

***Application for Admission***

**Cloverleaf Circle**

1500 Jefferson Street  
Mt. Vernon, IN 47620  
Phone: 812-838-6356 Fax: 812-838-6471

***Applicant Information***

Applicant Name \_\_\_\_\_ Social Security  
Number \_\_\_\_\_

Street Address \_\_\_\_\_ City, State,  
Zip \_\_\_\_\_

Pet Information      Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Household Size \_\_\_\_\_ Accessibility features  
requested? \_\_\_\_\_

Current Landlord \_\_\_\_\_ Vision \_\_\_\_\_

Current Landlord Phone # \_\_\_\_\_ Hearing \_\_\_\_\_

Current Landlord Address \_\_\_\_\_ Wheelchair \_\_\_\_\_

\_\_\_\_\_ Physical \_\_\_\_\_

***Current Household Information***

	<b>First/Last Name</b>	<b>DOB</b>	<b>Sex</b>	<b>Relationship to Head</b>	<b>Disabled Person</b>	<b>Age</b>
<b>1</b>				<b>HEAD</b>		
<b>2</b>						

Previously lived in Public Housing? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Previous Housing Authority  
Name \_\_\_\_\_

Address \_\_\_\_\_ City, State,  
Zip \_\_\_\_\_

Lived there From \_\_\_\_\_ to \_\_\_\_\_ **Have you ever been evicted?** \_\_\_ Yes or \_\_\_ No

Ethnicity \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race \_\_\_\_\_ White \_\_\_\_\_ Black /African American \_\_\_\_\_ American Indian/Alaska  
Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Other

Has anyone in your household been arrested or convicted for the use, sale, manufacture, or  
distribution of a controlled substance (drugs)? (Yes/No) \_\_\_\_\_

Has anyone in your household ever been convicted of a felony or arrested for a violent crime? (Yes/  
No) \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or expenses? (Yes/No) \_\_\_\_\_  
If yes who? \_\_\_\_\_ and how much monthly \$ \_\_\_\_\_

Are you subject to lifetime registration as a sex offender in any state? (Yes/No) \_\_\_\_\_

Do you consent to a required background check to determine if you are eligible for assistance? (Yes/  
No) \_\_\_\_\_

<b><i>INCOME</i></b>			
Household Member Name	Income Source (SS, SSI, Pension, Paystubs)	Amount \$	Frequency -- Per
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year

<b><i>MEDICAL EXPENSES ONLY</i></b>			
Household Member Name	Expense Source (Scripts, Insurance Supplements, Medicare)	Amount \$	Frequency -- Per  ___Week___Month___Year
			___Week___Month___Year
			___Week___Month___Year
			___Week___Month___Year
<b><i>ASSETS</i></b>			
Household Member Name	Asset Source (checking, savings, CD's)	Cash Value	Annual Income (interest, dividends etc.)

**LEASE READ: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.**

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please notify the housing authority at the number on the application. I understand that no one is permitted to move into my unit without prior written approval of the Mount Vernon Housing Authority. The Mount Vernon Housing Authority is a SMOKE FREE facility and this will be strictly enforced.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

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I authorize the Mt. Vernon Housing Authority to contact the below individual about this application:

**Authorized Representative Contact Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**OFFICE USE ONLY**

Application Date \_\_\_\_\_

Unit Offered/Date \_\_\_\_\_

Application Time \_\_\_\_:\_\_\_\_ AM/PM  
\_\_\_\_\_

Accepted Unit Date

Taken by Initials \_\_\_\_\_  
\_\_\_\_\_

Deposit Paid Date

## **Cloverleaf Circle**

### **Four Story High-Rise for Elderly and Disabled**

**Building Completion: January 1975**

**83 One-Bedroom Apartments**

**Each Unit Features:**

- Living room with dining area (approx 11 ½ X 22 feet)
- One Bedroom (approx 10 X 12 feet)
- Kitchen -- Stove and refrigerator furnished
- Bathroom -- Includes tub/shower, emergency pull cord

All units have individually controlled heating and air conditioning units. Large linen closet, entry closet and 9 ft closet in bedroom. Each unit has a sliding glass door to small private patio.

**Community Facilities:**

- Multi-Purpose room with kitchen
- Laundry room with 5 washers and 4 dryers which are all coin operated
- On site beauty shop

- Parking adjacent to building
- Two elevators
- Beautiful grounds
- Library
- Two community TV's with cable
- Onsite maintenance with 24 hour emergency service available
- Onsite management

Cloverleaf apartments are available to the elderly age 50 and over, or individuals who are disabled and /or handicapped.

**Website: [MountVernonHousing.org](http://MountVernonHousing.org)**

***MT. VERNON HOUSING AUTHORITY***

***1500 JEFFERSON STREET***

***MT. VERNON, IN 47620***

***PHONE: 812-838-6356 FAX: 812-838-6471***

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**Application for Public Housing**

**Please read carefully. Incomplete applications will not be processed.**

To be qualified for admission to public housing an applicant must:

1. Meet the Housing And Urban Development (HUD) requirements on citizenship or immigration status.
2. Income cannot exceed the limits established by HUD posted in PHA office.
3. Provide documentation on Social Security Numbers on all household members.
4. Meet the Applicant Selection Criteria, which includes meeting the screening requirements related to criminal activity and alcohol abuse and rent payment history.

Completed application will be entered on the waiting list in the order they are received. Application can be accepted by mail, fax (812-838-6471) or in person. Applications can be mailed to:

Mount Vernon Housing Authority

1500 Jefferson Street

Mt. Vernon, IN 47620

**Please fill out the application completely. The following items need to be brought in or mailed in when applying:**

- 1. Birth Certificates, Social Security cards and Drivers License of all household members.**
- 2. Proof of all income be it social security (entitlement letter), pension, death benefits, wages etc.**
- 3. Verification of all resources which will include but not be limited to: most recent 3 months checking, one month of savings, proof of any CD's, IRA or retirement balance.**
- 4. Lastly we will need copies of all medical expenses. Medical expenses will include but not be limited to 12 month print out of prescriptions from pharmacy, copies of any supplemental insurance, Medicare insurance cost, and co-pays for doctor visits or hospital.**