

GLA-LOW II APARTMENTS RESIDENT APPLICATION INSTRUCTIONS

Please Use BLUE OR BLACK INK ONLY

This property utilizes HUD's web-based computer system, entitled **ENTERPRISE INCOME VERIFICATION (EIV)**. This system is used to meet HUD's requirement to independently verify employment and/or income information on individuals participating in HUD's rental assistance programs. Attached is a copy of the HUD brochure, **EIV & YOU**. It is essential that all applicants and residents truthfully disclose any and all information related to income and employment for all adult household members. **Failure to do so may result in disqualification for housing.**

PROVIDE US WITH ALL THE INFORMATION LISTED BELOW. EACH ITEM IS REQUIRED TO COMPLETE THE APPLICATION PROCESSING. IF YOU DO NOT HAVE ALL THE REQUIRED INFORMATION WHEN RETURNING THE APPLICATION TO OUR OFFICE, **WE CAN NOT ACCEPT OR PROCESS THE APPLICATION.**

YOU MUST PROVIDE

- 1. Social Security Cards for all non-exempt household members.**
- 2. Birth Certificates for everyone in the household.**
- 3. Picture ID for all adults. (Driver's license or State ID)**
- 4. Proof of ALL Household Income with name, address or phone number of employer to verify; OR at least 6 consecutive pay stubs or other approved Income Verification.**
- 5. Six consecutive Bank Statements or other approved Asset Verification for ALL assets.**
- 6. Current and past LandLord contact information.**

If you are receiving SSI or Social Security/Disability benefits, you may call **1-800-772-1213** between 7am and 7pm Monday through Friday to request a new benefit verification letter. Your personal Social Security Statement is available online by using your *my_Social Security* account. To create, set up or use your account to get your online *Social Security Statement*, go to Sign In Or Create An Account. Your online access gives you secure and convenient access to your Benefit Verification letter, Social Security cards and earnings records. It also shows estimates for retirement, disability and survivors benefits you and your family may be eligible for. If you would like to receive your Social Security Statement by mail, you must complete a "Request For Social Security Statement" (Form SSA-7004; available upon request) and mail it to the address provided on the form. You should receive a response within four to six weeks.

THE APPLICATION CAN NOT BE ACCEPTED WITHOUT THESE VERIFICATIONS.

PLEASE ALLOW AT LEAST 30 MINUTES TO REVIEW THE APPLICATION, SIGN ADDITIONAL FORMS AND COPY THE NECESSARY DOCUMENTATION.

Each application line must be completed. Items not applicable are to be marked "N/A". Current and Past Landlord contact information must be provided. The application must be completely filled out before we log it for processing.

Waiting period for an apartment can vary due to the size of the apartment required and the length of the waiting list.

It is your responsibility to notify us of any changes to your household information.

We must be contacted every six months that you are still interested in staying on the waiting list. If we have no contact, your application will be dropped from the list. This can be as easy as a phone call, a letter or by stopping in the rental office.

GLA-LOW II APARTMENTS

APPLICATION ASSISTANCE AND INFORMATION SHEET

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS (606) 329-9725. OFFICE HOURS ARE 8AM TO 5PM, MONDAY THROUGH FRIDAY.

THE HEARING IMPAIRED USING A TDD DEVICE MAY REACH OUR TDD RELAY SERVICE BY DIALING 711 WITHIN THE STATE OF KENTUCKY, DURING THE SAME OFFICE HOURS.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER.

This property is managed by Cardinal Management, Ltd. All Cardinal Management, Ltd. properties are fully committed to Equal Housing Opportunity. As a provider of multi-family rental housing, we will not discriminate in any activity relating to applicants or the rental of dwelling units or in the provision of services or facilities on the basis of race, color, religion, creed, national origin, sex, age, familial status, disability, sexual orientation or gender identity. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

Compliance actions may include reasonable accommodations. A reasonable accommodation is a change in policy or procedure, to accommodate an applicant or resident with disabilities, or an alteration to the physical characteristics of a dwelling unit or common areas to allow any member of an applicant or resident family accessibility which does not constitute either undue financial or administrative burdens, or a fundamental alteration of the housing program.

