Application

Complete all blanks; use **n/a** if item does not apply

1590 E. College
Batesville, AR 72501
P 870.793.9104
F 870.698.2102
info@batesvillehousingauthority.org

BatesvilleHousingAuthority.org

Date and Time Stamp

Head of Household

_____
Name (First, M.I., Last)

SSN: _____ Date of Birth: _____ Age: _____ Sex: ☐M ☐F ☐Decline to Report

Driver's License Number or Govt. Issue ID Card Number: _____

Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced ☐Separated ☐Decline to Disclose

Are you a Military Veteran? ☐Y ☐N Are You Subject to State Lifetime Sex Offender Registration? ☐Y ☐N

List All States Resided in: _____

Are you Currently Living in Government Subsidized Housing? ☐Y ☐N If Yes, Where? _____

Current Residence

_____ _____ _____ _____
Address & Apartment Number City State Zip

Phone: _____ Reason for Leaving Current Address: _____

Landlord Name: _____ Landlord Phone: _____

_____ _____ _____ _____
Landlord Address City State Zip

Move-In Date: _____ Need Accessible Unit? ☐Y ☐N

Are You Living in Substandard Housing? ☐Y ☐N Are You Living in Standard Housing? ☐Y ☐N

Are You Living in Public Housing? ☐Y ☐N Are You Without or Soon to be Without Housing? ☐Y ☐N

Are You Lacking a Fixed Nighttime Residence? ☐Y ☐N Are You Fleeing/Attempting to Flee Violence? ☐Y ☐N

List Other Household Members Who Will be Living in the Unit

Household Member 1: _____
Name (First, M.I., Last)

SSN: _____ Date of Birth: _____ Age: _____ Sex: ☐M ☐F ☐Decline to Report

Driver's License Number or Govt. Issue ID Card Number: _____ Military Veteran? ☐Y ☐N

Need Accessible Unit? ☐Y ☐N Is This Person Subject to State Lifetime Sex Offender Registration? ☐Y ☐N

List All States Resided in: _____

Is Anyone Currently Living with You Who is Not Listed Above? ☐Y ☐N If Yes, Explain: _____

Household Member 2: _____
Name (First, M.I., Last)

SSN: _____ Date of Birth: _____ Age: _____ Sex: ☐M ☐F ☐Decline to Report

Driver's License Number or Govt. Issue ID Card Number: _____ Military Veteran? ☐Y ☐N

Need Accessible Unit? ☐Y ☐N Is This Person Subject to State Lifetime Sex Offender Registration? ☐Y ☐N

List All States Resided in: _____

Is Anyone Currently Living with You Who is Not Listed Above? ☐Y ☐N If Yes, Explain: _____

bahaar306lbjm08042026

Is anyone living with you who was 62 or older as of 1/31/2010, who does not have a Social Security Number, and received HUD Rental Assistance at another location on 1/31/2010? ☐Y ☐N

Have you or anyone living with you been convicted of a Felony or Misdemeanor? ☐Y ☐N

Have you or anyone living with you been convicted of Sale, Distribution, or Possession of Illegal Drugs? ☐Y ☐N

Have you or anyone living with you been evicted from Federally Assisted Housing? ☐Y ☐N

If so, When?_____ and Where? _____

Previous Two Landlord References:

Your signature on this application gives us permission to contact previous landlords.

Most Recent Landlord:

Landlord Name: _____ Phone: _____

_____	_____	_____	_____
Landlord Address	City	State	Zip

_____	_____	_____	_____
Rental Address	City	State	Zip

How long did you live at this address? _____

Next Most Recent Landlord:

Landlord Name: _____ Phone: _____

_____	_____	_____	_____
Landlord Address	City	State	Zip

_____	_____	_____	_____
Rental Address	City	State	Zip

How long did you live at this address? _____

Additional Information to be attached with returned application

- Copy of **Social Security Card**
- **In lieu of social security card**, original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual, Driver's license with SSN, identification card issued by a medical insurance provider, or by an employer or trade union with SSN, earnings statements on payroll stubs with SSN, Bank statement with SSN, Form 1099, benefit award letter with SSN, Retirement benefit letter with SSN, Life insurance policy with SSN or court records with SSN.
- Copy of **Driver's license** or **State ID Card**
- Copy of **Birth Certificate**
- **In lieu of above proof of age, you may provide one of the following:** baptismal certificate, military discharge papers, valid passport, census document showing age, naturalization certificate, or Social Security Administration Benefit printout.
- **Letter from Social Security Office** stating current income. If applying for College Street or Woodmont Manor, the letter must be dated within last 60 days. If applying for Daffin Manor or Hill Haven Manor, the letter must be dated within the last 120 days.
- **If you draw any other checks, attach a letter from that source of income** stating the amount. If applying for College Street or Woodmont Manor, the letter must be dated within last 60 days. If applying for Daffin Manor or Hill Haven Manor, the letter must dated within the last 120 days.
- **If you have a checking account,** attach copies of the last six months bank statements.
- **If you have Savings, CD's, Stocks, Bonds, etc.** attach current statements showing the value and interest rate.
- **If you own property,** attach a copy of your current Real Estate Tax Statement showing property value.
- **If property has been deeded away,** attach a copy of the deed.

bahaar306lbjm08042026

I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize the Housing Authority of the City of Batesville to verify the above information and consent to the release of the necessary information to determine my eligibility.

I hereby authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, credit, or rental history checks.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a 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 uses 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 Social Security numbers are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 USC 408 (a) (6), (7), and (8).

The attached five documents must be completed and signed, as part of this application

- **Attachment 1: Income Checklist**
- **Attachment 2: Assets Checklist**
- **Attachment 3: Declaration of Citizenship**
- **HUD – 27061H: Race and Ethnic Data Reporting Form**
- **HUD – 92006: Optional and Supplemental Contact Information**

Signature Head of Household	**Date**
Signature Adult Household Member	**Date**

The Housing Authority of the City of Batesville Tenant Selection Plan
is available at the **Central Office, 1590 E. College, Batesville, AR**,
and posted at the **Daffin Manor Office, 355 14th Street, Batesville, AR**
and the **Hill Haven Manor Office, 1075 Hill Street, Batesville, AR**
to review regarding our criteria for selection of applicants. You may also request your own copy.

The Housing Authority of the City of Batesville does not discriminate against persons with disabilities.

bahaar306lbjm08042026