



BLAIRWOOD
A.P.A.R.T.M.E.N.T.S

Thank you for your interest in Blairwood Apartments.

We are a subsidized community for persons 62 years of age or older, handicapped or disabled. We do have an elderly preference, which means that we will move in persons who are 62 years of age or older as long as we have them on our waiting list. We follow the Section 8 Program, which the rent is based on your gross income, less allowable medical expenses.

Blairwood is a beautifully landscaped community of 150 one bedroom apartment homes. Some of our units are designed for the mobility impaired. Entrances to each building is controlled by an intercom system in each apartment. We provide 24 hour emergency maintenance service. Each building is equipped with an elevator and laundry room.

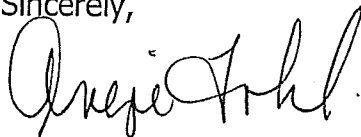
We maintain a waiting list; however, we do take applications every Tuesday from 9:00am to 11:00am. No appointment is necessary.

Please see the attached Application for Residency. Please do not date or sign the application. **You must be present to return your application or have your power of attorney return it for you any Tuesday from 9:00-11:00.**

Make sure you have proof of income, if applicable, Social Security Card, State Issued ID and if applicable a copy of your Divorce Decree when returning application.

If you have any questions, please feel free to contact me at 502-426-0512.

Sincerely,



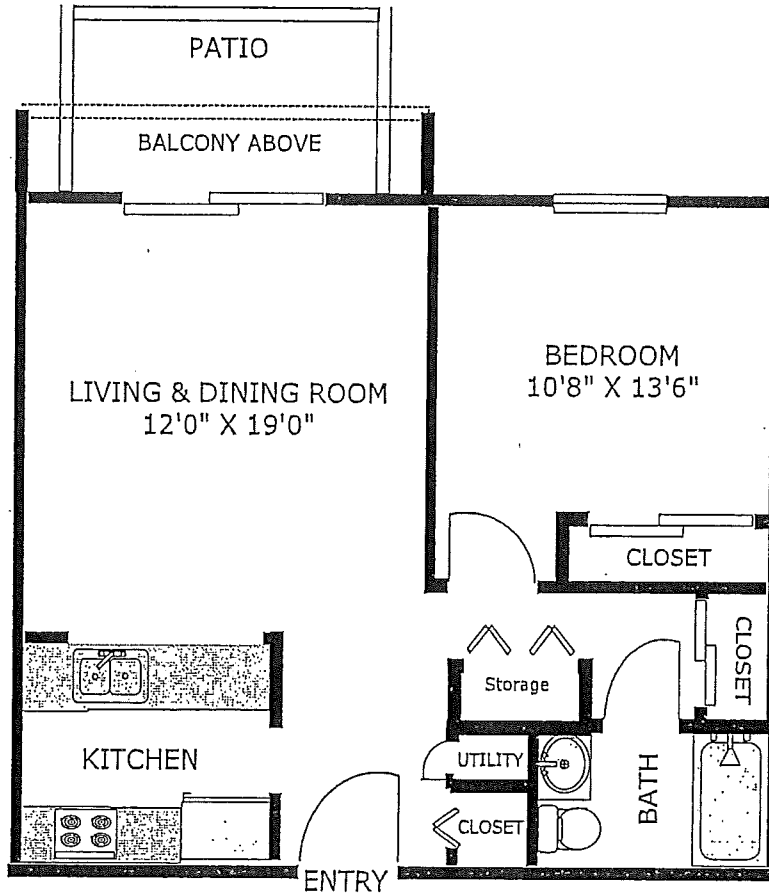
Angie Fohl
Property Manager





ONE BEDROOM APARTMENT

(Approx. 621 sq. ft.)



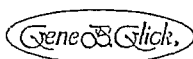
BLAIRWOOD

A·P·A·R·T·M·E·N·T·S

9202 Linn Station Road . Louisville, KY 40222 . Phone (502) 426-0512

Fax (502) 426-0512. TDD (for hearing impaired) 1-800-326-9193 # 734

www.genebglick.com



Application for Certification

Community Name	Program	Unit Size	Total Applications
Blairwood Apartments	Section 8	1 Bedroom	

Do you qualify as a person with disabilities as described in Section 504 of the Rehabilitation Act of 1973 for accessible unit/features? Yes ___ No ___

Applicant Name: _____

Applicant's Address: _____

Home Phone: _____

Work Phone: _____

Referred By: _____ **Email address:** _____ (if applicable)

All sections must be answered. If something does not apply to you, write "N/A" for "Not Applicable". Additional information may be continued on reverse or additional sheet.