The housing provider is not required to provide individually-prescribed or personal items such as hearing aids, eyeglasses, wheelchair, service animals, reading machines, telecommunications equipment in the resident's unit, or a personal reader or interpreter.

The Applicant Screening Policy:

All applicants for assisted housing will be screened according to the criteria set forth below. These criteria, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household:

1. Past performance in meeting financial obligations, especially rent;
2. A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development;
3. Involvement in criminal activity on the part of any applicant family member which would adversely affect the health, safety or welfare of other residents;
4. A record of eviction from housing or termination from residential programs;
5. An applicant's ability and willingness to comply with the terms of the Property's lease;
6. An applicant's misrepresentation of any information related to eligibility, award of PRIORITY for admission, allowances, family composition or rent.

For a complete discussion on the methods by which every applicant's performance relating to each of these criteria and how they will be checked, please refer to the property's TENANT SELECTION PLAN. A complete copy of the TENANT SELECTION PLAN is available from the property, upon request.

General Principles of Screening:

The Property will be the final judge of what constitutes adequate and credible documentation. If staff have doubts about the honesty or reliability of information received, they may pursue alternative methods, such as home visits, etc., until they are satisfied that their documentation is the best available. This is because landlords have a relationship with applicants that is more similar to that which a management agent has with its residents than do other housing providers

such as friends, relatives, shelters or institutions. Also, landlords are more likely to use leases that are comparable to assisted housing leases than are other housing providers.

Screening staff should be prepared to explain to landlords and other housing providers what the obligations of assisted housing tenancy entail, to help these verification sources provide informed references about applicant's future ability to comply with lease requirements.

Processing the Screening Verification Forms:

Before executing screening verification forms, Property staff will check their former resident files to determine whether the applicant has previously lived at or been evicted from any Agent owned Property. They can also order a check of court records to determine whether the applicant has been evicted from other housing during the same period.

Once the appropriate verification form releases have been executed, the Property should mail out the forms. Telephone verifications may be employed to reduce processing time if the applicant provides accurate telephone information. Each applicant is required to sign *Landlord Verification Forms* to authorize release of the requested information.

1. If the landlord or housing provider verifications are not returned in a timely manner, the Property staff will attempt to contact the landlords or housing providers by telephone to encourage their cooperation.
2. When telephone verification is employed, Property staff should ask the questions from the appropriate verification form, should write the name of the individual interviewed, the date of the call, the exact responses to the questions, and should sign the form.

INSTRUCTIONS FOR COMPLETION OF APPLICATION TO RENTAL HOUSING FOR HEAD OF HOUSEHOLD

- PLEASE ANSWER ALL QUESTIONS TRUTHFULLY. WE WILL VERIFY YOUR ANSWERS. ANY MISREPRESENTATION OF INFORMATION RELATED TO ELIGIBILITY, PRIORITY FOR ADMISSION, ALLOWANCES, RENT, FAMILY COMPOSITION, OR PRIOR TENANT HISTORY IS GROUNDS FOR REJECTION.
- ANSWERING QUESTIONS PERTAINING TO HANDICAP OR DISABILITY ARE OPTIONAL. HOWEVER, WITHOUT THIS INFORMATION WE MAY NOT BE ABLE TO (1) DETERMINE YOUR ELIGIBILITY OR NEED FOR SPECIAL HOUSING FEATURES; OR (2) CALCULATE YOUR RENT CORRECTLY. FAMILIES WITH HANDICAPPED OR DISABLED MEMBERS MAY BE ENTITLED TO CERTAIN DEDUCTIONS FROM INCOME THAT EFFECT RENT.

