the Fucci Company

6 Regency Manor, Suite 1, Rutland, VT 05701 Tel. (802) 773-9107 Fax: (802) 773-0518

IMPORTANT NOTICE TO APPLICANT

READ THIS NOTICE BEFORE STARTING TO FILL OUT THIS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY!!!!!!

INCOMPLETE APPLICATIONS WILL BE RETURNED!!!!!!!

Failure to answer all questions will delay the processing of your application.

The application **must be returned in person.** If you are out of state, you may mail your application but we will require copies of your IDs and Social Security Cards at a later date. Please be sure your application is legible so we can process your application with correct information.

In order to be considered for tenancy with *The Fucci Company*, you must possess good credit, have good rental history, and have no criminal record. If no rental history, you must provide us with 2 Credible Character References.*

ALL LANDLORD REFERENCES AND CHARACTER REFERENCES MUST BE COMPLETED WITH EXACT PHONE NUMBERS AND ADDRESSES IN ORDER FOR THIS OFFICE TO CONTACT THEM.

TYPE OR PRINT YOUR ANSWERS CLEARLY.

If this application has be returned to you for failure to complete it properly, it will cause an unnecessary delay in processing.

MAKE SURE YOU SIGN YOUR NAME WHEREVER REQUIRED!!!!!

A Criminal Record Release Form will need to be signed at our office when application is returned.
WE WILL NEED A COPY OF YOUR SOCIAL SECURITY CARD ALONG WITH AN ADDITIONAL FORM OF IDENTIFICATION (PREFERABLE A PICTURE ID.

See other side for directions to our office

* See Attachment #1 for Credible Character References.

Directions to Regency Manor Office

From the North of Rutland:

Go South on Route 7, turn left onto Allen Street (near McDonald's), then right onto Mussey Street, then left onto Haywood Avenue. We are the second left off from Haywood Avenue. There is a sign at the entrance to the Development: Regency Manor, follow the office signs once in the development.

From the South of Rutland:

Go North on Route 7, turn right onto Curtis Avenue, then left onto Mussey Street, then right onto Haywood Avenue. We are the second left off from Haywood Avenue. There is a sign at the entrance of the development: Regency Manor. Follow the office signs once in the development.

From the East of Rutland:

Go West on Route 4, turn left onto Stratton Road (near McDonald's), continue on Stratton Road until you come to the hospital Y-intersection, at that light turn right onto Allen Street, left onto Mussey Street, left onto Haywood Avenue. We are the second left off from Haywood Avenue. There is a sign at the entrance of the development: Regency Manor, follow the office signs once in the development.

From the West of Rutland (Route 4 Business District):

Go East on Route 4, then South on Route 7, continue on Route 7 until the intersection near McDonald's, that that left onto Allen Street, then right onto Mussey Street, left onto Haywood Avenue. We are the second left off from Haywood Avenue. There is a sign at the entrance of the development: Regency Manor. Follow the office signs once in the development.

From the West of Rutland (Route 4 Bypass – Near Diamond Run Mall):

Go East on Route 4, then North on Route 7, continue on Route 7 until you come to the 3rd traffic light, turn right at that light (Curtis Avenue), then left onto Mussey Street, then right onto Haywood Avenue. We are the second left off from Haywood Avenue. There is a sign at the entrance of the development: Regency Manor. Follow the office signs once in the development.

Attachment #1

CREDIBLE CHARACTER REFERENCE

IF YOU DO NOT HAVE LEGAL LANDLORDS, you must provide this office with (2) Credible Character References. We consider a credible character reference, someone that can testify on your behalf, your character attributes (other than family members). Some examples of an acceptable credible reference would be an employer, a teacher, your pastor, and/or an upstanding citizen of the community that has known you for at least 5 years.

This is required if you have not established rental history.

Please have them write a letter on your behalf, explaining your relationship with them, how long they've known you, why they think you would be a good tenant, they must also provide us with their complete address and daytime telephone number so that we may contact them if we have further questions.

Without these references you will be denied due to incomplete information.

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received:
- Fined up to $10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can Answer your question or find out what the answer is.

Completing The Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members,
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC 20410.

THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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. Form **HUD- 92006** (05/09)

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PLEASE PRINT ALL INFORMATION CLEARLY

DATE: _____ PROJECT APPLYING FOR: _____ BEDROOM SIZE: _____

ANY SPECIAL ACCOMODATIONS NEEDED?: _____

HOW SOON DO YOU NEED AN APARTMENT ?: _____

GENERAL INFORMATION: **EMAIL ADDRESS:** _____

NAME: _____ CELL PHONE: _____

ADDRESS: _____ HOME PHONE: _____

_____ WORK PHONE: _____

PLEASE LIST BELOW **EACH** AND **EVERY** INDIVIDUAL TO BE INCLUDED IN YOUR HOUSEHOLD INCLUDING YOURSELF.

HOUSEHOLD MEMBER	RELATIONSHIP TO HEAD OF HOUSE	DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF BIRTH
	HEAD			

PLEASE PROVIDE OUR OFFICE WITH A PHOTOCOPY OF ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY CARDS PER GOVERNMENT REGULATIONS.