PERSONAL INFORMATION:

Full Name	Social Security #	Date of Birth	Marital Status <u>(Circle One)</u>
			Married / Divorced / Separated Single / Widowed

Gender (Please choose Male, female or **Decline to Report**) M F Decline to Report

Others who will occupy the dwelling:

Full Name	Social Security #	Date of Birth	Gender (Please choose Male, female or Decline to Report)
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Report

Relationship to HOH: Spouse Other Dependent

M F Decline to Report

Relationship to HOH: Spouse Other Dependent

M F Decline to Report

Relationship to HOH: Spouse Other Dependent

M F Decline to Report

Relationship to HOH: Spouse Other Dependent

M F Decline to Report

Relationship to HOH: Spouse Other Dependent

If you do not have a SSN, were you over 62 years of age as of 01/31/10? Yes ___ No ___ Were you receiving HUD rental assistance at another location as of 01/31/2010? Yes ___ No ___

Where?

HOUSING INFORMATION: Beginning with current address, list all addresses for the past five years and the name of the person or company you lived with/rented from/purchased from. **What type of subsidized housing are you now receiving?** _____

Your Address including City, State, Zip, and County	Landlord/Mortgage Co	Landlord/Mortgage Co. Address	From	To
			Month/Year /	Month/Year
<i>Current Address:</i>				
<i>Previous Address:</i>				
<i>Previous Address:</i>				

Please list all family members, **who will be residing in the unit**, and **ALL** states in which they have lived below. Also, please indicate with an "X" if the family member is a veteran of the US armed forces, have been displaced by a Presidentially Declared Disaster (PDD), lack a fixed nighttime residence (homeless), or are fleeing/attempting to flee domestic violence (Dom. Violence)

Name	State	Veteran	PDD	Homeless	Dom. Violence



Are you a current user or abuser of alcohol or drugs? Yes ___ No ___

Have you ever been evicted from federally assisted housing for drug related criminal activity? Yes ___ No ___

List properties: _____

Are you or any member (s) of your household required to register with any state sex offender registry? (MUST answer yes or no) Yes ___ No ___ If so, please indicate which household member(s) and which states _____

EMPLOYMENT INCOME: List all family members that will be residing in the unit that are employed, the source of wages or salaries, tips, commissions, bonus etc., the address of employer and total annual amount.

Name	Employer	Employer's Address	Gross Annual Amount

ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, disability, alimony, child support, welfare/AFDC, regular monetary contributions from outside sources, unemployment benefits, etc.

Person Who Receives Income	Source	Address of Source	Gross Annual Amount

OTHER INCOME: List all other income, including but not limited to inheritance, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments.

Person Who Receives Income	Source	Address of Source	Gross Annual Amount

Does your household receive Utility Assistance from any source other than HUD or HHS? ___ Yes ___ No

If yes, how much does your household receive each year? \$ _____

BANKING INFORMATION: List all bank accounts held by family members who will be residing in the unit (including minors), such as checking, money market, savings, certificates of deposit, trust funds, IRAs, Christmas Clubs, etc.

Type of Account	Account in Name of/ Interest Paid To	Account #	Name of Bank	Address of Bank

OTHER ASSETS: List all other assets, such as real estate, loans or mortgages held against others, cash savings on hand, money in safety deposit boxes, stocks, bonds, savings bonds, IRAs, Keoghs, profit sharing, jewelry or antiques held as investments, Whole life insurance, Universal life insurance etc.

Type of Asset	Owned by	Source Address	Policy #	Value	Annual Income

Have assets been disposed of for Less Than Fair Market Value within the last two years? (MUST answer yes or no) Yes ___ No ___

If yes, by whom? _____ Date Disposed _____

Description _____



ALLOWANCES (Applicable to all households):

Childcare expense: \$ _____ per _____ For employment [], To seek employment [], To attend school []

Care is provided by: _____

Address: _____

Childcare is reimbursed in whole or in part by: _____

Address: _____

Is a Disability Care expense required to enable someone in household to work? _____

Care is provided by: _____

Address: _____

Is auxiliary apparatus required to enable someone to work? _____

Are you a student? Yes _____ No _____ Full time or part time? _____

School Name: _____

Address: _____

MEDICAL ALLOWANCES

Is Head of Household, Spouse or Co-Head 62 years or older or a person with disabilities? Yes ___ No ___ (If yes, complete Page 4-5)