IF YOU ANSWER THESE QUESTIONS WE WILL NEED TO VERIFY THAT YOU OR A FAMILY MEMBER IS HANDICAPPED OR DISABLED. WE DO NOT NEED TO KNOW THE NATURE, EXTENT, OR CURRENT CONDITION OF THE HANDICAP OR DISABILITY. WE WILL NEED TO KNOW THAT YOU MEET THE FEDERAL DEFINITIONS THAT APPLY TO THESE TERMS AND THAT YOU CAN ABIDE BY THE TERMS OF OUR LEASE.

- INFORMATION YOU PROVIDE ON HANDICAP OR DISABILITY STATUS WILL BE TREATED AS CONFIDENTIAL BY MANAGEMENT. IN ACCORDANCE WITH PROGRAM REGULATIONS, INFORMATION MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES.
 1. Complete all sections. Do not leave any section blank, even those which do not apply to you. For instance, if a section asks for a drivers license and you do not have a drivers license, you may enter "none" or "N/A" (not applicable).
 2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and the consent to the release of information forms, necessary to qualify the eligibility of the household.
 3. It is important that all information on this form and all other required forms be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
 4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
 5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be further processed and if determined eligible, later placed on a waiting list. This does not guarantee that your household will be offered an apartment. If after complete processing, it is established that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

Application for Admission and Rental Assistance Section 8 Housing

Date: _____

Property Name:	Bruceglow of Ashland, LLLP	Telephone:	Bruce II - 606-325-1102; Gla-Low II 606-329-9725
Address:	Bruce II Apartments 1709 Clements Dr Ashland, KY 41101	Fax:	Bruce II - 606-325-7265; Gla-Low II 606-324-5989
Address 2:	Gla-Low II Apartments 1200 Stella Dr. Ashland, KY 41102	TTD/TTY:	711 National Voice Relay

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below and if selected complete the special needs questionnaire attachment.

Unit Size

<input type="checkbox"/> 1 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Special features: Please list below:

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

Do you believe you qualify for a preference because you have been displaced by government action or presidentially declared disaster? YES _____ NO _____ If yes, explain _____

I currently live on this property and am requesting a new unit Yes No

Applicant Name	
Preferred Name	
How did you hear about us?	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
Citizenship Status	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>
Current Address	
Address Line 2	
City, State, Zip	
Previous Address (if less than 2 years at current address)	



Application for Admission and Rental Assistance Section 8 Housing

Home Phone			
Cell Phone			
Email address			
Work Phone			
Emergency/Alternate Contact Name and Phone Number			
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Birth			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever <i>lived</i> at Hillcrest, Bruce, Gla Low or Unity Square Apartments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which complex? _____; Apt. # _____; Lessee name _____			
Have you recently <i>applied</i> for an apartment at Hillcrest, Bruce, Gla Low or Unity Square Apartments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which complex? _____			
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, name of school:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Have you ever used a different name from the name listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list names used and dates when used			

Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any</u> member of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when			

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C



Application for Admission and Rental Assistance Section 8 Housing

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about OTHER household members. Make a copy of this page if more than four people will live in the unit. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>(If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults	Minors

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name			
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above <i>(live in aides complete a different application and must be approved before move in)</i> <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
Have you ever used a different name from the name listed above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list names used and dates when used			
SSN		Date of Birth	

Please indicate each state where this person has lived

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C.

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name			
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above <i>(live in aides complete a different application and must be approved before move in)</i> <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
Have you ever used a different name from the name listed above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list names used and dates when used			
SSN		Date of Birth	

Please indicate each state where this person has lived

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C.



Application for Admission and Rental Assistance Section 8 Housing

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name

What is your relationship to the Head of household?

Head of Household *Co-head *Spouse Child Other adult

Foster adult/child Live-in Aide None of the Above

(live in aides complete a different application and must be approved before move in)

**You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.*

Have you ever used a different name from the name listed above?

Yes

No

If yes, please list names used and dates when used

SSN

Date of Birth

Please indicate each state where this person has lived

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C.

ADDITIONAL HOUSEHOLD MEMBER'S FULL NAME

Name

What is your relationship to the Head of household?

Head of Household *Co-head *Spouse Child Other adult

Foster adult/child Live-in Aide None of the Above

(live in aides complete a different application and must be approved before move in)

**You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.*

Have you ever used a different name from the name listed above?

