



HOUSING APPLICATION

Instructions: Please read and fill out the application completely. Incomplete applications cannot be processed. This application is the first step of the process

To be eligible for admission to the waiting list, the applicant must:

1. Comply with the current eligibility criteria established by the Urban Housing Department (HUD) Regulations and the Partners Business Services Tenant Selection Plan.
2. You must complete the housing application and it must be signed by any member of the family, whose age is 18 years or more.
3. The housing application must be accompanied by the following forms:
 - a. **Sex Offender Questionnaire:** signed by every member of the family composition who is 18 years of age or older
 - b. **Reasonable Accommodation- Important information:** Signed by the Head or Co-head of the Family
 - c. **Reporting your Social Security Number:** Signed by the Head or Co-head of the Family
4. The following income or benefits must be reported:
 - a. Salary, salary, tips, commissions and bonuses from employment
 - b. Own Business
 - c. Social Security benefits
 - d. Financial Assistance (TANF)
 - e. Food Assistance (PAN)
 - F. Alimentary pension
 - g. Marriage pension
 - h. Unemployment Compensation
 - i. Armed Forces Income
 - j. Veterans Benefits
 - k. Retirement pension
 - l. State disability
 - m. State Insurance Fund Compensation
 - n. Employer compensation
 - or. Interest on Assets (Bank Accounts, Investments, Bonds etc.)
 - p. Income from rented property
 - q. Family Help, or any private person for the payment of debts, purchase of products or cash for any member of the family composition.
5. You must make sure that the housing application and the required forms are fully completed and you must return them thru email to the project where you are applying for housing or by postal mail to the following address: Partners Business Services PO Box 363908 San Juan, PR 00936-3908.

List of emails by project:

Project	email	Project	email
Adult Community	adult@pbsprojects.com	Monserate Towers I	monserrate@pbsprojects.com
Alturas del Señorial	alturas@pbsprojects.com	Monserate Towers II	monserrate@pbsprojects.com
Bayamón Garden	bayamongarden@pbsprojects.com	San Antón	sananton@pbsprojects.com
Central Park	centralpark@pbsprojects.com	Santa Juana	santajuana@pbsprojects.com
Colinas de San Juan	colinas@pbsprojects.com	Torre de las Cumbres	torredelascumbres@pbsprojects.com
De Diego	dediego@pbsprojects.com	Valle del Sol	valledelsol@pbsprojects.com
Jardines de Caparra	jardinesdecaparra@pbsprojects.com	Vistas del Turabo	vistasdelturabo@pbsprojects.com

6. Single people can only apply for projects with 1 bedroom apartments (see list of projects). Unless, for reasons of mobility impairment, an additional room is required as a reasonable accommodation for medical equipment or for a special assistant, it will be considered for two or more rooms subject to verification and evaluation of this information. (Section 504)
7. If you require assistance to complete this form, you must notify to project staff or write to their corresponding email.



PARTNERS BUSINESS SERVICES, LLC.
PO BOX 363908, SAN JUAN PR 00936-3908 (787) 625-6974

PROSPECT:

Housing Application

Project for which you are applying:
If you need reasonable accommodation to complete this application, please inform us.

Head of household: Sex:

Write name as it appears on Social Security card

Date of Birth: / / Age: Social Security #: Marital Status:
month day year If you are under 21 years, are you emancipated? Yes No

Phone#1: Phone#2: Email:

Postal Address:

PO Box Town Postal Code

Residential address:

Name of employer: Phone:

Co-head of household information (If apply):

Name: Sex:
Write name as it appears on Social Security card

Date of Birth / / Age: Social Security #: Marital Status:
month day year If you are under 21 years, are you emancipated? Yes No

Name of employer Phone:

List the following information for all family members:

Name as it appears on the SS card	# of SS	Age	Sex	Student		Occupation	Annual Income
				Yes	No		

Annual income of the family \$ (Please sum and include the total income of the family)

Have you previously filed an application with us? [] Yes [] No Have you lived in any of our projects? [] Yes [] No

Project Apartment # From: Until:

How did you hear about our projects? [] Tenant [] Newspaper [] Clasificados Online [] Facebook [] Instagram
[] Family/Friend [] Agency [] Other, explain:

Do you or any member of the family need an additional bedroom for medical reasons, according to the definition of Reasonable Accommodation of the Federal Government (HUD)? Yes No

Important Notice: The Federal Government gives special considerations to people with physical or mental disabilities who meet the requirements and selection criteria established for federally subsidized housing. We also have some units available for people with physical disabilities. Let us know if you are interested in additional information.

