

THE PALMS RETIREMENT CENTER

525 E. Davis Street Harlingen, TX 78550 (956) 421-4331 TTY 800-735-2989

For Office Use Only:

Date received: _____ Time: _____ Received by: _____
Preferences: _____ 1 Bedroom _____ Efficiency _____ Handicapped _____ Any
_____ 1st Floor _____ 2nd Floor _____ 3rd Floor _____ Any

Application for Residence (Solicitud Para Residencia)

(Please print clearly. Incomplete information may result in a processing delay)

(Por favor anote su información claro. Información incompleta resultara en retraso de procesamiento.)

Applicant Information/ Informacion de Solicitante

Name _____ Date of Birth _____ Soc. Security # _____
(Nombre) (Fecha de nacimiento) (Numero social)

Driver License/State Id#: _____ State Issue: _____
(Número de Licencia/tarjeta de identificación estatal) (Estado emitido)

Spouse's Name _____ Date of Birth _____ Soc. Security # _____
(Nombre de esposa/esposo) (Fecha de nacimiento) (Numero social)

Driver License/State Id#: _____ State Issue: _____
(Número de Licencia/tarjeta de identificación estatal) (Estado emitido)

Home Telephone _____ Work Telephone _____ Cellular _____
(Teléfono de casa) (Teléfono de trabajo) (Celular)

FAX _____ E-Mail Address _____ Pager _____
(FAX) (Correo electronico) (Paginar)

Current Address _____ City _____ State _____ Zip _____
(Dirección postal corriente) (Ciudad) (Estado) (Código postal)

Length of Residence _____ Reason for Leaving _____
(¿Tiempo en domicilio?) (¿Razón de partida?)

Name of Owner/Manager _____ Telephone _____
(Nombre del gerente) (Telefono)

Current Housing Circumstances: _____ Substandard _____ Standard _____ Conventional Public Housing
(deficient) (normal) (Vivienda publica)

_____ Lacking a Fixed Nighttime Residence _____ Fleeing/Attempting to Flee Violence
(No tiene un alojamiento para dormir) (huyendo/tratando de huir violencia)

Applicants must disclose social security numbers for all non-exempt family members by the time a unit becomes available, except for those who do not content eligible immigration status.

Social Security Number requirements do not apply to persons over the age of 62 whose initial determination of eligibility for assistance was begun before January 31, 2010.



General Information/ Informacion General

Names of all household members that are veterans: *(Nombres de miembros de la familia que son veteranos)*

Is family seeking housing due to a Presidentially Declared Disaster? Yes _____ No _____
(¿La familia busca alojamiento por una Declaración Presidencial de Desastre? (Si) (No)

Any custody arrangements of any children in the household? Yes _____ No _____
(¿Arreglos custodial de niños en la familia? (Si) (No)

Names of any members in the household a student? If so please give status. _____
(¿Algún miembro de la familia es estudiante? ¿Si es así, por favor deje saber el estado?)

Preferences/Preferencias

Type of Apartment: _____ Efficiency _____ One Bedroom _____ Either _____ Handicapped _____
(Tipo de Apartamento) (eficiencia) (una recamara) (cualquiera) (para discapacitado)

Approximate date when you would like to move in? _____
(¿Aproximado día que se quiere mover?)

Elderly/ Handicapped Disable Status / Persona Mayor de edad, desalibilidad

Head of Household and/or co-head of household is: _____
_____ 62 years of age or older _____ Hadicapped _____ Disabled

Residence History/ Historia Residencial

Previous Address _____ City _____ State _____ Zip _____
(Domicilio anterior) (Ciudad) (Estado) (Código postal)

Length of Residence _____ Reason for Leaving _____
(¿Tiempo en domicilio?) (¿Razón de partida?)

Name of Owner/Manager _____ Telephone _____
(Nombre del gerente) (Telefono)

How did you first hear about The Palms? _____
(Como se dio cuenta de Las Palmas?)



**COMPLETION OF THIS SECTION IS OPTIONAL
LA TERMINACIÓN DE ESTA SECCIÓN ES OPCIONAL**

Do you know someone who lives here? _____ If yes, who? _____
(¿Conoce alguien que vive aquí?)

**CHURCH AFFILIATION
(INFORMACION DE IGLESIA)**

Church _____ Pastor _____
(Iglesia) (Pastor)

Address _____ City _____ State _____ Zip _____
(Domicilio) (Ciudad) (Estado) (Código postal)

**HEALTH
(SALUD)**

Brief Health History _____
(Historia breve de salud)

Current Health _____ Doctor's Name _____
(Salud Corriente) (Nombre de doctor)

REFERENCES / REFERENCIAS

List two persons NOT RELATED TO YOU who have known you for at least five years.
It is VITAL that we have the names printed legibly with full addresses and phone numbers.
(Anote dos (2) personas que no sean familiares y que lo conocen mas de cinco (5) anos.)

