



Canterbury Canterbury North

St. Mary's Episcopal Retirement Homes, Inc.
1700 S. Lancaster 1600 S. Lancaster
Big Spring, TX 79720
432-263-1265 432-263-1238
TTY 800-735-2988 Fax 432-263-1907
www.canterburybst.org



*Providing independent living for the Elderly and Disabled Since 1979
This facility does not discriminate against persons with disabilities.*

APPLICATION FOR OCCUPANCY

(Please print plainly. Leave no blanks, use NA if not applicable)

Name _____

Current Address _____

City, State & Zip Code _____

Phone # _____ Cell Phone # _____

If no phone, how can we contact you? _____

Email _____ Sex: Male Female

Social Security # _____ Birth Date _____

Driver's License # _____ State _____

Co Applicant name (if applicable) _____

Relationship to Head of Household _____

Current Address _____

Phone # _____ Cell Phone # _____

Email _____ Sex: Male Female

Social Security # _____ Birth Date _____

Driver's License # _____ State _____

How many people in household? _____

A copy of the following must be included with your application:

- **Social Security Card**
- **Picture ID**
 ***(issued by a Federal/State agency)**
- **Birth certificate**

PROVISION OF FALSE INFORMATION ON THIS APPLICATION OR ANY OTHER FORMS COMPLETED, OR REFUSAL TO PROVIDE MANAGEMENT WITH COMPLETE AND ACCURATE INFORMATION OR ACCESS TO SUCH INFORMATION NECESSARY FOR THE DETERMINATION OF ELIGIBILITY WILL RESULT IN AUTOMATIC REJECTION.

Eligibility Requirements

Are you **under** the age of 62? **Yes** **No**

If **yes**, please fill out this section.

To be eligible, the head of the household must be a person 62 years of age or a person with a disability under the age of 62 but over the age of 18. The disability must be verified by a physician.

Are you applying under disability status? **Yes** **No**

If yes, please provide:

Doctor's Name _____

Doctor's Address _____

Doctor's Phone # _____

Residential History

TWO YEARS OF RESIDENTIAL HISTORY IS REQUIRED.

Present Address _____

City _____ State _____ Zip Code _____

How long at this address? _____ When _____

Do you own this residence? **Yes** **No** If so, how long? _____

If renting, provide: Rent amount paid: _____

Landlord's Name _____

Landlord's Address _____

Landlord's City, State & Zip Code _____

Landlord Phone _____

Previous Address _____

City _____ State _____ Zip Code _____

How long at previous address? _____ When _____

Do you own this residence? **Yes** **No** If so, how long? _____

If rented, provide: Rent amount paid: _____

Landlord's Name _____

Landlord's Address _____

Landlord's City, State & Zip Code _____

Landlord Phone _____

Residential History Continued »

Previous Address _____

City _____ State _____ Zip Code _____

How long at previous address? _____ When _____

Do you own this residence? **Yes** **No** If so, how long? _____

If rented, provide: Rent amount paid: _____

Landlord's Name _____

Landlord's Address _____

Landlord's City, State & Zip Code _____

Landlord Phone _____

Previous Address _____

City _____ State _____ Zip Code _____

How long at previous address? _____ When _____

Do you own this residence? **Yes** **No** If so, how long? _____

If rented, provide: Rent amount paid: _____

Landlord's Name _____

Landlord's Address _____

Landlord's City, State & Zip Code _____

Landlord Phone _____

If more residential history needs to be listed, please attach additional page(s).

Personal Information

Alternative Contact Information:

1. Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____
2. Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell _____

Apartment Preference

Do you require an apartment with accessibility features? Yes No

Accessibility features are an accessible bathroom and lever door handles.

What size apartment do you prefer?

- Efficiency** for one person (combination living/sleeping area, kitchen, bath).
- One Bedroom** for one to two people (Living room, bedroom, kitchen, bath).
- Two Bedrooms** for two people are available at the South building only (Living room, two bedrooms, kitchen, and bath).

