

CALL (270) 467-0241
TO SCHEDULE AN APPOINTMENT WITH LANE PHAM

PLEASE DO NOT REMOVE THIS SHEET FROM THE DECLARATION APPLICATIONS ARE TAKEN BY APPOINTMENT ONLY. OFFICE HOURS ARE MONDAY THROUGH FRIDAY 8:00-4:30. PLEASE NOTE THE OFFICE IS CLOSED FROM 12:00NOON-1:00PM FOR LUNCH. OUR PHONE NUMBER IS 270-467-0241, AND FOR THE HEARING IMPAIRED, OUR TDD NUMBER IS 1-800-247-2510. WE ARE LOCATED AT 515 A COOMBS DRIVE.

PLEASE DO NOT BRING SMALL CHILDREN TO THE INTERVIEW. THE APPLICATION PROCESS IS AT LEAST 45 MINUTES TO 1 HOUR. IT IS VERY IMPORTANT FOR YOU TO ANSWER ALL QUESTIONS CORRECTLY. CHILDREN GET RESTLESS AND IRRITATED WHEN THEY HAVE TO REMAIN QUIET AND KEEP STILL FOR ANY LENGTH OF TIME. IT BECOMES VERY DIFFICULT TO LISTEN ATTENTIVELY WHEN CHILDREN ARE CRYING AND HAVE BECOME IMPATIENT.

PLEASE BRING THE FOLLOWING INFORMATION WITH YOU AT THE TIME OF YOUR APPOINTMENT. IT IS ESSENTIAL THAT YOU HAVE ALL OF THIS INFORMATION. THIS INFORMATION WILL HELP TO EXPEDITE THEAPPLICATION PROCESS.

WE MUST HAVE THE FOLLOWING INFORMATION ON ALL MEMBERS WHO WILL BE LIVING IN THE HOUSEHOLD INCLUDING YOURSELF:

- **MUST COMPLETED APPLICATION (DO NOT LEAVE ANY BLANK.) YOU MUST PROVIDE CORRECT NAMES, MAILING ADDRESSES, AND PHONE NUMBERS FOR ALL OF YOUR REFERENCES, PAST GOVERNMENT HOUSING, PLACE OF EMPLOYMENT, YOUR CURRENT BANK, ETC IN ORDER TO SPEED UP THE APPLICATION PROCESS. PROVIDE NAME AND ADDRESSES OF CURRENT AND PREVIOUS LANDLORDS (NO RELATIVES PLEASE). ON APPLICATION PROVIDE NAMES AND ADDRESSES OF PERSONAL REFERENCES. PERSONAL REFERENCES MAY NOT BE RELATIVES OR PEOPLE YOU LIVE WITH.**
- **FORM OF IDENTIFICATION SUCH AS DRIVERS LICENSE/PERSONAL IDENTIFICATION**
- **SOCIAL SECURITY CARDS**
- **6 MONTHS WORTH OF BANK STATEMENTS FOR EACH ACCOUNTS**
- **STATEMENT FOR ASSETS SUCH AS LIFE INSURANCE AVAILABLE BEFORE DEATH, STOCKS, PENTIONS, MONEY MARKET ACCOUNTS, ETC.**
- **BIRTH CERTIFICATIONS FOR THOSE WHO WILL BE LIVING IN YOUR HOUSEHOLD-**PLEASE NOTE, DRIVERS LICENSE OR SOCIAL SECURITY CARDS WILL NOT BE ACCEPTED AS PROOF OF BIRTH.**
- **MARRIAGE LICENSE, DIVORCE DECREE, SEPARATION PAPERS, DEATH CERTIFICATES (whichever applies to your current situation)**
- **POWER OF ATTORNEY (IF Applicable)**
- **CRIMINAL BACKGROUND CHECK. IF YOU HAVE NOT BEEN A RESIDENT OF KENTUCKY FOR ONE YEAR, PLEASE BRING A CRIMINAL BACKGROUND CHECK FROM YOUR PREVIOUS STATE OF RESIDENCE.**
- **PLEASE BRING YOUR REGISTRATION OR , ONLY IF YOU OWN A CAR(S). PLEASE DO NOT BRING THE TITLE TO THE CAR .**
- **IF YOU ARE RECEIVING ANY TYPE OF EMPLOYMENT, PENSION, SOCIAL SECURITY, SSI, RETIREMENT, OR ANY OTHER FORM OF COMPENSATION , PLEASE FURNISH PROOF FOR ALL.**
- **IF YOU OWN A HOME, PROVIDE MORTGAGE STATEMENT AND PROOF OF VALUE**
- **PROOF OF OUT-OF-POCKET MEDICAL EXPENSES**
- **PROOF OF OUT-OF-POCKET EXPENSES DUE TO DISABILITY.**

YOU MUST PROVIDE ALL REQUIRED DOCUMENTS TO BE PLACED ON THE WAITING LIST



Fort Webb Manor

515 Coombs Drive

Bowling Green, KY 42101

Telephone: 270-467-0241

Applicant Information

DO NOT LEAVE ANY FIELDS BLANK. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Names of all Household Members/Family Summary

List all persons who live in this household

| Name | Relationship | Sex | Place of Birth | Age | Date of Birth |
|------|-------------------|-----|----------------|-----|---------------|
| | Head of Household | | | | |
| | | | | | |

Landlord Information

●**Date moved into current address:** _____ Reason for moving out: _____

Current Landlord's Name: _____ Phone #: _____

Current Landlord's Address: _____ City/State/Zip: _____

●**Prior address:** _____ Reason for moving out: _____

Date moved in: _____ Date moved out: _____

Prior Landlord's Name: _____ Phone #: _____

Prior landlord's address: _____ City/State/Zip: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Completed Application Received by: _____