1. Name _____ Telephone _____
(Nombre) (Telefono)

- Address _____ City _____ State _____ Zip _____
(Domicilio) (Ciudad) (Estado) (Código postal)

2. Name _____ Telephone _____
(Nombre) (Telefono)

- Address _____ City _____ State _____ Zip _____
(Domicilio) (Ciudad) (Estado) (Código postal)

**GROSS MONTHLY INCOME (CONFIDENTIAL)
(INGRESOS MENSUALES) (CONFIDENCIALIDAD)**

Salary (Sueldo)	Social Security (Numero Social)	Pension (Pensión)	Real Estate (Propiedad)	Total (Total)
_____	_____	_____	_____	_____

ASSETS / BIENES

Checking Account (Cuenta de banco)	Savings Account (Ventajas de ahorros)	Value of Real Estate (Valor de propiedades)	Other Assets (Otros ventajas)
_____	_____	_____	_____

Employer (if working) _____ Telephone _____ How long? _____
(Patrón) (si trabaja) (Teléfono) (¿Cuánto tiempo?)

Occupation _____ Retirement Date _____ Amt. of Pension _____
(Ocupacion) (Fecha que se retiro) (Cantidad de pension)

Have you ever filed a petition in Bankruptcy? _____ If so, in what year? _____
(A usted llenado peticion para bancarrota?)

Give your general credit condition _____
(Su condicion de credito)

Have you ever been evicted or terminated from tenancy? _____
(A usted hacido desalojado o terminado de arrendatario?)

Have you had a detainer action filed against you? _____ If yes, explain _____
(A usted tenido un detenedor de acto expediente contra usted?)

Closest relative not living with you: Name and relationship _____
(Cercano pariente que no vive con usted?) (Nombre y relacion)

Address _____ City _____ State _____ Zip _____ Telephone _____
(Domicilio) (Ciudad) (Estado) (Código postal) (Teléfono)

TENANT'S OBLIGATIONS / (OBLIGACIONES DE INQUILINO)

1. You must be able to maintain your apartment in a neat, clean and safe condition, with or without assistance.
(Tiene que mantener su apartamento limpio y con condiciones de seguridad sin o con asistencia.)
2. A security deposit will be required for move-in. This amount will remain in escrow as long as you live here and is to cover the cost of any damages to your apartment, other than those caused by normal use. Any remainder of the Security Deposit will be refunded to you within 30 days after you move out. Note: Security Deposit cannot be considered as rent for your last month in the apartment.
(Depósito de seguridad se requiere para poder moverse. Esa cantidad se quedará en custodia mientras que usted viva aquí y va cubrir los costos de cualquier destrozo en su apartamento que no es normal use. Lo que sobre de su depósito se le regresa después de treinta (30) días que se mueva. Nota: Deposito de seguridad no puede ser considerado como renta por el último mes.)
3. Monthly rent is payable in advance and is due on the first of each month. Partial rent will not be accepted.
(La renta del mes será pagada adelantada y se llega el primer día de cada mes. Renta parcial no sera aceptado.)
4. You must read and sign the Rules and Regulations for living at The Palms when you fill out this Application. A copy is attached.
(Tiene que leer y firmar las reglas y regulaciones para vivir en Las Palmas cuando llene esta solicitud. Una copia será adjuntada.)



PLEASE READ CAREFULLY!
(POR FAVOR LEER CON CUIDADO!)

Any person who makes or causes to be made any false statement in writing, knowing it to be false and with intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in a unit in a privately-owned, publicly subsidized housing development, or for the purpose of establishing or attempting to establish eligibility for a reduction in housing rental charges, or any rent subsidy, shall be guilty of a misdemeanor.

(Cualquiera persona que hace o causa testimonios falsos escritos, sabiendo que son falsos y con intento de confiar en respetando sus condiciones financieras para poder mantener residencia en un apartamento o para establecer elegibilidad para reducir el costo de la renta será culpable de un delito menor.)

I hereby certify that I have/have not disposed of any assets for less than fair market value within the past two years.

(Yo certifico que yo al no a dispuesto de ninguna de mis ventajas por menos de valor justo de Mercado en el paso de dos (2) anos.)

I acknowledge the aforementioned state law and hereby state and represent that the information provided by me above is complete and accurate.

(Yo reconozco las leyes del estado y declaró que la información que le doy esta completa y correcta.)

My signature below gives consent to management to verify the information contained in this application. I under that this application does not guarantee me an apartment.

(Mi firma abajo le da consentimiento al gerente para verificar la información en esta solicitud y reconozco que esta solicitud no me garantiza un apartamento.)