APPLICANT SIGNATURE

DATE

For evaluator use only. Do not write below this line

ATTENDED BY: DATE:

[] APPROVED [] CANCELLED, REASON:

EVALUATED BY: DATE:

EQUAL HOUSING OPPORTUNITY



We conduct our business in accordance with the Federal Fair Housing Law
(Act of 1988 Amendments to the Federal Fair Housing Act)

It is illegal to discriminate against anyone because of their race, color, religion, sex, physical or mental disability, the presence of children under 18 years of age or a pregnant woman in their family or their national origin.

- ☐ In the sale or rental of housing residential land
- ☐ In the sale or housing rent announcements
- ☐ In housing finance
- ☐ Threaten or interfere with person not to register your complaint
- ☐ brokerage services that residential land lend home sellers
- ☐ In the home valuation
- ☐ It is also illegal to force you to sell or rent your home telling you that people from another race, religion, or ethnic group is moving moving in your neighborhood

Anyone who feels it was Discriminated, should send your complaint to:
1-800-424-8590 (The call is free)
1-800 543-8294 (TDD)

U.S. Department of Housing and Urban Development
Equal Opportunity Assistant Secretary for Fair Housing and Washington, D.C. 20410

TENANTS OR EX-TENANTS OF SUBSIDIZED HOUSING

I certify that I have not committed fraud, I am not nor was I evicted from subsidized housing, I recertify on time and make my rent payments on time.

The members of my family composition and I, have complied with the rules and regulations of the housing and / or lease.

I certify that no member of my family composition nor I have been evicted from subsidized housing due to drug problems or criminal activity.

Neither member of my family nor I have been using illegal drugs.

Neither member of my family composition nor I are permanently registered as sex offenders in Puerto Rico and / or any state or territory of the United States of America.

I acknowledge that if I have given false information in this or other official documents during the evaluation and / or admission process, it will be sufficient reason to deny this application and / or cancel the lease if it has been formalized.

CONSENT

I agree to have my credit references investigated through the Equifax credit reporting agency as part of the information requested.

We also authorize PARTNERS BUSINESS SERVICES LLC, the Federal Housing Department and / or Puerto Rico Housing Finance Authority to investigate the veracity of the certified information.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

THIS DOCUMENT MUST BE SIGNED BY ALL FAMILY MEMBERS 18 YEARS OR OLDER.



Partners Business Services, LLC

PO BOX 363908 San Juan, PR 00936-3908

As Agent of _____
Phone _____ T.D.D. (787) 765-8380



Information on the background of drug use, abuse, criminal history, and sex offender records

Name of Head of Household _____ Apartment or Prospect # _____

Information of _____ Social Security XXX-XX - _____

TO ALL TENANTS OR APPLICANTS OF OUR SUBSIDIZED PROJECTS

The Federal Government requires us to obtain information on the background of use, drug abuse, criminal history and records of sex offenders, of all family members 18 years of age or older who apply to reside in subsidized housing. In order to comply with this requirement, you must answer the questions below and then sign, authorizing us to verify said information through the website <https://www.nsopw.gov/en-US> and / or a criminal record certificate

In the projects managed by Partners Business Services LLC, the application will be denied or the rental assistance will be terminated, to those applicants / tenants who do not provide correct information in this questionnaire, who do not authorize it to be verified, who refuse to answer the same, who have a criminal record and / or are registered as sex offenders in the database of <https://www.nsopw.gov/en-US>.

Tenant or Applicant, please check the correct box in the next questions

- 1. Are you or any member of your household currently on a lifetime registry under the national sex offender program?
- 2. Are you currently using illegal drugs or abusing alcohol?
- 3. Have you been convicted of any drug crime in the past 5 years?
- 4. Have you been convicted of any felony in the past 5 years?
- 5. Have you been convicted of any violent crime in the past 5 years?
- 6. Have you been charged with any of the aforementioned crimes?

Yes	No
Yes	No

Applicants only, check the correct box in the additional questions

- 7. Have you been evicted from subsidized housing for problems related to criminal activity of illegal drug trafficking or related activity?
- 8. Have you been convicted of fraud or dishonesty in the past 5 years?
- 9. Have you been charged with any of the aforementioned crimes?

Tenant or Applicant, answer the following questions

10. List all states and / or territories in the United States of America where you have resided or held driver's licenses. Include the numbers of those licenses.

