date

**Is anyone in the household listed on the application and applying for housing a registered sex offender or subject to register as a sex offender on the National Sex Offender Registry or any state or local sex offender registry? Yes\_\_\_\_\_ No\_\_\_\_\_**

**List all states where the applicant and members of the household have resided**

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Who in the household is 18 years of age and older & a student, or expecting to become a part-time or full-time student at an institution of higher education?

First Name                      Date Enrolled                      Name & Address of School


Type of Educational Assistance \_\_\_ Grant \_\_\_ Loan \_\_\_ Scholarship \_\_\_ Other

**The following information is for statistical purposes: (completion is optional)**

Race of Head of Household: White \_\_\_ Black \_\_\_ Native American \_\_\_ Asian \_\_\_ Other \_\_\_\_\_

Ethnicity of Head of Household: Hispanic \_\_\_ Non-Hispanic \_\_\_

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**INCOME INFORMATION** (all information will be verified by a third party)

Please answer each of the following questions for all household members. For each **YES** answer provide the amount received.

<b><u>DO YOU RECEIVE OR EXPECT TO RECEIVE?</u></b>	<b>Yes</b>	<b>No</b>	<b>Monthly Amt</b>
Wages, salaries (includes overtime, tips, bonuses),			
Commissions, self –employment? _____			
Does any member work for someone who pays them cash? _____			
Regular pay for member of the Armed Forces? _____			
Welfare or disability benefits (AFDC, SSI, and GA)? _____			
Worker’s Compensation? _____			
Unemployment benefits or severance pay? _____			
Child Support? _____			
Alimony? _____			
Earned Income Tax Credit? _____			
Educational grants, scholarships or V.A. Student benefits? _____			
Social Security payments? _____			
Pensions (PERA, Railroad, etc.)? _____			
Retirement Benefits? _____			
Veterans Administration Benefits? _____			
Death Benefits? _____			
_____			
Annuities or Life Insurance Dividends? _____			
Lump sum payments (include inheritances, insurance settlements, Lottery winnings, capital gains)? _____			
_____			
Regular cash contributions or gifts from individuals not living in the Unit? _____			
_____			
Other? _____			
_____			



**ASSET INFORMATION**—(all information will be verified by a third party) Please answer each of the following questions for all household members. For each **YES** answer provide the balance.

	YES	NO	CURRENT BALANCE		YES	NO	CURRENT BALANCE
Checking Accts.			\$	* Trusts			\$
Savings Accts.			\$	* IRA/Keogh			\$
Direct Express Debit Card			\$	* Cert. of Deposit			\$
Stocks			\$	* Whole Life Insurance Policy			\$
Bonds			\$	* Money Market			\$
Securities			\$	* Safety Deposit Box			\$

	YES	NO	VALUE
Do you hold a contract for deed?			\$
Do you own a home, farm, or other real estate?			\$
Do you have a coin collection, antique cars, gems/jewelry, stamps or any other items held as an investment? (wedding rings and personal jewelry do not count)			\$
Do you have assets jointly with another person? List person and asset.			\$
Have you given away OR sold real property or any assets in the past two years?			\$
Do you receive rental income from a home, farm, or property?			Monthly Amt. \$

Do you own a car? Yes \_\_\_ No \_\_\_; Model/Year \_\_\_\_\_ Tag # \_\_\_\_\_

Do you own a second car? Yes \_\_\_ No \_\_\_; Model/Year \_\_\_\_\_ Tag # \_\_\_\_\_

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**EXPENSES**

Do you pay childcare, which enables you or another family member to work or go to school?  
Yes\_\_\_ No\_\_\_

**DISABLED/ELDERLY FAMILY MEMBERS ONLY**

Do you pay for a care attendant or for any equipment for the disabled/elderly member of the family that is necessary to permit that the person or someone else in the family to work?  
Yes\_\_\_ No\_\_\_

Do you have Medicare? Yes\_\_\_ No\_\_\_

Do you have any other supplemental health insurance? Yes\_\_\_ No\_\_\_

Do you receive Public Assistance for Aid to Disabled or Elderly? Yes\_\_\_ No\_\_\_

Do you have any outstanding medical bills, you are paying? Yes\_\_\_ No\_\_\_

If yes, how much? \_\_\_\_\_

Do you expect to have medical expenses in the next 12 months? Yes\_\_\_ No\_\_\_

If yes, amount of medical expenses? \_\_\_\_\_

**CHARACTER REFERENCES:**

**DO NOT USE FAMILY MEMBERS**

Name:	
Address:	
City:	
State:	Zip:
Years Known:	Phone # ( ) -

Name:	
Address:	
City:	
State:	Zip:
Years Known:	Phone # ( ) -

Name:	
Address:	
City:	
State:	Zip:
Years Known:	Phone # ( ) -

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**RESIDENCY REFERENCES:**

Per HUD guidelines, Southgate Village Apts will use EIV system to verify if an applicant or any other household member(s) are currently being assisted at another Multifamily Housing or Public and Indian Housing location.

**LIST THE LAST 5 YEARS OF RESIDENCY.**

**PLEASE SPECIFY IF LANDLORD WAS RELATIVE or FRIEND.**

Current Landlord's Name and/or Relation:			Landlord Phone #  (    )    -
Current Landlord Address:			
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From    /    /    to    /    /			

Previous Landlord's Name and/or Relation:			Landlord Phone #  (    )    -
Previous Landlord Address:			
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From    /    /    to    /    /			

Previous Landlord's Name and/or Relation:			Landlord Phone #  (    )    -
Previous Landlord Address:			
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From    /    /    to    /    /			

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Previous Landlord's Name and/or Relation:			Landlord Phone #
Previous Landlord Address:			( ) -
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From / / to / /			

Previous Landlord's Name and/or Relation:			Landlord Phone #
Previous Landlord Address:			( ) -
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From / / to / /			

Previous Landlord's Name and/or Relation:			Landlord Phone #
Previous Landlord Address:			( ) -
City:	State:	Zip:	Amount of Rent \$
Your Address:			How long there?
City:	State:	Zip:	Reason for moving:
Dates of Residence: From / / to / /			

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**APPLICANT CERTIFICATION**

I certify that if selected to move into this development, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for Section 8 Housing Assistance. I authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or Local Agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I further understand and agree that a false statement herein is grounds for denial of housing or basis for eviction, increase in HUD approved rents, and loss of financial assistance as the HUD regulations may require. **I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO SOUTHGATE VILLAGE IN WRITING IMMEDIATELY.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**WARNING!** TITLE 18, section 1001 USC, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

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RE: Criminal History Records

We are directed by the Department of Housing and Urban Development regulations to verify the police records of all applicants for the Project Based Section 8 Housing Program to determine eligibility. We appreciate your cooperation.

**I hereby authorize Southgate Village to furnish the following information to the necessary law enforcement agencies which is required to determine eligibility for the Project Based Section 8 Housing Program.**

\_\_\_\_\_

**Applicant Signature** **Date**

(Please print full legal name legibly. Include any other names/aliases that you may have used)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

**\*FOR OFFICIAL USE ONLY\***

Years Searched: \_\_\_\_\_

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Disposition Date: \_\_\_\_\_

\_\_\_\_\_  
Name of person that verified information

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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