

Please send copies of Social Security Cards and Birth Certificates for everyone who will live in the unit.

Please complete the whole application. Applications not completed will be returned incomplete. If you have questions, please call.

You will also need to send \$12.00 for EACH PERSON OVER 18, WHO WILL BE LIVING THERE, to cover the cost of the criminal check that we do on you.

APPLICANT QUESTIONNAIRE

1. What is your reason for moving? _____
2. Number of people and ages of those who will occupy the apartment. _____

3. How long do you wish to rent? _____
4. When would you like to move in? _____
5. Do you have pets? _____
6. Do you smoke? _____
7. How is your credit? _____
8. Landlord references: _____
9. What is your occupation? _____
10. Have you ever owned a house? _____

ANNUAL INCOME CHECKLIST

Name _____ Date _____

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Annual Income and sign the certification statement.

	<u>Income Amount</u>	<u>Date Verified</u>
<p>1. a. Will any household members be receiving any type of income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, list names of such family members who will receive employment income.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p>
<p>2. a. Will any household members be receiving income from a family-operated business or be otherwise self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, list names of such family members who will receive income from self employment.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p>
<p>3. a. Will anyone in the household receive Social Security or SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, list names of such recipients.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p>
<p>4. a. Will anyone in the household receive periodic payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, list first names of recipients.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p>

**Income
Amount**

**Date
Verified**

5. a. Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? Yes No

b. If yes, list family members who are recipients.

\$ _____ / /
\$ _____ / /
\$ _____ / /

6. a. Will anyone in the household be receiving public assistance benefits? Yes No

b. If yes, list recipients.

\$ _____ / /
\$ _____ / /
\$ _____ / /

7. a. Will anyone in the household be receiving alimony or child support payments? Yes No

b. If yes, list first names of such family members who are recipients.

\$ _____ / /
\$ _____ / /
\$ _____ / /

8. a. Will anyone in the household be receiving income from assets? Yes No

b. If yes, list first names of such family members who are recipients.

\$ _____ / /
\$ _____ / /
\$ _____ / /

9. a. Is any household member, 18 or older, receiving pay as a member of the Armed Services? Yes No

b. If yes, list family members who are recipients.

\$ _____ / /
\$ _____ / /
\$ _____ / /

**Income
Amount**

**Date
Verified**

10. a. Is any household member receiving lottery winnings, paid periodically? Yes No

b. If yes, list family members who are recipients.

\$	_____	____/____/____
\$	_____	____/____/____
\$	_____	____/____/____

11. a. Is any household member receiving recurring monetary contributions or other gifts or payments from a non-household member? Yes No

b. If yes, list family members who are recipients.

\$	_____	____/____/____
\$	_____	____/____/____
\$	_____	____/____/____

Applicant/Tenant Certification

I hereby certify that I have answered the questions on this checklist truthfully and that the income listed on this form represents all the income available to my household.

Head of Household's name

Head of Household's signature

Landlord

APPLICATION
RD 515 Program

Mgmt Signature
(Office Use Only)

Date/Time

PLEASE PRINT

Alexandria Associates Apartment Complex
This is an application for housing in the Alexandria Manor Apartments located
in Alexandria, KY. Please complete this application and return to
Ashcraft Realty at the address listed at the bottom of this page. Complete
applications are placed in order of date and time received. An applicant may be
interviewed only after Ashcraft Realty receives the complete tenant application.

A. GENERAL INFORMATION:

Applicant Name(s) _____

Address: _____

Street Apt# City State Zip

Email: _____

Tel. # _____ Number of Bedrooms in Current Unit _____

Do you Own _____ or Rent _____. If Rental, Amount of
Current Monthly Rental Payment. \$ _____

Check Utilities Paid by you:

Approximate Monthly Cost of Utilities
Paid by you (excluding phone and
Cable TV) \$ _____

Heat: _____

Electricity: _____

Gas: _____

Other: _____

Bedroom Size Requested:

One Bedroom: _____

Two Bedroom: _____

Three Bedroom: _____

Handicap BR _____

Ashcraft Realty is an Equal Housing Opportunity company, with projects in
compliance with 504 and Fair Housing Regulations. Ashcraft Realty accommodates
any applicants who need assistance in filling out this application.

TDD# 7-1-1

Return to: Ashcraft Realty

502-484-5802

1-800-728-5802

P.O. Box 157

Owenton, KY 40359



List ALL persons who will live in the apartment. List Head of Household First:

NAME RELATIONSHIP BIRTHDATE AGE SOCIAL SECURITY #

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Is anyone in this household a full time student? Yes _____ No _____
Name(s) _____

B. INCOME: List ALL sources of income as requested below:

Family Member

<u>Name</u>	<u>Source of income.</u>
_____	a. Social Security....Monthly Amount \$ _____
_____	Social Security....Monthly Amount \$ _____
_____	b. Pension.....Monthly Amount \$ _____
_____	Pension.....Monthly Amount \$ _____
_____	Source of Pension(s) _____
_____	c. Veterans Benefits Monthly Amounts \$ _____ Claim# _____
_____	d. SSI BenefitsMonthly Amounts\$ _____
_____	SSI Benefits.....Monthly Amount\$ _____
_____	e. Unemployment Comp.. Monthly Amount\$ _____
_____	Unemployment Comp.. Monthly Amount _____
_____	f. AFDC.....Monthly Amount \$ _____
_____	g. Wages.....Gross....Monthly Amount \$ _____
_____	Employer _____
_____	Pension Held _____
_____	Wages.....Gross...Monthly Amount \$ _____
_____	Position Held _____ How long Employed _____