- 11. Have you been known by any other name? Yes: _____ No: _____
If your answer is affirmative, please indicate these names

I understand that the information requested is required in order to process my housing application or renew the rental assistance of the unit I currently occupy, as applicable. I am aware that providing false or incomplete information in this document is a reason to: deny my housing application, terminate my lease, and / or terminate my housing unit assistance.

I authorize the above information to be investigated and verified and I consent to the release of the information necessary to determine my eligibility. I authorize the agencies concerned to release criminal and / or registered sex offender records or agencies contracted by Partners Business Services LLC to conduct such investigations.

Signature Tenant/ Applicant

Date



PARTNERS BUSINESS SERVICES, LLC.
PO BOX 363908, SAN JUAN PR 00936-3908
(787) 625-6974 TDD 787-765-8380



Reasonable Accommodation-Important Information

The Federal Government grants certain special considerations and reasonable accommodation to people with physical or mental disabilities or impairments. Below, you will find basic information related to the definitions established by the Department of Federal Housing and Urban Development, (HUD) that will help you determine if you or any member of the family composition for which you are applying for housing, meet one or more of said definitions.

We conduct our business in accordance with the fair housing law. It is illegal to discriminate on the basis of sex, race, family composition, nationality, religion, disability, marital status, gender orientation or any other reason.

If you need help to: read this document, fill in this document and / or need additional information, please notify them to assist you.

Thank you

Definitions: Persons with Disabilities (24 CFR 5.403)

Disability as defined in 42 U.S.C. 423 is:

(A) Inability by reason of medically determined physical or mental incapacity to carry out any substantially productive activity due to a physical or mental impairment, which is expected to result in death or which has persisted or is expected to continue continuously for a period of not less than 12 months or

(B) in the case of an individual 55 years of age or older and blind, inability by reason of such blindness to perform any substantially productive activities comparable to which he / she performed regularly for a substantial time. For purposes of this definition, blindness, as defined in section 416 (i) (1) of this title means central vision acuity of 20/200 or less in the better eye, with corrective lens. An eye that is accompanied by limits in the visual fields such that the diameter of the visual field that limits the extent of an angle not greater than 20 degrees will be considered for the purposes of this paragraph as having a visual acuity of 20/200 or less.

Under HUD regulations, you are determined to have a physical, mental or emotional impairment that is expected to: (A) be of continuous and indefinite duration (B) limits your ability to live independently (C) is of such a nature that the ability to Independent living can be improved with better living conditions.

Has a developmental condition as defined in Section 102 (7) of Assistance to Developmental Disabilities and the Bill of Rights (42 USC6001 (8), which is of a chronic nature that is attributed to physical or mental impairment or a combination of Both, manifested before the person turned 22 years old, is expected to continue indefinitely and affects three or more of the following

fundamental tasks of daily living: self-care, expressive or receptive language, learning, mobility, ability to live independently and / or financial independence.

Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifetime or extended duration and are individually planned and coordinated.

I CERTIFY THAT I HAVE READ THE DEFINITIONS CONTAINED IN THIS DOCUMENT

Signature & Date _____

Relationship _____



Partners Business Services, LLC

PO BOX 363908 San Juan, PR 00936-3908

As Agent of _____
Phone _____ T.D.D. (787) 765-8380



Reporting your Social Security number

Applicants must report their Social Security number in order to determine their housing subsidy eligibility.

Process:

1. The head of the family or co-head has to report the Social Security numbers of all members of the family composition.
2. If you still do not have a Social Security number assigned, you must sign a Certification indicating that you do not have it yet. Form 082A, Advertencia / Declaración.
3. If you have a Social Security number, but do not have evidence, you must certify this information. Form 082A, Advertencia / Declaración.
4. Until you provide this documentation, on or before the next 90 days, you cannot be a participant in these grant programs.
5. After these 90 days, if you cannot provide the requested information, you will be declared ineligible.
6. Documentation from the Social Security Administration and original Social Security card will be accepted.
7. There are exceptions where the applicant or any member of her family composition is not required to comply with reporting her Social Security number:
 - a. Individuals who are not eligible under Immigration Law and are not claiming assisted income.
 - b. Individuals 62 years of age or older who are living and have been or are in the process of becoming eligible for assisted rent on or before January 31, 2010.
 - c. Family members under 6 years of age, who do not have a social security number assigned, cannot be denied the right to the family to apply for housing or admission to the project, as established in Notice H-2016-09 dated from October 3, 2016 **

Important announcement:

Acceptable documentation of the Social Security number (s) is required in order to investigate the credit of all members of the family composition 18 years of age and older.

In _____, Puerto Rico, today, ____ of _____, 20 ____.

Signature of the Head or Co-Head of Family