

APPLICATION FOR HOUSING

General Instructions

Answering questions on this form: Please do not leave any sections or questions on this application blank. If questions do not apply to you, enter "none" or "N/A" for those questions. We will verify your answers. It is important to remember that falsification of any information on the application is grounds for automatic rejection. Be sure to sign the application, certifying the accuracy and completeness of the information provided. Incomplete applications will be returned to you. Once you have completed the package, please return or Fax to:

NAMI-Delaware
2400 W. 4th Street
Wilmington, DE 19805
FAX: 302-427-9092

You will be placed on the waiting list according to the date and time the application was received in our office. When your application nears the top of the waiting list, you will be notified of an interview time. You will also be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program. If you have any questions concerning the application package, please contact our office **between the hours of 8:30 am and 4:00 pm, at 888-427-2643** and we will be glad to provide assistance. Information you provide will be treated as confidential by Management.

If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to insure equal access to this notice will be provided in a confidential manner and setting.

*Eligibility Statement

This HUD Section 811 housing is for independent, community-based living. Residents have private bedrooms in a shared home and share common spaces with others. This is not an assisted living facility residents must be able to live independently, with or without outside support. NAMI Delaware does not provide or coordinate personal care or medical services.

Housing is available only to adults with qualifying disabilities. Each adult must meet HUD Section 811 eligibility. Children are not eligible. Questions about eligibility or the shared living arrangement? Contact our office before applying.

HOUSEHOLD GENERAL INFORMATION:

Name			
Street, Apt. #			
City, State, Zip			
Telephone #			
Work Telephone #			
Social Security #			
Driver's License #			
Birthdate			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Head or Spouse/Co-Head Elderly (62 or older)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Seeking Handicapped Accessible Housing?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Marketing Effectiveness:

Racial Categories	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Ethnic Categories	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

HOUSING INFORMATION:

What is your present living situation? ☐ RENT ☐ OWN ☐ UNHOUSED

Do you currently live in subsidized housing? ☐ YES ☐ NO

If you are currently subsidized, what agency provides that subsidy? _____

Have you ever lived in subsidized housing? ☐ YES ☐ NO

Do you have any household pets? ☐ YES ☐ NO

Breed: _____ Size: _____

Spay/Neutered: ☐ YES ☐ NO

Please provide list and information (cities, counties and states) past FIVE (5) years (list most recent first):

Address	
Address	
Address	
Address	
Address	

Please answer the following questions concerning head of household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? No _____ Yes _____

Explain _____

2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol?

No _____ Yes _____

Explain _____

3. Has any household member been convicted of a felony? No _____ Yes _____

Explain _____

4. Is a household member on probation or parole? No _____ Yes _____

Explain _____

5. Is any household member listed as a registered sex offender in any state?

No _____ Yes _____ If yes, which states? _____

Explain _____

Verification of Disability

Name of Source: _____

Address: _____

Applicant: _____

SS# _____

The individual named above is an applicant for housing assistance, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the individual to be eligible, we must verify information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining their eligibility for the program.

TO BE COMPLETED BY THE EVALUATION DIAGNOSTICIAN

Handicap Certification: HUD's definition of handicap requires that an individual have a physical or mental handicap which; will be of long and indefinite duration; impedes the ability to live independently; and is of such a nature that the person's ability to live independently could be improved by more suitable housing. All of the above conditions must be true to qualify as handicapped.

Based on the description above, it is my opinion that _____

Name of applicant _____

- ☐ Is handicapped
☐ Is not handicapped

Disability Certification: HUD considers a person disabled if Social Security's definition is met in paragraph (a), or the individual has a developmental disability as described in paragraph (b).

- (a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (b) A developmental disability is a severe, chronic disability which:
- (1) is attributable to a mental and/or physical impairment;
 - (2) was manifested before the age of 22;
 - (3) is likely to continue indefinitely;
 - (4) results in substantial functional limitations in three or more of the following areas: capacity for independent living; self-care; receptive and expressive languages; learning; mobility; self-direction; and economic self-sufficiency.

Signature _____

Date _____

Title _____

Phone _____

BACKGROUND INFORMATION FORM

Advisory: Complete the information below in hand printing, in black ink, or type in. An investigation will be conducted on all information furnished on this form. By signing this form, you acknowledge you understand that the housing offered to you will depend upon the results of a background investigation. Inaccurate or untruthfulness to questions below may be the basis for refusal.

RELEASE: By signing this form, I hereby authorize any representative of Info Retrieval Services, bearing this release, or copy thereof to obtain any information in your files pertaining to my employment, credit, licensing, disciplinary actions, and criminal history. I hereby direct you to release such information upon the request of the bearer. Consent is granted to Info Retrieval to furnish such information as described above to Synetics Corporation only. I hereby release Info Retrieval Services and Synetics Corp., as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing this information on a voluntary basis and have been advised by Info Retrieval services and Synetics Corporation this information will be used for the sole purpose of facilitating the accurate acquisition of records concerning me in connection with an application for housing. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature

Date

Name (Last, First Middle): _____

List all other names you have used, including maiden names, married names and nicknames:

Birth Date:				Sex:					
	Month	Day	Year	M/F	Soc. Sec. #	Driver's License #	State Issued		

Home Telephone: _____ Work Telephone: _____

Name of Spouse(s): _____ Date of Marriage(s): _____

List city, county and state of residence for past 7 years beginning with your most recent address:

City	County	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been arrested for a misdemeanor or felony offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
This question does not apply to traffic offenses. If you have answered yes, provide details below:	

Date of Arrest (mm/dd/yyyy)	County/State of Arrest	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release of Information Waiver

Name	
Address	

Home Phone	
Work Phone	

I hereby authorize _____
Mental Health Provider

to release information to the National Alliance on Mental Illness in Delaware (NAMI-DE) regarding any issue that may impact my independent housing opportunities.

This information may be released to the following individuals:

NAMI Delaware's Housing Operations Manager

For the purpose of: Assuring the housing stability of below named individual:

Applicant Signature

Date

Print Name

Note: I understand that my records are protected under the federal regulations governing Confidentiality of Drug Abuse Patient Records, 42 CFR Part 2, and the privacy and security of personal healthcare information, 45 CFR Parts 160-164. I understand that my records cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time including oral and written revocation except to the extent that action has been taken in reliance on it. This waiver is in effect for one year or until the tenant notifies National Alliance on Mental Illness in Delaware to withdraw this authorization.

Attachment A

OMB Control # 2502-0581 Exp. (02/28/2019)

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 Number:	
Cell Phone Number:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone Number:	
Cell Phone Number:	
Email Address (If Applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	<input type="checkbox"/> Emergency <input type="checkbox"/> Eviction From Unit <input type="checkbox"/> Late Payment of Rent <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Termination of Rental Assistance <input type="checkbox"/> Change in Lease Terms <input type="checkbox"/> Change in House Rules. <input type="checkbox"/> Other: List in The Column Below:

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

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.