



Relay Center:
TDD 1-800-766-3777



(OFFICE USE ONLY)	
Date Received:	
Time Received:	
Bedrooms Needed:	1 2 3 (Circle One)

RENTAL APPLICATION

COMPLETE ALL QUESTIONS OR THIS APPLICATION WILL NOT BE PROCESSED

Property Name: **La Harper Heights Apartments/ LaCygne Housing Authority**

The property you are applying for residency in is financed by USDA Rural Development/HUD and is operated in accordance with Federal statutes, 7CFR 3560. Full disclosure of pertinent information to determine eligibility is required. Applications are placed in order of date and time received. Applicants who need assistance in filing out this application will be accommodated. **Please note:** If you have a disability and would like the leasing agent to be knowledgeable of it when processing your application or when showing you available apartments, Fair Housing Law states you must inform the agent. Rents are based on adjusted family or household income.

A. Household Information:

Applicant Name: _____ **SS#:** _____
Current Address: _____ **Birth date:** _____ **Sex** _____
City/State/Zip: _____
Home/Cell Phone: _____ **Email** _____

Co-Applicant Name: _____ **SS#:** _____
Current Address: _____ **Birth date:** _____ **Sex** _____
City/State/Zip: _____
Home/Cell Phone: _____ **Email** _____

B. Residence History:

Applicant:
Present Landlord's Name: _____ **Phone Number:** _____
Present Landlord's Address: _____

In case of Emergency notify:

Name: _____ **Phone:** _____
Address: _____ **City/St./Zip:** _____
Relationship, if any: _____

D. PERSONAL NON-RELATED REFERENCES:

1.) **Name:** _____ **Phone:** _____
Address: _____ **City/State/Zip:** _____

USDA Rural Development Section 515 regulations require that all applicants reveal all amounts and sources of income and assets. Applicants for housing in this USDA Rural Development Section 515 property must complete the following requested information.

E. EMPLOYMENT:

Applicant:

Current Employer Name: _____ Phone: _____

Current Employer Address:

How long: _____ years _____ months Co- Co -

Co Applicant:

Current Employer Name: _____ Phone: _____

Current Employer Address:

How long: _____ years _____ months

F. HOUSEHOLD INCOME: List all full and/or part time employment for all household members (include self-employment earnings).

<u>Household Member:</u>	<u>Name of Employer:</u>	<u>Gross Yearly Earnings Current/Anticipated:</u>
\$ _____	_____	_____ \$
\$ _____	_____	_____ \$

Other sources of income: (Examples: *State Assistance (Welfare), Aid to Families with Dependent Children (AFDC), Unemployment, Social Security, S.S.I., Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Workmen's Compensation, V.A. Benefits, Farm Income, Business Income, Cash Contributions from Agencies or Non-Applicant, Work for Cash and Tips, or Income received by a Full Time Student.*)

<u>Household Member:</u>	<u>Source of Income:</u>	<u>Amount:</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Is any member entitled to receive child support that is not being received? no yes-explain:

Is any member entitled to receive alimony that is not being received? no yes-explain:

Do you anticipate any changes in this income in the next 12 months? no yes-explain:

G. CHILDCARE COSTS

Complete this part ONLY FOR CHILDREN 12 & YOUNGER

	Name of Child	Age of Child	Provider Name, Address & Phone Number	MONTHLY Amount	ANNUAL Amount
1.)					
2.)					
3.)					

Total Child Care Costs: _____

Elderly households, where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability, and other households which have a person with a disability may qualify for an adjustment to income when calculating the rent payment, or a special accessible unit or both.

I. MEDICAL/DISABLED ASSISTANCE EXPENSES: Complete this part ONLY if Applicant or Co-Applicant is 62 or older or a household member has a disability.

	Medical Related Item	Applicant or Household Member	Name, Address & Phone Number	MONTHLY Amount	ANNUAL Amount	Amount Insurance Pays/Paid
1.)	Medicare Premiums					
2.)	Medical Insurance Coverage (List Name & Address of Co.)					
3.)	Projected Medical Costs NOT covered by Insurance NOR reimbursed					
4.)	Monthly payments toward Medical Bills or outstanding Costs: (Also show outstanding balance)					
5.)	Medical Related Travel Costs					
6.)	Are you seeing a Physician regularly: (List name, address, phone) ____ yes ____ no					
7.)	Projected Physician Costs NOT covered by insurance NOR Reimbursed					
8.)	Any other medical expenses (list type)					
9.)	Handicapped Assistance Expenses. (Complete ONLY if handicapped expenses allow a household member to work)					
TOTAL MEDICAL COSTS:						

H. Program Information:

(circle one)

1. Are you applying for status as an "Elderly Household", where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability as defined by USDA Rural Development? NO YES
1.1. If so, you will be eligible for a \$525.00 adjustment to income? NO YES
(Your eligibility must be verified)

2. Would you or anyone in your household benefit from a wheelchair or other accessible unit? NO YES
2.1. If so, would you like to request an adapted unit? NO YES

3. Is anyone in your household currently living in Government Housing? NO YES

4. Has anyone in your household ever resided in a project financed and/or subsidized by the Government? NO YES

5. Has anyone in your household ever been evicted from a Government Housing Program? NO YES
5.1. If Yes, Where, When & Reason

6. Has anyone in your household ever been evicted from other housing? NO YES
6.1. If Yes, Where, When & Reason

7. USDA Rural Development regulations grant a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by the US Department of Housing and Urban Development (HUD) or USDA Rural Development and those households displaced due to housing being rendered uninhabitable.
Do you hold a "Letter of Priority Entitlement"? NO YES
7.1. Are you currently living in a housing unit that has been determined to be uninhabitable? NO YES

8. Has anyone in your household ever lived on this property in the past? NO YES

9. Does your household have a pet? NO YES

10. Are you being evicted? NO YES
10.1. If Yes, when must you be out of your home?

11. Has anyone in your household ever been convicted of a felony? NO YES
11.1. If Yes, please give the date, describe the felony, and name the household member with the record:

12. Is anyone in your household currently using illegal drugs? NO YES

13. Has anyone in your household ever been convicted of sale, distribution, or possession of illegal drugs? NO YES
13.1. If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program? NO YES

14. Will you take an apartment when one is available? NO YES

15. How did you hear about this housing?

Briefly describe your reasons for applying

STATEMENT REQUIRED BY THE PRIVACY ACT:

USDA Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et.seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However; failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except it is unlawful for USDA Rural Development to deny eligibility because of the refusal to disclose the Social Security Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA Rural Development financed rental property and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE RESIDENCE IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HERewith TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE A FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

Signature: _____(Applicant)

Date:

Signature: _____(Co-Applicant)

Date:



The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation 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, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino: _____

Not Hispanic or Latino: _____

Race: (Mark one or More)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender: Male _____ Female _____



TENANT RELEASE AND CONSENT



KS Relay Center: TDD 1-800-766-3777

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to La Harper Heights Apts, for purposes of verifying information on my/our Rental Application for Occupancy.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: criminal and credit background screening, personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| | Social Security Administration | Banks and other Financial Institutions |
| Support and Alimony Providers | Straight Arrow Screening | Medical and Child Care Providers |
| KS Department of Corrections | Sex Offender Listing | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file. I/We have a right to review this file and correct any information that is incorrect.

Signatures:

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE SIGNED SEPARATELY.

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. 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. 408 f, g and h.