Yes

No

If yes, please list names used and dates when used

SSN

Date of Birth

Please indicate each state where this person has lived

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C.

HOUSEHOLD RENTAL HISTORY:

Current Landlord Name	
Landlord Address	
Landlord Address	
City, State, Zip	



Application for Admission and Rental Assistance Section 8 Housing

Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #2		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Application for Admission and Rental Assistance Section 8 Housing

INCOME INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information:

ARE YOU EMPLOYED?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.					
Employer #1					
Address					
Address 2					
City, State, Zip					
Phone					
How much employment income do you receive?	\$		How often?		

DO YOU OR ANOTHER ADULT HOUSEHOLD MEMBER HAVE ANY ADDITIONAL EMPLOYMENT?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member Name:					
Employer #2					
Address					
Address 2					
City, State, Zip					
Phone					
How much employment income do you receive?	\$		How often?		

DO YOU OR ANOTHER ADULT HOUSEHOLD MEMBER HAVE ANY ADDITIONAL EMPLOYMENT?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member Name:					
Employer #3					
Address					
Address 2					
City, State, Zip					
Phone					
How much employment income do you receive?	\$		How often?		

Does the household currently have more employers than listed above? Yes No
If yes, please provide additional employment information on a separate sheet.



Application for Admission and Rental Assistance Section 8 Housing

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

PLEASE WRITE IN 0.00, NA OR NONE IF YOU WILL RECEIVE NO INCOME FROM THESE SOURCES.

HOW MUCH DO YOU RECEIVE MONTHLY?

Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly SSI?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Monthly Public Assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$
Are you entitled to Alimony?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount				\$
Income from a pension or annuity or other asset?				\$
Regular contributions from organizations or from individuals not living in the unit?				\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?				\$
Contributions from family for rent, child care or other bills.				\$
Any lump sum amounts from delay of payments for SSI or VA Disability				\$
Do you receive financial aid for education assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance.				\$
Other?				\$
Other?				\$
Other?				\$



Application for Admission and Rental Assistance Section 8 Housing

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	
Monthly Amount Child #3 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$ _____	
Name of Family Member who can work as a result of such an expense.	_____	
Do you pay for equipment that allows any adult family member to work? <i>e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$ _____	
Name of Family Member who can work as a result of such an expense.	_____	

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1– annual premium	\$ _____
Health Insurance - 1 – annual deductible	_____



Application for Admission and Rental Assistance Section 8 Housing

Health Insurance - 2 – annual premium	\$	
Health Insurance - 2 – annual deductible	\$	
Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
Do you have an HMO , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company.		
<hr/> <hr/> <hr/>		
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you?		
<hr/> <hr/> <hr/>		

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (<i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i>)	\$
Personal use items annual out-of-pocket expense (<i>i.e. glasses, incontinent supplies, hearing aids</i>)	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	\$
Other?	\$
Other?	\$
Other?	\$



Application for Admission and Rental Assistance Section 8 Housing

PENALTIES FOR MISUSING THIS FORM

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. 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

No Yes If yes, which option do you prefer? Paper copy Electronic copy (please provide email address)

APPLICANT NAME (please print) _____

Signature _____ Date _____

SPOUSE, CO-HEAD, OTHER ADULT APPLICANT (circle one) NAME (please print) _____

Signature _____ Date _____

SPOUSE, CO-HEAD, OTHER ADULT APPLICANT (circle one) NAME (please print) _____

Signature _____ Date _____

Bruceglow of Ashland, LLLP does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Wayne Rice
P.O. Box 1699
Ashland, KY 41105-1699
606-329-0797, ext. 203





PRE-APPLICATION / PERSONAL DECLARATION

PROPERTY NAME

Table with 6 columns: NAME OF PERSONS TO OCCUPY THE UNIT (Last, First, Middle), Soc Sec Number, Date of Birth, Age, Sex (M or F), Relationship to Head of Household. Includes a row for 'Head of Household'.

