

RENTAL APPLICATION

Property Name: Steward Manor

Address: 490 Fox Ridge Rd. Radcliff, KY 40160

Telephone/TTY 270-352-1293

APPLICANT'S

NAME:

| |
|------------------------------------|
| *** For OFFICE Use Only *** |
| Date Received: _____ |
| Time Received: _____ |

ADDRESS: _____

TELEPHONE: _____

It is the policy of the company to use a "FULL" application requiring detailed information needed to process and to make a determination of ELIGIBILITY.

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- ALL information should be completed and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information. Write the correct information above and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us every 6 months in writing requesting to remain on the waiting list. Also, you need to notify us whenever your address, telephone number, or income situation changes or whenever you need to add or remove a household member from your application.
- Your completed application will be placed on a Waiting List. This does not guarantee that your household will be offered an apartment. If processing establishes that your household is eligible or ineligible you will be notified in writing.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan posted in the Management Office.
- This property does not participate in any statutory, state, local, HUD regulatory and/or property adopted preferences.
- Each additional adult who will live in the apartment must sign this application.

Household Information – Individuals who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, MUST disclose and provide verification of the complete and accurate SSN assigned to each household member.

| Full Name of Household Members as listed with SS Administration | Relationship | *Marital Status* | OPTIONAL | ** Student Full /Part time Y/N – F/P | Age | Date of Birth (mm/dd/yyyy) | Social Security # or Alien Registration # |
|---|-------------------|------------------|------------|---|-----|-------------------------------|---|
| | | | Sex: M / F | | | | |
| 1. | Head of Household | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |



Household Information (continued)

- Are you currently receiving Section 8? YES NO
- Do you have any pets? YES NO (Please see the leasing office for more information regarding our pet policy)
- Will any of the household members live anywhere except in your apartments? YES NO
- Are there any other persons who will live in your apartment on a less than full-time basis? YES NO
- Do you expect any additions to the household within the next twelve months and/or are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.) YES NO
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? YES NO If yes, please list: _____
- Do you or anyone in your household plan to attend an institution of higher education full or part-time? YES NO N/A
- If you answered "YES" to any question above, please explain: (If additional space is required, use the back of this page.)
- Do you have a need for an Accessible Unit and/or Live-in-Aide? (This applies **ONLY** to persons with a disability or to persons with a particular type of disability; please see our Reasonable Accommodation/Modification policy details.) YES NO
- Do you have a need for Accessible Features? Accessible features (grab bars, vision impaired, hearing impaired 1st floor, service animals, etc.) are requested as an accommodation to disability YES NO
- Are you under the age of 62? YES NO

Residential History

You must report **ALL STATES** you have lived for the **past three (3) years**. (If additional space is required, use the back of this page.)

| | | | | | | | | | |
|-------------------------|---|---------|--------|------|-----------------|-----------------|--------|------|--|
| Present Address | Street Address: | | | | From: | Landlord Name: | | | |
| | City: | County: | State: | Zip: | To: | Landlord Phone: | | | |
| | Reason for Moving: | | | | Street Address: | | | | |
| | Is this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Amount of Rent: | City: | State: | Zip: | |
| Previous Address | Street Address: | | | | From: | Landlord Name: | | | |
| | City: | County: | State: | Zip: | To: | Landlord Phone: | | | |
| | Reason for Moving: | | | | Street Address: | | | | |
| | Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Amount of Rent: | City: | State: | Zip: | |
| Previous Address | Street Address: | | | | From: | Landlord Name: | | | |
| | City: | County: | State: | Zip: | To: | Landlord Phone: | | | |
| | Reason for Moving: | | | | Street Address: | | | | |
| | Was this Federally Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Amount of Rent: | City: | State: | Zip: | |

Previous Housing: Please check one: Substandard Standard Conventional Public Housing Agency
 Lacking a Fixed Nighttime Residence Fleeing/Attempting to Flee Violence

Please list ALL the "STATES" in which each household member has resided: _____

- | | | | |
|---|--------------------------|--------------------------|---|
| | <u>No</u> | <u>Yes</u> | <u>If "Yes" you must answer the following:</u> |
| • Have you or any member of your household ever been evicted? | <input type="checkbox"/> | <input type="checkbox"/> | From _____ Where? _____ |
| | | | When? _____ Why? _____ |



Where?

- Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity within the last three (3) years?
- Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?
- Have you or any member of your household committed any FRAUD in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?

From _____
When? _____

To _____ Whom? _____
How _____ Much? _____ \$

Explain: _____

Asset Information

You must report **ALL** assets below. (If additional space is required, use the back of this page.)

| | | | | | |
|-----------------|---------------|--------|------|-----------------------|------------------------|
| CHECKING | Name of Bank: | | | Avg. 6 Month Balance: | Current Interest Rate: |
| | Address: | | | | |
| | City: | State: | Zip: | Bank Phone Number: | |
| SAVINGS | Name of Bank: | | | Current Balance: | Current Interest Rate: |
| | Address: | | | | |
| | City: | State: | Zip: | Bank Phone Number: | |

| | | | | | |
|---|----------------------|-------|--------|----------------|---------------------------|
| Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc. | Name of Institution: | | | Current Value: | Annual Income: |
| | Address: | | | | |
| | Account No: | City: | State: | Zip: | Institution Phone Number: |
| Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc. | Name of Institution: | | | Current Value: | Annual Income: |
| | Address: | | | | |
| | Account No: | City: | State: | Zip: | Institution Phone Number: |

No Yes If "Yes" you must answer the following:

- Has any household member disposed of any asset for **less than Fair Market Value** during the past two (2) years? Date Disposed of: _____
Description of Asset: _____
Cash Value: \$ _____
- Has any household member sold any Real Estate in the last two (2) years? Date Disposed of: _____
Description of Asset: _____
Sales Price: \$ _____
- Does any household member have an interest in any Real Estate, or Mobile Home? Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____

Sources of Income –

You must report income from **ALL** sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony,



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Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** (If additional space is required, use the back of this page.)

| | | | | | | |
|--|--------|------|--|--|--|---|
| Agency or Person providing income: | | | Name of Supervisor or Agency Contact: | | | Average Annual Income from this Source: \$ _____ Occupation: _____ Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Address: | | | Phone Number | | | |
| City: | State: | Zip: | Income: \$ _____ per _____ (hr/wk/mo/yr/etc) | | | |
| City: | State: | Zip: | Income: \$ _____ per _____ (hr/wk/mo/yr/etc) | | | |
| Employer, Agency or Person providing income: | | | Name of Supervisor or Agency Contact: | | | Average Annual Income from this Source: \$ _____ Occupation: _____ Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Address: | | | Phone Number | | | |
| City: | State: | Zip: | Income: \$ _____ per _____ (hr/wk/mo/yr/etc) | | | |
| City: | State: | Zip: | Income: \$ _____ per _____ (hr/wk/mo/yr/etc) | | | |

*Do you receive SS or SSI from other social security number? YES NO If so, please list the SS Claim # _____

*Does any member of your household receive regular cash contributions from agencies or individuals not living with you? YES NO

Automobiles and Other Vehicles

List all motor vehicles, including motorcycles owned by or registered to household members. (If additional space is required, use the back of this page.)

| | | | | | | |
|------------------------|-------|--------------------------|------|--|--------|--|
| Make and Model Number: | | License Plate Number: | | | State: | |
| Color: | Year: | License Expiration Date: | | | | |
| Name on Registration: | | VIN # | | | | |
| Phone: | City | State: | Zip: | | | |

Are you or any member of your household a military veteran? Yes No If yes who? Please provide name: _____

Elderly / Handicapped / Disabled Status

We are required by HUD to request the following information if you are applying for residency, or currently live, on our HUD-assisted property. In addition to giving special considerations with regards to allowances in determining rent, we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

What Physician and/or Medical Professional should be contacted to verify your need for the features you have identified?

