

Dear Prospective Resident,

Thank you for expressing interest in Ansonborough House. The application needs to be completed and returned to us so that we can process your request.

If you are currently homeless, about to be homeless, paying more than 50% of your income for rent or living in substandard housing- please advise management of your situation when you turn in your application. It may shorten your wait time.

Enclosed is a check list for your use to keep track of what documents Ansonborough needs prior to move-in. Also provided is a copy of Ansonborough House's Tenant Selection Plan.

Before Move In, You Must Provide Copies Of:

- ☐ BIRTH CERTIFICATE
- ☐ PICTURE IDENTIFICATION
- ☐ SOCIAL SECURITY CARD
- ☐ MOST RECENT- 6 MONTHS - BANK CHECKING STATEMENTS
(if applicant has checking account)
- ☐ MOST RECENT - 1 MONTH - BANK SAVINGS STATEMENT
(if applicant has savings account)
- ☐ PROOF OF INCOME (current year social security statement, pension, or annuity)
- ☐ PRESCRIPTION EXPENSE (previous year)
- ☐ DRIVERS LICENSE, VEHICLE REGISTRATION, & PROOF OF CURRENT
INSURANCE (if applicable)
- ☐ PROOF OF CURRENT RABIES VACCINATION FOR PETS (if applicable)

If you have any questions, please do not hesitate to contact us.

Karen Westmoreland
Property Manager
Ansonborough House
71 Society Street, Charleston, SC 29401
Office: 843-723-8613

Anson@charlestonareaseniors.com

Ansonborough House
71 Society St., Charleston, SC 29401
Phone: (843) 723-8613 Fax: (843) 723-3074

Providing false, incomplete or inaccurate information on your application is considered fraud and punishable by law.			
(First)		(Middle)	
(Last)			
Birthdate:	Social Security Number:	Sex: M/ F	
Telephone Number: ()		Driver's License Number:	
Present Address:	City	State	Zip
Mailing Address: (if different)	City	State	Zip
Spouse/Co-head Name: (First)		(Middle)	
		(Last)	

Previous Rental History

Current Landlord: (Name)		(Address)	
Current Landlord's Phone #:		How long at this residence?	
()			
Have you ever been evicted for:	Unpaid Rent?	Damages?	Other?
	Yes / No	Yes / No	Yes / No
Are you a student at an institution of higher education? Yes / No			
Are you a full- time student? Yes / No			
Are you or any member of your household subject to a lifetime sex offender registration?		Are you or any member of your household currently using illegal drugs or abusing alcohol?	
Yes / No		Yes / No	
Have you or any member of your household ever been convicted of a felony?		What is your GROSS income?	
Yes / No		MONTHLY: \$	
We reserve the right to conduct criminal background checks.		WHAT TYPE?	

Credit References

Bank #1:	Branch:	Checking Account # #:	Savings Account #:
Bank #2:	Branch:	Checking Account #	Savings Account #:
Savings & Loan/Others:		Branch:	Account #:

Personal References

Name of Reference #1:	Relationship to Applicant	Reference's Phone Number:
Reference #1's Address:		
Name of Reference #2:	Relationship to Applicant	Reference's Phone Number:
Reference #2's Address:		

Emergency Contact

Name:	Relationship to Applicant	Phone Number:
Address:		

Personal Property

Automobile Make and Model:	Year:	License Plate Number:	State:
Do you own a pet? Yes / No	How Many:	Type:	Size /Weight:

WHERE TO SEND YOUR COMPLETED APPLICATION

71 Society Street Charleston, SC 29401 Phone (843) 723-8613 Fax (843) 723-3074		
Please note: Completing and returning this application does not guarantee housing.		
Applicant Signature:	Signature Date:	Time:
Application must be dated to be placed on wait list.		

RELEASE

I authorize Ansonborough House to run a credit check, landlord reference check and criminal history search to include South Carolina Sex Offenders.

I understand that Ansonborough House will follow HUD guidelines for housing consideration.

SIGNATURE _____ DATE: _____

TIME: _____

I, (applicant) _____ do hereby affirm that the information I have provided is correct and true to best of my knowledge. I also understand that giving false information in regards to any form of this application will constitute grounds of denial of placement and possible criminal prosecution in accordance with federal, state and municipal law and HUD guidelines.

SIGNATURE _____ DATE: _____

WITNESS _____ DATE: _____

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 No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, <i>this</i> 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 D.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.

Form HUD- 92006 (05/09)