HOUSING STATUS:

NUMBER OF BEDROOMS IN PRESENT UNIT: _____ PRESENT RENT: $_____/MONTH

IF RENT DOES NOT INCLUDE UTILITIES, PLEASE INDICATE WHAT UTILITIES COST YOU PER MONTH:

$_____

ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING?_____

DO YOU HAVE A RENTAL ASSISTANCE VOUCHER? _____

ARE YOU BEING DISPLACED? _____ IF SO, WHY? _____

IS YOUR CURRENT UNIT IN A SUBSTANDARD CONDITION? _____ IF SO, DESCRIBE:_____

_____

HAVE YOU EVER FILED AN APPLICATION WITH *THE FUCCI COMPANY?* _____

HAVE YOU EVER BEEN A TENANT OF THE FUCCI COMPANY BEFORE? _____

HAVE YOU EVER BEEN EVICTED? _____ IF SO, EXPLAIN: _____

ARE YOU HANDICAPPED OR DISABLED? _____ IF SO, EXPLAIN: _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

WHY DO YOU WISH TO MOVE? _____

ARE YOU APPLYING FOR STATUS AS AN ELDERLY HOUSEHOLD, WHERE THE TENANT OR CO-TENANT IS 62+ YEARS OLD OR HANDICAPPED OR DISABLED, AS DEFINED BY HUD AND RURAL DEVELOPMENT, AND IF SO, ARE YOU AWARE YOU WILL RECEIVE A $400.00 ELDERLY HOUSEHOLD AND MEDICAL DEDUCTION?

IF SO, PLEASE INDICATE _____. PLEASE BE AWARE THAT ELIGIBILITY MUST BE VERIFIED.

DO YOU REQUEST A HANDICAP (BARRIER FREE) UNIT? _____

DO YOU REQUEST ANY MODIFICATIONS OF AN APARTMENT? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

(To be verified through Criminal Background check)

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

DO YOU USE MARIJUANA OR MARIJUANA PRODUCTS? ☐ YES ☐ NO

ARE YOU LEGALLY CAPABLE OF ENTERING INTO A LEASE AGREEMENT? ☐ YES ☐ NO

OTHER INFORMATION:

VEHICLES: LIST ALL VEHICLES IN HOUSEHOLD. MAKE: _____ YEAR: _____ PLATE #_____
MAKE: _____ YEAR: _____ PLATE #_____

DO YOU OWN A PET? ☐ YES ☐ NO IF YES, DESCRIBE _____

ARE YOU A FULL-TIME STUDENT? _____

The Fucci Company does not discriminate on the basis of race, color, religion, marital status, age or handicap/disability. The Fucci Company will make every reasonable accommodation for persons with handicaps/disabilities.

To remain current on our waiting list you must write or telephone the Fucci Company every six (6) months to confirm your interest in housing and to update any pertinent information.

APPLICANT EMPLOYMENT INFORMATION: Applicant name: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ HOURLY SALARY MONTHLY GROSS INCOME: _____
(PLEASE CIRCLE)

DATES EMPLOYED: _____ TO _____.

PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ HOURLY SALARY MONTHLY GROSS INCOME: _____
(PLEASE CIRCLE)

DATES EMPLOYED: _____ TO _____.

CO-APPLICANT EMPLOYMENT INFORMATION: Applicant name: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ HOURLY SALARY MONTHLY GROSS INCOME: _____
(PLEASE CIRCLE)

DATES EMPLOYED: _____ TO _____.

PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION: _____ HOURLY SALARY MONTHLY GROSS INCOME: _____
(PLEASE CIRCLE)

DATES EMPLOYED: _____ TO _____.

OTHER INCOME AND ASSET INFORMATION:

PLEASE LIST BELOW ALL HOUSEHOLD INCOME FROM OTHER SOURCES. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ANFC, SOCIAL SECURITY, SSI, SSD, PENSIONS, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY AND CHILD SUPPORT, ANY INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, AND ANY REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

HOUSEHOLD MEMBER	NAME & ADDRESS OF INCOME SOURCE	TYPE OF INCOME (I.E. PENSION)	MONTHLY GROSS AMOUNT

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS? _____
IF SO, EXPLAIN _____

ASSETS: *Please note you do not need to disclose bank account numbers.*

CHECKING ACCT _____ BANK: _____ BALANCE: $_____ RATE _____%
_____ _____ $_____ _____%
SAVINGS ACCT _____ _____ $_____ _____%
_____ _____ $_____ _____%
CERTIFICATE _____ _____ $_____ _____%
_____ _____ $_____ _____%

DO YOU OWN ANY STOCKS OR BONDS? _____ IF SO, PLEASE DETAIL: _____
DO YOU OWN ANY REAL ESTATE? _____ IF SO, PLEASE DETAIL: _____
HAVE YOU SOLD; DISPOSED OF; OR OTHERWISE GIVEN AWAY ANY ASSETS OR REAL ESTATE IN THE LAST 2 YEARS (EXAMPLES: GIVEN MONEY OR REAL ESTATE TO RELATIVES, SET UP IRREVOCABLE TRUST ACCOUNTS) _____ IF SO, PLEASE EXPLAIN: _____

MEDICAL, CHILD CARE, AND HANDICAP ASSISTANCE EXPENSES:

MEDICAL COSTS: Complete only if head or spouse is 62 or older, handicapped or disabled.