Time: _____ Date: _____

Employment

Are you currently employed:

_____ *Where?* _____ *How Long?*

Telephone:

_____ *Position*

Gross Yearly Income of Household

| Type of Income | A. Head of Household | B. Household Member | Date first received |
|-------------------------------|-------------------------|------------------------|---------------------|
| 1. Wages, Salaries | | | |
| 2. Social Security | | | |
| 3. Pension | | | |
| 4. Social Security Supplement | | | |
| 5. Workers Compensation | | | |
| 6. Unemployment Compensation | | | |
| 7. Disability | | | |
| 8. Annuity Income | | | |
| 9. Retirement | | | |
| 10. Food Stamps | | | |
| 11. Other | | | |

Income may include but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Disability Income to the monthly income of Social Security and Pensions.

Net Family Assets (Bank Accounts, investments, Property, Etc.)

| Type of Asset | Account Number | Value | Interest Earned | Name of Establishment | Phone and Fax |
|---------------------------|----------------|-------|-----------------|-----------------------|---------------|
| Checking Account | | | | | |
| | | | | | |
| Savings Account | | | | | |
| | | | | | |
| Life Insurance Policy | | | | | |
| | | | | | |
| Cash savings/cash on hand | | | | | |



| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| Certificates of Deposit | | | | | |
| Money Market Accounts | | | | | |
| Other – Property, Homes, Etc. | | | | | |
| Recently Disposed assets- Monetary gifts, home given away, Etc? ____ Yes ____ No | | | | | |

Personal References

In the spaces provided below, please complete the information requested for a non-relative. References may not live at your current address.

| | |
|-------------------|-------------------|
| Name: | Name: |
| Profession: | Profession: |
| Years Acquainted: | Years Acquainted: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Phone: | Phone: |
| Email: | Email: |

Pets

Do you have any pets? No Yes (Pet Policy available upon request)

Breed: _____ Weight: _____

Miscellaneous

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either yes or no on the blank line in response to each question. **An explanation must be provided below if the answer is “Yes”.** Use additional sheets, if necessary.

- Will anyone else live in the unit of either a full-time or part-time basis?
- Do you have sole legal and physical custody of your children or grandchildren?
- Have you ever been evicted from any tenancy?
- Are you now living or have you lived in a government-subsidized development? If yes, when:
 _____ Name of Development: _____
 Address: _____
 State: _____ Zip Code: _____



Fort Webb Manor

— Has your housing assistance ever been terminated for fraud, nonpayment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain:

- Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- Are you or any member of your household subject to a lifetime registration under in any State sex offender registration program?
- Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to a peaceful enjoyment of the premises by other tenants?
- Do you or any member of your household use an illegal drug or other illegal controlled substance?
- Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- Have you or any member of your household ever used different names from the names given in this application?
- Have you ever willfully or intentionally refused to pay rent when due?
- Have you or any member of your household lived in any other state within the past 10 years? If yes which ones?

How did you hear about Fort Webb Manor? _____

Required Documents with Application

- Copy of Social Security Card (or HUD approved substitute)
- Copy of Birth Certificate or other acceptable document
- Race and Ethnic Data Reporting Form
- HUD Form 9887/9887A
- Release of Information
- All income/asset verification

Upon receipt, either by mail, or if hand-delivered by the applicant, the application will be reviewed for completeness. If determined to be incomplete the applicant will be notified immediately by mail or in person, as appropriate, of the requirement to provide the missing information. The application will be held in a pending application file until determined to be complete. Once determined to be complete, the applicant will be placed on the waiting list.

I/We understand the information in this application will be used to determine eligibility for 202 PRAC housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.



I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move in has occurred; terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We authorized management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit services and to contact previous and current landlords or other sources for verification information which may be released to appropriate Federal, state or local agencies.

If my /our applications is approved, and move in occurs, I/We certify that only those persons listed in this application will occupy the unit, that will be my/our only residence and that there are no other persons for whom I/we have or expect to have responsibility to provide housing.

I/we agree to notify management in writing regarding any changes in household address, telephone number income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/We have read and completed each section of this rental application, as applicable.

All household members age 18 or older must sign below:

Head of Household: _____

Date

Spouse/Co-Head: _____

Date

Other Adult: _____

Date

Other Adult: _____

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, the PHA and any owner (or any employee of HUD the PHA 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 willfully 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 \$5,000.00. 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, the PHA 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 42 U.S.C. 208(f), (g) and (h). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 208(f), (g) and (h).

The undersigned hereby offers to rent premises on terms and conditions described herein and upon approval of this application agree to sign a rental agreement and to pay all sums due, including required deposits. This application is not a guarantee of approval for residency. Management shall not be responsible to applicant for failure to deliver possession of the premises at the time agreed beyond refund of the deposit received from the applicant. The undersigned warrants that the above stated is true and correct and authorizes verification of such information, including but not limited to, the obtaining of credit report and verification of employment and rental/homeowner history. Additionally, if you are self-employed, you must provide tax returns as proof of income. If this application for tenancy is approved, Applicant's residency shall be governed by terms and conditions of the fully executed Agreement to Rent or Lease between Owner and Tenant(s), including all addendums and attachments thereto, and further, Tenant shall be responsible for their utilities including electric and water. Fort Webb Manor is an equal housing opportunity provider. If you feel you have been discriminated against or treated unfairly call 1 800 669 9777. The Agreement to Rent or Lease and/or any addendums, and Tenant Selection Plan will be provided upon request.