OR

- First Available** as are qualified

Do you have a preference for Canterbury North or Canterbury South?

Yes **No** If yes, which one: **South** **North**

Resident's Background

Include information for co-applicant if applying; failure to provide any co-applicant information will nullify the application.

Have the applicant(s) lived in any HUD assisted housing? **Yes** **No**

Have the applicant(s) ever committed any fraud in a federally assisted housing program, or been requested to repay money for knowingly misinterpreting information for such housing programs? **Yes** **No**

Does the applicant(s) have a criminal history? **Yes** **No**

If yes, please explain: _____

Are you currently on probation? **Yes** **No**

If yes, when will you be released? _____

Is the applicant or any member of the household subject to a state lifetime sex offender registration? **Yes** **No**

Has the applicant(s) ever used any name(s) or social security #(s) other than the one currently being used? **Yes** **No**

If yes, please explain: _____

Please List other names and social security #'s used: _____

Financial

Income: List all sources of income for all applicants. List any money received from any source, including, but not limited to, wages, self-employment income, rent income, royalties, dividends, interest, pensions, Social Security and other retirement benefits, regular assistance from relatives, etc.

<u>Monthly Amount</u>	<u>SS, Pension, Wages, Interest, Etc.</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

Total yearly Income \$ _____

Applicant(s) claiming no income will have to verify this with proper documentation.

Assets: Federal requirements do not limit the amount of assets an individual may have; however, all assets and income from assets must be declared.

Assets Include:

- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Revocable trusts.
- Equity in rental property or other capital investments.
- Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts.
- Individual retirement, 401K, and Keogh accounts.
- Retirement and pension funds.
- Cash value of life insurance policies available to the individual before death.
- Personal property held as an investment.
- Lump-sum receipts or one-time receipts
- A mortgage or deed of trust held by an applicant.

<u>Type of Asset</u>	<u>Estimated Cash Value of Asset</u>	<u>Monthly Income from Asset</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Yearly Income from Assets: \$ _____

*Any Assets sold, disposed of, or given away within the past two years with a monetary value of over a \$1,000 must be declared at certification.

Applicant Acknowledgement & Signature

I certify that I have completed this application personally or that it was completed at my direction. I certify that the information provided herein is true and correct to the best of my knowledge. I understand that failure to provide any information missing on the application within 30 days from this date will nullify this application.

I understand that apartments are granted on a first-come first served basis to those applicants who meet the eligibility requirements of the U.S. Department of Housing and Urban Development (HUD) and the resident selection criteria of St. Mary's Episcopal Retirement Homes, Inc. (Canterbury/Canterbury North). I also understand that if I am offered an apartment and I do not accept the offer, my name will go to the bottom of the waiting list.

I authorize agents of St. Mary's Episcopal Retirement Homes, Inc. to make inquiries about the existence and specific amounts of my income, assets, and medical expenses or about my present housing situation or other eligibility for Section 8/202 Elderly Housing Program. I further authorize agents of St. Mary's Episcopal Retirement Homes, Inc to make inquiries as to my behavior with regard to caring for my living unit, cooperation with landlords and respect for the privacy and rights of neighbors and to make inquiries about my criminal history.

I hereby authorize any persons including, but not limited to, Law Enforcement Agencies, Government Agencies, Financial Institutions, and Physicians, having information about the above to release such information to agents of St. Mary's Episcopal Retirement Homes, Inc.

WARNING: Section 1001 Title 18 of the U.S. Code makes it a criminal offense (punishable by fines of up to \$10,000 and imprisonment for up to five years, or both) to make willful false statements or misrepresentation to any Department or Agency of the United States Government as to matters within its jurisdiction.

Applicant	Date	Co Applicant	Date
<u>FOR OFFICE USE ONLY</u>			

Date/Time Returned to office _____

Received by: _____ Reviewed by: _____

Referral source: _____ Copies: ID ___ SS ___ BC ___