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Applicant's Signature _____ **Date** _____
(Firma de solicitante) *(Fecha)*

Spouse's Signature _____ **Date** _____
(Firma de conyugal) *(Fecha)*



THE PALMS RETIREMENT CENTER

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION (INFORMACION DEL FONDO CRIMINAL U DE DELINCUENTE DE SEXO.)

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below and then sign a consent for us to do a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety and/or welfare of other residents.

(La ley Federal requiere que tengamos que obtener información del pasado de criminal de drogas y delincuente de sexo registrado de todos los Adultos que están aplicando para asistencia de casa. Para nosotros poder hacer esto, todos los miembros de la casa diez y ocho (18) años o más tienen que contestar las preguntas abajo y firmar un consentimiento para nosotros poder verificar información del pasado. Las preguntas son relacionadas a drogas y actividad criminal que puede afectar la seguridad y bien de otros residentes.)

The Palms Retirement Center will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

(Las Palmas Centro de Retiro va negar la solicitud de cualquier aplicante que no mantenga información completa y preciso en esta forma o no de consentimiento para revisar información del pasado.)

- =====
1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes _____ No _____
(¿A sido desalojado de un terreno Federal por actividad de criminal de droga en el paso de tres años?)
 2. Do you currently use illegal drugs or abuse alcohol? Yes _____ No _____
(¿Al corriente usa usted drogas ilegales o abusa alcohol?)
 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes _____ No _____
(¿Al corriente se le requiere que tenga que ser registrado en el estado en un programa de ofender de sexo por el resto de su vida?)
 4. Have you been convicted of any drug-related crime within the past five years? Yes _____ No _____
(A sido condenado de un crimen de droga durante cinco (5) anos?)
 5. Have you been convicted of any felony within the past five years? Yes _____ No _____
(A sido condenado en cualquier delito por grave durante cinco (5) anos?)
 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes _____ No _____
(A sido condenado en cualquier crimen involucrando fraude o deshonesto en al pasado de cinco (5) anos?)
 7. Have you been convicted of any crime involving violence within the past five years? Yes _____ No _____
(A sido condenado en cualquier crimen involucrando violencia en el pasado de cinco (5) anos?)
 8. Are you currently charged with any of the above criminal activities? Yes _____ No _____
(¿Al momento, tiene cargos en cualquier actividad arriba de criminal?)
 9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers)
(Por favor lista todos entados en que usted ha vivido o tiene licencia para manejar (incluirl número de licencia de manejar.) _____



The owner does not discriminate against persons with disabilities.



10. Have you ever used or been known by any other name? Yes _____ No _____
(¿A usted usado otro nombre?)

If "yes", please list names used. (Si contesta si anote nombres que uso.) _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize The Palms Retirement Center to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

Yo entiendo que la información arriba es requerida para determinar mi elegibilidad para residencia. Y certifico que mis respuestas a las preguntas arriba es verdad y completa a mi leal saber y entender. Entiendo que hacienda declaraciones falsas en esta forma es motivo para rechazar y terminar mi arrendamiento. Yo autorizo Las Palmas ce Centro de Retiro que verifican la información arriba y doy mi consentimiento para divulgación de toda la información necesaria para determinar mi elegibilidad.)

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to The Palms Retirement Center, to a public housing authority, or to an agency contracted by The Palms Retirement Center to conduct criminal background checks.

(Autorizo a la ley de autoridades para divulgación datos criminales o para información de delincuente de sexo registrado a Las Palmas Centro de Retiro a un público autorizado o una agencia contratado por Las Palmas Centro de Retiro para conducir y verificar información del pasado.)

Applicant's Signature _____
(Nombre de Aspirante)

Date _____
(Fecha)

Applicant's Name (Please print) _____
(Nombre de Aspirante (por favor escriba en letra de molde)

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THE FOLLOWING INFORMATION IS REQUIRED TO COMPLETED THE APPLICATION
(ESTA INFORMACION ES NECESARIA PARA COMPLETAR SU APLICACIÓN)

1. Copy of Picture I.D., Social Security Card, and Birth Certificate
2. Copy of Current Social Security Income Statement
3. Copy of any Insurance Supplement Statements, Pension, Additional Income, Bank Statement
4. **Acceptable forms of Verification:** Birth Certificate, Baptismal Certificate, Military Discharge papers, Valid passport, Census document showing age, Naturalization certificate, Social Security Administration Benefits printout, original social security card, original document issued by a federal or state government agency which contains the name, SSN, Identification card issued by a medical insurance provider, or by an employer or trade union, Earnings statements on payroll stubs, Bank statement, Form 1099, Benefit award letter, Retirement benefit letter, Life insurance policy, Court records.



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