



APPLICATION FOR RESIDENCE

Please print or type:

Social Security Number: _____

Head of Household: (Member #1):

Full Name _____
Last First Middle

Date of Birth _____ Sex _____ Marital Status _____

Present Address _____ City _____ State _____ Zip Code _____

Phone _____ Own _____ Rent _____ Monthly Rent _____ How long at present address _____

Present Landlord _____ Phone _____
Name and address (show mortgage company if buying)

Previous Landlord _____ How long _____ Phone _____

Please list all states in which any member has resided _____

Race: American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____
White _____ Other _____ Ethnicity: Hispanic or Latino _____ Not-Hispanic or Latino _____

Persons to Occupy Apartment (List name, age, relationship)

Member	Full Legal Name	SS Number	Date of Birth	Relationship
2				
3				
4				
5				
6				
7				

Member Employed	Names of Employers	How Long	Pay Rate	Monthly Gross	Annual Gross
(Member #___)					
(Member #___)					
(Member #___)					
(Member #___)					

Other Income Information (Not listed above including social security, pensions, rental income, etc.)

Member with Income	Type of Income	Gross Monthly Income	Gross Annual Income
(Member #___)			
(Member #___)			
(Member #___)			

Assets (List all income and non-income producing assets such as Checking Account, Savings, Stocks, Real Property, Bonds, Etc.)

Checking Account average balance during last 6 months:		
Savings:	Asset Value:	Annual Income:
Other:	Asset Value:	Annual Income:



Other:	Asset Value:	Annual Income:
Other:	Asset Value:	Annual Income:

Medical, Disability, Dependant Care Expenses (Include medical expenses not covered by insurance, medical insurance premiums, child care expenses, etc.)

Description	Monthly Expense	Annual Expense

Credit References (Loans, Charge Accounts, Etc.)

Name of Lender	City	State

Automobile

Make	Model	Year	Tag #	State

Person to notify in case of emergency

Name	Relationship	Address	Phone

- Has housing assistance or tenancy in subsidized housing ever been terminated or denied for fraud, non-payment of rent or failure to cooperate with recertification procedures for any member of the household? YES _____ NO _____
- Has any member of the household ever been evicted from a rental unit before? YES _____ NO _____
If yes, Property/Landlord _____ City/State _____
- Has any member of the household ever left a rental unit owing rent or money for damages? YES _____ NO _____
If yes, Property/Landlord _____ City/State _____
- Is any member of the household an alien or a non-immigrant student alien? YES _____ NO _____
- Has any member of the household ever been convicted of a felony or a drug/alcohol related criminal offense?
YES _____ NO _____ If yes, offense _____ City/State _____
- Does any member of the household currently have an outstanding criminal charge that has not yet been settled in a Court of Law?
YES _____ NO _____ If yes, please describe _____
- Is any member of the household subject to a state or federal sex offender registration program? YES _____ NO _____
- Has any member of the household filed for bankruptcy within the past 10 years? YES _____ NO _____
If yes, has the bankruptcy been discharged? YES _____ NO _____
- Does any member of the household need a handicapped accessible unit? YES _____ NO _____
- Is any member of the household currently residing in a HUD subsidized unit? YES _____ NO _____



***NOTE:** Proof of Social Security number(s) is required at time of application. All information is subject to documentation by KMC prior to occupancy.

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so. I hereby affirm that, to the best of my knowledge, the foregoing information is true and correct. I understand that this form is an application for residence and that the submission of this application does not reserve a living unit nor in any way guarantee residence in such.

By signing below I acknowledge that as a condition of eligibility I will be required to submit evidence of citizenship or eligible immigration status and that all family members, regardless of age, must declare their citizenship or immigration status in order to be eligible for rental assistance and occupancy.

_____	_____	_____	_____
Applicant's Signature	Date	Applicant's Signature	Date
_____	_____	_____	_____
Applicant's Signature	Date	Applicant's Signature	Date

FOR OFFICE USE ONLY

How applicant learned of apartments: _____

Type(s) of Unit needed: _____ Amount of Rent: _____ Amount of Security Deposit: _____

Proof of Social Security # Provided

	YES
Member #1 SS#(HOH)	_____
Member #2 SS#	_____
Member #3 SS#	_____
Member #4 SS#	_____
Member #5 SS#	_____
Member #6 SS#	_____
Member #7 SS#	_____

Comments: (Landlord-References, Etc.) _____

I acknowledge that this application was received on _____ at _____.
Date: mm/dd/yyyy Time

Signature of Owner or Owner's Designee: _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.