

Is anyone other than yourself legally authorized to handle your financial and/or personal matters? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain (Power of Attorney, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



493 Castle Shannon Boulevard  
Pittsburgh, PA 15234-1420  
PH 412-563-6566 FAX 412-572-8297

Management Office Use Only:  
Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Reference # \_\_\_\_\_  
Income Category \_\_\_\_\_

**SMOKE FREE CAMPUS**  
**HUD SECTION 8/202 PRELIMINARY APPLICATION**

*(Please Print)*

**TO ESTABLISH ELIGIBILITY ACCORDING TO HUD REGULATIONS, PLEASE CHECK TO SEE THAT YOU HAVE COMPLETED ALL INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU. MISREPRESENTATION OF INFORMATION WILL EXCLUDE APPLICANT FROM FURTHER CONSIDERATION.**

Non-Discrimination - Section 504 Baptist Manor does not discriminate on the basis of disability status in admission or employment in its Federally Assisted Programs or Activities. Baptist Manor does not discriminate on the basis of race, age, religion, color, national origin, ancestry, sex, disability, familial status, a person's actual or perceived sexual orientation, gender identity or marital status in the admission or access to its Federally Assisted Program.

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Marital Status \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Do you own a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ Make/Model/Year \_\_\_\_\_ License No. \_\_\_\_\_

**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, 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/manager 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/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we also understand that all changes in the income of any member of the household must be reported to the Manor Office in writing immediately.

**HOUSEHOLD COMPOSITION:** List all persons who will be living in the unit other than the applicant, who is considered the Head of Household.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ Sex \_\_\_\_\_  
Do you own a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Type of pet \_\_\_\_\_ (25 lb. weight limit)  
Race of Head of Household: *(For statistical purposes only)*  
White \_\_ Black/African American \_\_ Asian \_\_ American Indian/Alaska Native \_\_ Native Hawaiian/Pacific Islander \_\_  
Ethnicity of Head of Household: *(For statistical purposes only)* Hispanic or Latino \_\_ Not-Hispanic or Latino \_\_  
Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**SIGNATURE: HEAD OF HOUSEHOLD** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE: CO-HEAD OF HOUSEHOLD** \_\_\_\_\_ **DATE** \_\_\_\_\_

Is the applicant or any member of the applicant's household subject to a lifetime state sex offender registration program in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

List all the states in which the applicant or any member of the applicant's household has resided:

Are you currently an illegal abuser of a controlled substance, or have you ever been convicted of a drug related crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever lived in a federally subsidized housing unit? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes:*

Name and address of complex \_\_\_\_\_

Name of manager \_\_\_\_\_ Phone \_\_\_\_\_

Years you lived in HUD housing \_\_\_\_\_ Date last lived in HUD housing \_\_\_\_\_ Amount of monthly rent \$ \_\_\_\_\_

Have you ever committed any fraud in a Federal Assistance Housing Program and been required to make restitution for misrepresentation of information? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Please explain \_\_\_\_\_

Reason for desired move: \_\_\_\_\_

Title 18 Section 1001 of the United States Code 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.

This preliminary application does not obligate the applicant or Baptist Manor.

NOTE: Baptist Homes is a smoke-free campus. Individuals who resided on campus prior to the implementation of the no-smoking policy retain the privilege to smoke only in their apartment.