Name: _____ Telephone: _____

Address: _____

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; Medicare prescription card, medical and dental costs that are NOT covered by insurance. (Use additional sheets if necessary)

| | | | | | |
|-------------------|------------|-----------------|--------|------|--|
| Name of Provider: | | Street Address: | | | Description of Expense: _____ _____ |
| Phone: | Policy No: | City: | State: | Zip: | |
| | | | | | Amount you pay: \$ _____ per _____ |



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| | | | | | |
|-------------------|------------|-----------------|--------|------|--|
| Name of Provider: | | Street Address: | | | Description of Expense: _____ _____ |
| Phone: | Policy No: | City: | State: | Zip: | |
| | | | | | Amount you pay: \$ _____ per _____ |
| Name of Provider: | | Street Address: | | | Description of Expense: _____ _____ |
| Phone: | Policy No: | City: | State: | Zip: | |
| | | | | | Amount you pay: \$ _____ per _____ |

Handicap Care Expenses

If you pay for care of a Handicapped or Disabled household member, list name of provider(s) below.

| | | | | | |
|-------------------|--|-----------------|--------|------|---|
| Name of Provider: | | Street Address: | | | Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone: | | City: | State: | Zip: | Amount you pay: \$ _____ per _____ |
| | | | | | |
| Name of Provider: | | Street Address: | | | Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone: | | City: | State: | Zip: | Amount you pay: \$ _____ per _____ |
| | | | | | |
| Name of Provider: | | Street Address: | | | Does this expense allow you to work or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone: | | City: | State: | Zip: | Amount you pay: \$ _____ per _____ |
| | | | | | |

Criminal History

This property's eligibility criteria exclude housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected.

| | No | Yes | If "Yes" you must answer the following: |
|---|--------------------------|--------------------------|--|
| • Have you or any member of your household been convicted of drug-related criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____ When? _____ Details: _____ |
| • Have you or any member of your household been convicted of violent criminal activity? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____ When? _____ Details: _____ |
| • Are you or any member of your household a current, illegal user of or addicted to a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> | Who? _____ Details: _____ |



- Have you or any member of your household been convicted of illegal manufacture or distribution of a controlled substance?

Who? _____

When? _____

Details: _____
- Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity?

From _____ Where? _____

When? _____
- Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents?

Who? _____

When? _____

Details: _____
- Have you or any member of your household ever been on parole or are now on parole?

Who? _____

When? _____

Details: _____
- Have you or any member of your household currently or in the past used illegal drugs?

Who? _____

Details: _____
- Are you or any member of your household subject to registration under a State sex offender registration program?

Who? _____

When? _____

Details: _____

Applicant Certification

Read each statement below and initial that you understand and agree.

- _____
(Initial) I/We have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.
- _____
(Initial) I/We have been notified that the Tenant Selection Plan summarizes the procedures for processing applications is posted in the management office.
- _____
(Initial) I/We certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- _____
(Initial) I/We understand that **ALL CHANGES in the income, telephone numbers, and address** of any member of the household, as well as any **changes in the household composition** must be reported to Management in writing immediately.
- _____
(Initial) I/We understand that if I or any household member needs a Reasonable Accommodation or Reasonable Modification, I must inform management of our needs.
- _____
(Initial) If my application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- _____
(Initial) I/We understand that if this application is placed on a Waiting List, I/We may request sample copies of the Rental Agreement and House Rules. If this application is approved and move-in occurs, I/We certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.



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(Initial) I/We authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

(Initial) I/We understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

(Initial) If this application is for a household of more than one person, we consider ourselves as stable household, and all of our income provided and is available for its needs.

Emergency Contact -- COMPLETE HUD FORM 92006

Provide the name of the person and an alternate, we should contact in case of an emergency.

| | | | | |
|-----------|----------------------|----------|--------|------|
| Name: | | Address: | | |
| Phone No: | Relationship to you: | City: | State: | Zip: |

Applicant's Signature

Date

Applicant's Signature

Date

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 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 the social security number are contained in the Social Security Act at 208 (a)(6),(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a)(6),(7) and (8).

For Marketing Purposes Only: How Did You Hear About Us? (Please check all that apply)

Internet ___ Newspaper ___ Drove By ___ Yellow Pages ___ Sign ___ Other ___
(Specify)

Acknowledgement: Receipt of completed application.

Management's Signature

Date

