

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**APPLICATION FOR ELIGIBILITY DETERMINATION  
FOR RESIDENCY WITH JEFFERSON CENTER**



**1. APPLICANT(S):** **PLEASE PRINT**

**Head of Household:**

\_\_\_\_\_  
First Middle Initial Last

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

\_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Area Code) Cell Phone

**Spouse/**

**Co-Head Name:**

\_\_\_\_\_  
First Middle Initial Last

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

\_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Area Code) Cell Phone

**2. Household Composition and Characteristics**

(List the head of the household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birth Date	Sex M or F	Social Security Number
	Head			
	Spouse/Co Head			

If a Live-In Attendant is needed: Name of Attendant \_\_\_\_\_

Name/Address of a Doctor who can verify this need: \_\_\_\_\_

3. **Current Housing Status**

Please list all addresses where you have lived during the past FIVE years:  
(Use additional sheet if necessary.)

_____	_____	Rental: ____ Yes ____ No
Street Address	Unit #	If Yes, complete:
_____	_____	Landlord/Mgr: _____
City	State	Zip
Dates: _____	_____	Address: _____
		_____

~~~~~  
**Prior Housing:** List prior address and landlord's name and address.

|                |        |                          |
|----------------|--------|--------------------------|
| _____          | _____  | Rental: ____ Yes ____ No |
| Street Address | Unit # | If Yes, complete:        |
| _____          | _____  | Landlord/Mgr: _____      |
| City           | State  | Zip                      |
| Dates: _____   | _____  | Address: _____           |
|                |        | _____                    |

4. **Employment** Are you/household members currently employed? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give name and address of your employer(s):

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

(Area Code)

FAX: \_\_\_\_\_

(Area Code)

  

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

(Area Code)

FAX: \_\_\_\_\_

(Area Code)

**6. Income**

Do you or any members of your household receive any of the following types of income on a regular basis?

| <b>Please Select An Answer</b>                           | <b>Source</b>                                 | <b>Monthly Amount</b> | <b>Documentation Needed Prior to Move-In</b> |
|----------------------------------------------------------|-----------------------------------------------|-----------------------|----------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages/Salaries                                |                       | Pay stub/letter from employer                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security<br>SSI<br>Railroad Retirement |                       | Current Award Letter                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Pensions                              |                       | Most Recent Statement/Check Stub             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities                                     |                       | Most Recent Statement/Check Stub             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Insurance                          |                       | Most Recent Statement/Check Stub             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest from Investments                     |                       | Bank Statement; Forms 1099                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dividends                                     |                       | Dividend Statement                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Income                                  |                       | Most Recent Statement                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from Self-Employment                   |                       | Tax Documents or Written Statement           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (specify)                               |                       | Written Documentation                        |

Do you or any members of your family have any regular sources of income not listed above?

Yes  No If yes, please describe \_\_\_\_\_

**7. Assets**

Do you or any members of your family have any of the following assets?

| <b>Please Select An Answer</b>                           | <b>Asset</b>                   | <b>Current Value</b> | <b>Documentation Needed As Attachments to Application</b> |
|----------------------------------------------------------|--------------------------------|----------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash<br>(in excess of \$1,000) |                      | Signed Statement                                          |

|                |                                  |  |                                                        |
|----------------|----------------------------------|--|--------------------------------------------------------|
| ___ Yes ___ No | Checking Account(s)              |  | Copy of Most Recent Bank Statement(s) – Prior 6 Months |
| ___ Yes ___ No | Savings/Money Market Account(s)  |  | Most Recent Statement(s)                               |
| ___ Yes ___ No | Stocks and Bonds                 |  | Most Recent Statement                                  |
| ___ Yes ___ No | Certificate of Deposit           |  | Copy of Certificate                                    |
| ___ Yes ___ No | Collectibles held for Investment |  | Current Appraisal                                      |
| ___ Yes ___ No | Trusts, IRA, or Pension Accounts |  | Most Recent Statement                                  |

Do you or any members of your household own a home, commercial property, or other real estate? \_\_\_ Yes \_\_\_ No If yes, please list.

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

8. Do you or any members of your household have any **life insurance policies** with permanent cash value? (May be called “whole life,” universal,” or “paid up” coverage.)  
 \_\_\_ Yes \_\_\_ No If yes, please list policies below:

| Name of Company | Policy # | Face Value | Current Cash Value |
|-----------------|----------|------------|--------------------|
|                 |          |            |                    |
|                 |          |            |                    |
|                 |          |            |                    |
|                 |          |            |                    |

9. Do you have any **dependents** who live with you?  
 \_\_\_ Yes \_\_\_ No

10. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years?  
 \_\_\_ Yes \_\_\_ No If yes, please describe:

\_\_\_\_\_

11. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

12. Jefferson Center is a smoke-free environment. Smoking is not permitted in apartment or common areas.

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please explain and name household member: \_\_\_\_\_

14. How did you hear about Jefferson Center?

\_\_\_\_\_ Current resident or resident family member  
\_\_\_\_\_ Friend  
\_\_\_\_\_ Employee  
\_\_\_\_\_ Religious organization  
\_\_\_\_\_ Information provided by a government agency?  
\_\_\_\_\_ Advertisement (Where?) \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

15. Do you plan to use a service or assistive animal in this facility?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the organization who trained and placed the animal:

\_\_\_\_\_

Do you plan to bring a pet onto the premises or do you currently own a pet? If so what type? \_\_\_\_\_

Please note that a \$300 pet deposit is required at the time of lease signing.

16. Do you drive and plan to bring a car to Jefferson Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Apartment Preference: B Efficiency \_\_\_\_\_ A Efficiency \_\_\_\_\_ 1 Bedroom \_\_\_\_\_

18. **Applicant(s)' Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Jefferson Center** in writing with any changes of address/phone number and return the annual update letter to **Jefferson Center** within the stated time frame. I/we understand that failure to complete this application in its entirety may result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of **JC** Administrator: \_\_\_\_\_ Date \_\_\_\_\_

**Jefferson Center does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Jefferson Center does not discriminate based upon age for any reason, excluding HUD program/project requirements.**