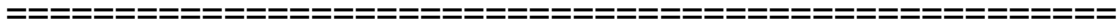


**WHITEFISH HOUSING AUTHORITY  
MOUNTAIN VIEW MANOR**

100 4th Street East  
Whitefish, MT 59937  
406-862-4100 406-862-4107 (fax)



Application for the Mountain View Manor Public Housing

- 1) To be qualified for admission to public housing an applicant must:
  - a) Be a family as defined in WHA's Admission and Continues Occupancy Policy;
  - b) Meet the HUD requirements on citizenship or immigration status;
  - c) Have an annual income at the time of admission that does not exceed the income limits established by HUD that are posted in WHA offices.
  - d) Provide documentation of Social Security numbers;
  - e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a WHA-approved pre-occupancy orientation session, if requested to do so;
  - f) Pay any money owed to WHA or any other housing authority;
  - g) Not have had a lease terminated by WHA in the past 3 years;
  - h) Be able and willing to comply with the Whitefish Housing Authority lease; and
  - i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
- 2) Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type, size, and admission preferences.
- 3) Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, WHA will remove the applicant's name from the waiting list and send a notice to the family of such removal. The applicant may reapply for assistance if the waiting list is open.
- 4) Applicants with disabilities may seek assistance with the completion of the application at WHA's office.
- 5) WHA will conduct a criminal record check on all applicants.

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Date of Application: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of Head of Household: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current address, street, Apt #: \_\_\_\_\_

Current City, State, and Zip: \_\_\_\_\_

Current Area Code, Home, & Work Phone #'s: \_\_\_\_\_

Do you own a pet? Yes No If yes, type of pet: \_\_\_\_\_

Do you or any members of your household that will live in the apartment need reasonable accommodation? Yes No Wheelchair Accessibility? Yes No

Is the head of household or spouse age 62 or older or a person with a disability? Yes No

**SPOUSE/LIVE IN AIDE INFORMATION:**

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

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1) Is any adult family member employed? Yes No  
If yes, who can verify this? Please give name, address, and phone number: \_\_\_\_\_  
\_\_\_\_\_

2) Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No  
If yes, who can verify this? Please give name, address, and phone number: \_\_\_\_\_  
\_\_\_\_\_

3) Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month.

| Family Member Name | Income Source | Amount \$ | Frequency Per Week Month Year |
|--------------------|---------------|-----------|-------------------------------|
|                    |               | \$        |                               |
|                    |               | \$        |                               |
|                    |               | \$        |                               |

4) Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No

If yes, please describe the type of asset: \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

5) Do you own any real estate? Yes No

If yes, what is the address? \_\_\_\_\_

6) Have you sold any real estate in the past two years? Yes No

If yes, what was the address? \_\_\_\_\_

7) Current Landlord's name and phone #: \_\_\_\_\_

Date Family moved to this location: \_\_\_\_\_

8) Most recent former Address, Street, Apt #: \_\_\_\_\_

Most recent former City, State, Zip: \_\_\_\_\_

Most recent former Area Code and Phone #: \_\_\_\_\_

9) Most recent prior Landlords name and phone #: \_\_\_\_\_

Date Family moved to this location: \_\_\_\_\_

**SCREENING QUESTIONS:** A "yes" answer will not necessarily disqualify you for admission.

10) Have you ever been evicted from housing? Yes No

If yes, why? \_\_\_\_\_

11) Have you ever lived in public housing before: Yes No

If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_

Do you owe any money to the housing authority? Yes No

12) Have you or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No

If yes, please explain the nature of the problem and who was involved: \_\_\_\_\_

\_\_\_\_\_

13) Is anyone in your household currently on parole or probation? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**WHA will be contacting all former landlords for the period three years from the date of application.**

I/We certify that the statements on the application are true to the best of my/our knowledge and believe and understand that they will be verified. I/we authorize the release of information to the Whitefish Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 1-800-424-8590.



**DECLARATION OF SECTION 214 STATUS**

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (please mark the appropriate line):

\_\_\_\_\_ I am a citizen by birth, a naturalized citizen or a national of the United States; or

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or

\_\_\_\_\_ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS documents evidencing eligible immigration status and signed verification consent form.

\_\_\_\_\_ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or

\_\_\_\_\_ Permanent residence under #249 of INA; or

\_\_\_\_\_ Refugee, asylum, or conditional entry status under #207, 208, or 203 of the INA; or

\_\_\_\_\_ Parole status under #212(d)(f) of the INA; or

\_\_\_\_\_ Threat to life or freedom under #243(h) of the INA; or

\_\_\_\_\_ Amnesty under #254 of the INA.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

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United States Department of  
Housing And Urban Development

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**CONSENT AND AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD INFORMATION**

Pursuant to Sections 214 and 302 of the Montana Criminal Justice Information Act of 1979 (Chapter 5, Title 44), the undersigned hereby appoints the Whitefish Housing Authority, Inc. ("Authority") as his/her agent for the purpose of inspecting any criminal history record information maintained on him/her by any criminal justice agency and authorizes said agency to release to the Authority any and all information, whether oral or recorded, factual or opinion, in any form or medium, relating to his/her criminal history.

This consent is effective to three (3) months from the date signed below.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

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

STATE OF MONTANA)

: ss.

County of Flathead )

On \_\_\_\_\_, before me, Notary Public for the State of Montana, personally appeared, known to me

to be the person whose name is \_\_\_\_\_

\_\_\_\_\_  
subscribed to the within instrument, and acknowledged to me that (s)he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year herein above first written.

\_\_\_\_\_  
Notary Public for the State of Montana

Residing at \_\_\_\_\_, Montana

My commission expires: \_\_\_\_\_ (NOTORIAL SEAL)