On RD & HUD properties, an allowance may be given if you qualify under the definition of elderly, handicapped or disabled. Do you wish to apply for this allowance: YES NO (If you check yes, your eligibility will be verified.)

NOTE: If you are handicapped or disabled, you may request a handicap accessible unit. Do you wish such unit? YES NO

Person to notify in case of emergency: Name City State Phone Address: City State Zip

RESIDENCE HISTORY - PRESENT

Present Address: City: State: Zip Code: Rental Office Phone Number: How Long: Rent :

Do you meet the following HUD Definition of Displaced: YES NO

(Families or single persons who have been displaced due to a presidential declared disaster.)

Do you currently own a 504 FmHA Home ? : YES NO

Have you ever lived in subsidized housing? YES NO Where? When?

Do you pay for childcare to enable you to work? YES NO \$ per

Do you have a pet? YES NO Type of pet

Please check Yes or No. Please make sure you have answered every question completely. If you check Yes, include the dollar amount and all other requested information. If the question does not apply check No. An incomplete form may delay the certification process. Whenever a Yes is checked the Site Manager will provide you with the required additional forms.

Yes No 1. Are you separated, but not divorced from your spouse?

(Answer, "No" if you are married and living with spouse, single, legally divorced or widowed.)

If you answered "Yes", please complete the following:

Yes No a. Are you legally separated from your spouse?

(If "Yes", please attach a copy of your current legal separation agreement. If "No", please continue with questions b)

Yes No b. Are you separated from your spouse and Do Not intend to reconcile?

HL -137

If yes, who? _____

Initials: _____

Initials: _____

Yes No 2. Are you or any members over the age of 18 in the household a full time student? **HL - 49 & HL -139**
(HUD Property Only) **HL -HUD -128**

If yes, who? _____

Yes No 3. Are any members over the age of 18 in the household a part-time student? **HL - 49 & HL - 139**
(HUD Property Only) **HL -HUD -128**

If yes, who? _____

Yes No 4. Are all occupants in the household Full-time students? (Tax Credit Properties Only) **HL - 49A**

PROPERTIES WITH TAX CREDITS ONLY – If all occupants are Full-Time Students and fail to qualify for an exception on form 49A, you are ineligible to participate in the Section 42 Low Income Tax Credit Program. Attach supporting documentation to Form 49A. Form 49A will be provided to you by the Site Manager.

Yes No 5. Are any adult occupants age 18 or older **NOT** receiving any type of income? **HL - 55**
If you are receiving child support, SS, KTAP, unemployment, or currently employed, etc.
Tick "NO"

If you answered yes, you are certifying the household member listed below has zero
Income and is not contributing any income to the household.

If yes, who? _____

Yes No 6. Are you or anyone in the household currently employed? **HL-11**

Gross Income/Year: include overtime, tips, etc.

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

Household Member: _____ \$ _____ (Gross)

Employer Name, Address and Phone Number: _____

Yes No 7. Are you or anyone in your household self-employed or own a business? **HL-39**

Net Income/Year: \$ _____
(If "Yes", signed copies of your most recent Federal Income Tax Returns must be attached.)

If yes, who? _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

Do you or anyone in your household now receive or intend to receive Periodic Payments from the following:

Yes No 8. Social Security or S.S.I. (Include Medicare Premium) \$ _____ HL - 08

If yes, who? _____

Yes No 9. K Tap or other Public Assistance \$ _____ HL - 51

If yes, who? _____

Agency: _____
Contact Person: _____
Phone Number: (____) _____

Yes No 10. Veteran's Benefits: \$ _____ HL - 77

If yes, who? _____

Yes No 11. Pensions and Annuities: HL - 15

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Yes No 12. Are you or anyone else in the household entitled to receive child support? HL - 57

If yes, who? _____ amount per _____ Week _____ Month \$ _____
If yes, who? _____ amount per _____ Week _____ Month \$ _____
If yes, who? _____ amount per _____ Week _____ Month \$ _____

Yes No 13. Do you or anyone in your household have dependents under the age of 18 in your household?