If above is yes, do you have Medicaid? Yes ___ No ___ Do you have a Medicaid spenddown? Yes ___ No ___

OTHER INFORMATION:

List year and model of all cars in household: _____

Do you have a waterbed? Yes ___ No ___ If yes, Waterbed Insurance Company: _____

Do you have a pet (if allowed in community)? Yes ___ No ___ If yes, Height: _____ Weight: _____ Description: _____

I understand the Pet Policy as explained: Applicant Initials: _____

PREFERENCES:

(SECTION 221 (d) (3), SECTION 221 (d)(3) BMIR, AND SECTION 221 (d)(4) PROPERTIES ONLY)

Do you believe you qualify for a displacement preference? (You have been displaced by government action or federally declared disaster) Yes ___ No ___

I/We authorize you to obtain an investigative Credit Report and Criminal Background History (including sex offender registration) in connection with this application. I understand that this information will be used to determine eligibility for residency and may include information as to my character, general reputation, personal characteristics and/or mode of living, credit standing and criminal history, if any. I understand I may request the name of the credit-reporting agency providing credit history information. I also understand and agree that by authorizing these investigative reports I am waiving any right to privacy which may exist under federal, state or local law as to my criminal, credit and/or eviction history. Owner/agent has viewed documentation to form a reasonable belief that the identity of the applicant is the same to whom the credit report pertains, to the best of our knowledge. _____ PM initials

(Initials) Applicant _____ Updated Initials : Applicant _____ Date _____

I/We have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Blairwood Apartments that lease may be cancelled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all residents and proper operation of the property, and I agree that the residency will be subject to them. Furthermore, I acknowledge that I have received, read and understand *EIV and You, Residents' Rights and Responsibilities, Is Fraud Worth It?, RHIP Information Sheet for Tenants* and the HUD Fact Sheet *How your Rent is Determined, and the Reasonable Accommodation/Modification Information Sheet*.

Applicant Signature

Date

Signature of Property Manager

Manager Date

Time

Signature of Applicant

Date Updated

Signature of Property Manager

Management will not discriminate on the basis of race, color, creed, national origin, religion, sex, disability, familial status, actual or perceived sexual orientation, gender identity, marital status, military status, ancestry or age (except as an eligibility requirement) in any phase of the occupancy process.



Do you have a Medicare Prescription Drug Plan? Yes _____ No _____ Do you pay the premiums? Yes _____ No _____
 Do you anticipate Medical Expense **not covered by insurance** for resident family members during the next 12 months? _____
 If yes, please indicate resident family member's name at the top of a column and all of his or her medical expenses in that column. List **ONLY** those medical expenses that are paid out-of-pocket. If an expense is covered 100% by insurance, please do not list below.

Doctor's Name	Name _____	
Address		
Doctor's Name		
Address		
Doctor's Name		
Address		
Pharmacy's Name		
Address		
Pharmacy's Name		
Address		

DENTAL/OPTICAL/HEARING:

Do you anticipate Dental/Optical/Hearing expense not covered by insurance in the next 12 months? _____

Source's Name		
Address		
Source's Name		
Address		
Source's Name		
Address		

OUTSTANDING MEDICAL BILLS:

List outstanding bills owed to medical care providers on which all insurance claims have been paid and you are making regular payments on the balance owed.

Outstanding Medical Bill		
Address		
Account #		
Outstanding Medical Bill		
Address		
Account #		
Outstanding Medical Bill		
Address		
Account #		



MEDICAL INSURANCE POLICIES: List medical insurance policies including Medicare Prescription Drug Plan(s) for which you pay the premiums. Do not include Medicaid.

Medical Insurance Co Address Policy #		
Medical Insurance Co Address Policy #		
Medical Insurance Co Address Policy #		

ADDITIONAL MEDICAL EXPENSES:

Do you have an assistance animal (Service or Companion)? Yes ___ No ___ Do you have eligible expenses for your animal that could be used as a determination for allowances (Cost of animal purchase or adoption, veterinarian bills, grooming, harnesses, leashes, collars and food etc.)? Yes ___ No ___

Veterinarian Name		
Address		

List other items related to the care and upkeep of your assistance animal; grooming, food, leashes and collars etc.

Food	Annual cost (please provide a receipt)	\$
Leashes/Collars	Annual cost (please provide a receipt)	\$
Grooming	Annual cost (please provide receipts)	\$
Other	Please Explain:	Annual Cost (please provide receipts) \$

Signature of Applicant

Date

Signature of Property Manager

Update Signature of Applicant

Date Updated

