

**Bob Miller Estates**  
**405 North Howell Avenue**  
**PO Box 75**  
**McCurtain, OK 74944**  
**Telephone: 918-945-7402**

APPLICATION for 202 HOUSING

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. To be qualified for admission to the BOB MILLER ESTATES an applicant must:
  - a. Meet the PRAC/202 age requirements of 62 years or older;
  - b. Meet the HUD requirements on citizenship or immigration status;
  - c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the BOB MILLER ESTATES Offices,
  - d. Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers,
  - e. Meet or exceed the Tenant Selection Criteria
  - f. Pay any money owed to the BOB MILLER ESTATES
  - f. Not have had a lease terminated by the BOB MILLER ESTATES in the past 12 months
  - g. Be able and willing to comply with the BOB MILLER ESTATES lease; and
  - i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related activity.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order to unit type and size and admission preferences.
3. Each applicant who meets the above qualifications will be offered a lease. If the applicant refuses the offer without good cause, the application will be returned to the waiting list, annotated as to the date of declination, to be selected again. No penalty is associated with the first refusal, but upon a second refusal, the application is placed at the bottom of the waiting list, using the 2<sup>nd</sup> declination date and time as the new application date and time. Should management contact the applicant for a 3<sup>rd</sup> time and receive no response or a declination, the application will be removed from the waiting list.
4. Applicants with disabilities may seek assistance with the completion of the application at the BOB MILLER office. BOB MILLER ESTATES does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
5. BOB MILLER ESTATES will conduct a criminal record check on all applicants.

BOB MILLER ESTATES is an Equal Housing Opportunity Provider



**Date of application:** \_\_\_\_\_ **Time of Application:** \_\_\_\_\_ **App #** \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Current address, Street, Apt. # \_\_\_\_\_  
 Current City, State and Zip \_\_\_\_\_  
 Current Area Code, Home & Work Phone #s \_\_\_\_\_

**For Statistical Purposes Only**

4. Race of Head: \_\_\_\_\_ Caucasian/White \_\_\_\_\_ African American/Black  
 \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Native American/Alaskan Native
5. Ethnicity of Head: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Non-Latino

**FAMILY INFORMATION**

Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if Different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full time Student?
H					Head			
2								
3								
4								
5								
6								
7								
8								

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? . \_\_\_\_\_Yes \_\_\_\_\_No. If yes, who can verify this? Please give name, address and phone # \_\_\_\_\_

7. Is the applicant displaced by governmental action through no fault of their own? \_\_\_\_\_yes \_\_\_\_\_no  
 If yes, who can verify this? Please give name, address & phone #: \_\_\_\_\_

8. Is the applicant family displaced by domestic violence? \_\_\_ Yes \_\_\_ No If yes, who can verify this?  
Please give name, address, and phone number \_\_\_\_\_
9. Is any adult family member employed? \_\_\_ Yes \_\_\_ No If yes, name, address & phone # of employer:  
\_\_\_\_\_
10. Is any adult family member enrolled in a job training program, including one required under the Welfare program? \_\_\_ Yes \_\_\_ No If yes, who can verify this? Please give name, address & phone #: \_\_\_\_\_
11. Is any adult family member enrolled in an education program full-time? \_\_\_ Yes \_\_\_ No If yes, who can verify this? Please give name, address and phone #: \_\_\_\_\_
12. Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$42 I/month

Family Member Name	Income Source	Amount \$	Frequency - Per
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year

13. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.?  
\_\_\_ Yes \_\_\_ No If yes, describe the type of asset(s) please: \_\_\_\_\_  
What is the market value of all assets? \_\_\_\_\_

14. Do you own any real estate? \_\_\_ Yes \_\_\_ No If yes, what is the address? \_\_\_\_\_

15. Have you disposed of any assets in the past two years? Please see the attached list for a list of assets.  
\_\_\_ Yes \_\_\_ No If yes what was the asset? \_\_\_\_\_

16. Current Landlord's name and phone # \_\_\_\_\_ Date \_\_\_\_\_  
Family Moved to this location \_\_\_\_\_

17. Most recent former address, Street, Apt. # \_\_\_\_\_  
Most recent former City, State and Zip \_\_\_\_\_  
Most recent former Area Code and Phone # \_\_\_\_\_

18. Most recent prior landlord's name, phone # \_\_\_\_\_

Date Family Moved to this location \_\_\_\_\_

**Screening Questions: A "yes" answer will not necessarily disqualify you for admission.**

19. Have you ever been evicted from housing? \_\_\_\_ Yes \_\_\_\_ No If yes, why? \_\_\_\_\_
20. Have you ever lived in public housing ? \_\_\_\_ Yes \_\_\_\_ No If yes, where \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Do you owe any money to a public housing entity? \_\_\_\_ Yes \_\_\_\_ No
21. Do you have any past due utility bills? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe and give amount owed: \_\_\_\_\_
22. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain the nature of the problem and who was involved: \_\_\_\_\_
23. Is anyone in your household currently on parole or probation? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

**Qualifying for Deductions in Calculating Rent:**

24. Is the head of household or spouse age 62 or older or a person with a disability? \_\_\_\_ Yes \_\_\_\_ No If yes, please answer the following questions.
25. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: \_\_\_\_\_  
Monthly medical expense: \$ \_\_\_\_\_ Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_
26. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? \_\_\_\_ Yes \_\_\_\_ No If yes, describe the nature of the expense and the monthly amount: \_\_\_\_\_  
Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_
27. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? \_\_\_\_ Yes \_\_\_\_ No If yes, please list the name, address and phone # of your child care provider: \_\_\_\_\_  
Monthly unreimbursed child care cost: \$ \_\_\_\_\_
28. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? \_\_\_\_ Yes \_\_\_\_ No If yes, please give us the name of the family member and the name and address of someone who can verify this information: Name of family member: \_\_\_\_\_  
Please give us the name, address & phone # of someone who can verify this information: \_\_\_\_\_

29. Drivers License or State ID #: Applicant: \_\_\_\_\_  
Co-applicant: \_\_\_\_\_  
Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the BOB MILLER ESTATES by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Warning: 18U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

#### NOTIFICATION OF NONDISCRIMINATION ON THE BASIS OF DISABILITY STATUS

BOB MILLER ESTATES does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

John Jones

200 SE A Street

Stigler, OK 74462

(918) 967-3325

ASSETS INCLUDE:

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

These assets are listed on HUD Handbook 4350.3 Rev-1, page 5-86 to 5-88