MEDICARE MONTHLY AMOUNT: $_____
MEDICAL INSURANCE MONTHLY AMOUNT: $_____
ANTICIPATED PRESCRIPTION COSTS, NOT COVERED BY INSURANCE MONTHLY $_____

ANY OTHER MEDICAL EXPENSES NOT COVERED BY INSURANCE: LIST TYPE AND AMOUNTS:
_____ $_____
HANDICAP ASSISTANCE EXPENSE: (COMPLETE ONLY IF A MEMBER OF THE HOUSEHOLD IS ABLE TO WORK AS A RESULT OF THE ASSISTANCE PROVIDED)
TYPE OF EXPENSE: _____ WEEKLY AMOUNT $_____ PAID TO: _____

CHILD CARE EXPENSES: (COMPLETE FOR CHILDREN 12 AND YOUNGER)
WEEKLY COST: $_____ PAID TO:_____

REFERENCE INFORMATION:

CREDIT REFERENCES: _____ _____
_____ _____
_____ _____
TELEPHONE # _____ TELEPHONE #_____

PERSONAL REFERENCES: _____ _____
_____ _____
_____ _____
TELEPHONE #_____ TELEPHONE #_____

The Fucci Company is authorized to obtain credit reports to establish my credit worthiness, or for any other purpose.

I hereby certify that I do not and will not maintain a separate, subsidized rental unit in another location. I understand I must pay a security deposit for this apartment prior to occupancy. I certify that the housing I will occupy will be my permanent residence.

I understand that eligibility for housing will be based on the Department of HUD's eligibility criteria; Rural Development's eligibility criteria and/or The Fucci Company's resident selection criteria. I understand that this application in no way ensures occupancy and that my application can be rejected based on, but not limited to, poor credit or personal references, police records indicating unacceptable or criminal behavior, or poor personal interview. I understand that the site will deny my household's application if any adult household member has been convicted of a felony crime.

I certify that the information given in this application is true to the best of my knowledge. I understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Release of information authorization:

I do hereby authorize The Fucci Company and its staff to attain any information or materials deemed necessary to determine my eligibility for housing, including contacting agencies, offices, groups or organizations, which may provide information that could substantiate or verify information given in this application; for example, local police department, welfare agency, or senior service agency. By signing this form, I consent to the release of my credit report and criminal record to the site, and I agree that I will not file any claim or lawsuit relating to the site's use of my criminal record for screening purposes.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

The following information is required for statistical purposes so the Dept. of HUD and Rural Development may determine the degree to which its programs are utilized by minority families.

Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐ Gender: Male ☐ Female ☐

Race: (Mark one or more)
White ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Other ☐

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD/Rural Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/ethnicity and sex of an individual applicant on the basis of visual observation or surname."

MUST INCUDE 10 YEARS OF HOUSING HISTORY. Indicate when living with Family or Friends at end of list. (If Evicted, a copy of the eviction is required.)

Legal Landlord: _____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Address of your apartment: _____

Reason for leaving: _____

In residence from _____ to _____
DATE DATE

Name on Lease: _____

Legal Landlord: _____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Address of your apartment: _____

Reason for leaving: _____

In residence from _____ to _____
DATE DATE

Name on Lease: _____

Legal Landlord: _____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Address of your apartment: _____

Reason for leaving: _____

In residence from _____ to _____
DATE DATE

Name on Lease: _____

Legal Landlord: _____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Address of your apartment: _____

Reason for leaving: _____

In residence from _____ to _____
DATE DATE

Name on Lease: _____

Family/Fiend:_____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Family/Friend: _____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Family/Friend:_____ Tel #: _____

Street:_____ City: _____ State: ____ Zip: _____

Please list all states you have previously lived: _____

_____

ABSENT PARENT INFORMATION

Absent Parent Information (re: all children that will be living with/visiting you)						
Child's Name	Absent Parent's Name	Street Address	City	State	Last Contact Date	Comments Visitation How often?

***IF DIVORCED: ATTACH COPY OF COURT DOCUMENTS REGARDING CUSTODY OF MINOR CHILDREN**
If separated or divorced, list name and address of spouse/ex-spouse as follows or last known legal residence:

_____ _____
Name Name

_____ _____
Street Address Street Address

_____ _____
City, State, Zip City, State, Zip

_____ _____
Social Security # (if known) Social Security # (if known)

DO YOU EXPECT ANYONE TO MOVE IN OR OUT OF YOUR HOUSEHOLD WITHIN THE NEXT 12 MONTHS
_____ YES _____ NO
IF YES, NAME: _____
RELATIONSHIP: _____

IS THERE ANYONE LIVING WITH YOU NOW THAT IS NOT LISTED ABOVE?
_____ YES _____ NO
IF YES, NAME: _____ RELATIONSHIP: _____

EQUAL HOUSING OPPORTUNITY