If yes, who? _____ HL - 57

Yes No 14. Do you or anyone in your household receive alimony? (Please provide a copy of the Court Order)

If yes, who? _____

Yes No 15. Military Pay (including housing allowance) (must provide documentation) HL - 15

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

Yes No 16. Unemployment Benefits or Worker's Compensation. (Must provide documentation.) **HL - 15**

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Yes No 17. Severance Pay. **HL - 15**

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Yes No 18. Does anyone outside of your household pay your expenses and/or give you money regularly?

If yes, who? _____ Source: _____ \$ _____ **HL - 45**
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Yes No 19. Do you or anyone in your household receive payments under a Seller financed sale / Contract For Deed of Real Estate? *An Amortization Schedule must be attached*

If yes, who? _____

Yes No 20. Do you or anyone in your household anticipate income from any other source? **HL-15**

If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____
If yes, who? _____ Source: _____ \$ _____

Do you or anyone in your household own any assets?

Yes No 21. Do you or anyone in your household have any of the following: Checking or Savings accounts? Money Market Funds, Trusts, IRA / Keough accounts, Certificates of Deposit (CD's) or other Accounts, or assets such as Stocks, Bonds or Mutual Funds. Please list all that apply **HL-07**

Type of Asset	Name of Bank	Name of Person on Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

Yes No 22. Do you or anyone in your household own any real estate including a primary residence, farm
Vacation home, vacant land, rental property or other investments?

Current status / intention ___ Keeping ___ Selling ___ Renting ___ Being Foreclosed ___ Giving away
Certain documents such as an Offer to Purchase or documents from the area PVA Office showing Fair Market Value may be requested.
If Yes, you must provide documentation

If yes, who? _____

Yes No 23. Have you or anyone in your household received any Lump Sum payments in the
Last 24 months? (I.e. insurance settlement, inheritance, lottery winnings, etc.)
Do not include a lump sum received from Social Security or income tax refunds.

If Yes, you must provide documentation

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

Yes No 24. In the past two years, have you or anyone in your household disposed of any assets or
Property for less than Fair Market Value?

If Yes, you must provide documentation

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

If yes, who? _____ \$ _____ Fair Market Value \$ _____
Explain: _____ Where is the money now? _____

Yes No 25. Do you have any income or assets that has not been addressed in this application. If yes,
Please list source and amount below. If no, you are certifying that you have no
Additional income or assets not addressed in the application.

If yes, who? _____ Source: _____ \$ _____

If yes, who? _____ Source: _____ \$ _____

If yes, who? _____ Source: _____ \$ _____

What is your Gross Estimated Annual Income from questions 5 through 25?

Total Estimated Income From All Sources = \$ _____

Initials: _____ Initials: _____

Initials: _____ Initials: _____

I UNDERSTAND: That the statements made on this application are considered a part of my lease (if accepted) and approval or disapproval will be based upon information furnished herein. If at any time it is determined that any information I have given is false, it will be a breach of the lease contract and appropriate action will be taken. I certify that the housing unit I will occupy will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location. I further certify that I do not own a 502 FmHA home. I attest that all applicants over the age of 18 have signed this application and that all income information is true and absolute. Failure to properly report income could result in prosecution.

Each Applicant 18 years of age or older must sign and date below.

1.APPLICANTS SIGNATURE: _____ DATE _____

2.APPLICANTS SIGNATURE: _____ DATE _____

3.APPLICANTS SIGNATURE: _____ DATE _____

4.APPLICANTS SIGNATURE: _____ DATE _____

TIME APPLICATION WAS COMPLETED: _____ RACE: _____ ETHNICITY: _____

Race codes: (1) American Indian or Alaskan Native (2) Asian (3) Black or African American (4) Native Hawaiian or Pacific Islander (5) White Ethnicity codes: (a) Hispanic / Latino (b) Non-Hispanic Latino

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Site Manager's Signature _____ **Date:** _____ **Time:** _____