_____ h. Full Time Student Income (Only Full Time Students 18 and Over)
 Monthly Amount \$ _____
 _____ Full Time Student Income (Only Full Time Students 18 and Over)
 Monthly Amount \$ _____
 _____ i. Alimony.....Monthly Amount \$ _____ Source _____
 _____ j. Child Support...Monthly Amount \$ _____ Source _____
 _____ k. Interest Income Monthly Amount \$ _____ Source _____
 _____ Interest Income Monthly Amount \$ _____ Source _____
 _____ l. Other Income....Monthly Amount \$ _____ Source _____
 _____ Other Income....Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply X 12) \$ _____

Do you anticipate any changes in this income in the next 12 months?
 Yes _____ No _____. If yes, explain:

ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Trust Accounts # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Credit Union # _____ Name _____ Balance \$ _____
 # _____ Name _____ Balance \$ _____
 Savings Bonds # _____ Maturity Date _____ Value \$ _____
 # _____ Maturity Date _____ Value \$ _____
 Whole Life Insurance Policy # _____ Face Value \$ _____

Cash Value of Life Insurance Policy \$ _____

Real Property: Do you own any property? Yes _____ No _____

If yes, type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loan Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of any Property in the last 2 Years? Yes _____ No _____

If yes, Type of Property _____

Market Value when Sold \$ _____
Amount Sold/Disposed for \$ _____
Date of Transaction _____

1. Have you Disposed of Any Other Assets in the Last 2 Years (Example: Given Away Money to Relatives, Set up Irrevocable Trust Accounts)? Yes ___ No ___.
If yes, Describe Asset _____
Date of Disposition _____
Amount Disposed \$ _____

2. Do You Have Any Other Assets Not Listed Above (Excluding, Personal Property).
Yes _____ No _____.
If yes, List: _____

D. MEDICAL/ CHILD CARE / HANDICAP ASSISTANCE EXPENSES
Medical Costs: Complete this party ONLY if Head or Spouse is 62 or Older, Disabled or Handicapped.

- 1. Medicare Premiums..... Monthly Amounts \$ _____
Monthly Amounts \$ _____
- 2. Medical Insurance Coverage Name of Insurance Company _____
Address _____
Monthly Amount \$ _____.
- 3. Anticipated Medical/Drug/Prescription/Non-Prescription Costs not Covered by insurance Nor Reimbursed: Monthly Amount\$ _____.
- 4. Medical Bills or Outstanding Costs You are Making Monthly Payments for:
Balance Due \$ _____ Monthly Payments \$ _____ Payable to: _____.
- 5. Medical Related Travel Costs \$ _____.
- 6. Are You Seeing A Physician Regularly? _____.
Name _____
Address _____ Projected Costs NOT Covered by Insurance NOR Reimbursed for the Next 12 Months? \$ _____
- 7. Any Other Medical Expenses: List Type & Amounts _____ \$ _____

Childcare Costs: Complete ONLY for Children 12 & Younger:

- 8. Names(s) of Children Cared For _____ Age _____
_____ Age _____
_____ Age _____
- 9. Names & Address of Person OR Agency Caring for Children.

- 10. Weekly Cost for Childcare Due to Employment: \$ _____
- 11. Weekly Cost for Childcare Due to Education: \$ _____

Handicap Assistance Expenses: Attendant care and/or apparatus expenses that enables Handicapped applicants or others in the household to work.
Complete ONLY if Handicap Expenses Allow someone in the household to work.
12. List type of Expenses, Weekly Amount, Paid to Whom:

-
1. Are you Displaced? Yes _____ No _____.
If Yes, Displacement Agency _____
2. Is Your Current Unit Condemned/Substandard? Yes _____ No _____
If Yes, Describe: _____

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3. Are you paying more than 50% of your Gross Income for Rent and Utilities?
Yes _____ No _____
4. Are You Applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by FmHA?
Yes _____ No _____.
If so, do you realize you will be eligible for a \$400.00 Medical deduction.
Please realize that your eligibility must be verified.
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes _____ No _____.
6. If so, would you like to request an adapted unit? Yes _____ No _____
7. Are you Currently Living in Subsidized Housing? Yes _____ No _____
8. Have You Ever Resided in a Project Financed and/or Subsidized by the Government: Yes _____ No _____
If Yes, Name and Address _____

-
9. Have You Ever Been Evicted from Public Housing or Any Other Federal Housing Program? Yes _____ No _____.
If Yes, Where _____
Described Reasons _____
10. Have You Ever Been Evicted from Other Housing? Yes _____ No _____.
11. Have You Ever Been Convicted of a Felony? Yes _____ No _____.
12. Are You Currently Using Illegal Drugs? Yes _____ No _____.
13. Have You Ever Been Convicted of Sale, Distribution, or Possession of Illegal Drugs? Yes _____ No _____
14. Are You Now or Will You Become A Part Time or Full Time Student Prior to Move-In? Yes _____ No _____.
15. How Did You Hear About This Housing _____

-
16. Will You Take an Apartment When One is Available? Yes _____ No _____.
17. Briefly Describe Your Reasons for Applying _____

E. REFERENCE INFORMATION
Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information: _____

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

F. CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

G. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In Case Of Emergency, Notify: _____
Address _____
Phone _____

H. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for One vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____
Drivers License # _____

PETS:

Do You Own Any Pets? Yes _____ No _____

If Yes, Describe _____

I. CERTIFICATION / AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my eligibility for house will be based on USDA – Rural Development (Rd) or Section 8 income limits and by Ashcraft Realty selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

I/We Do Herby Authorize Ashcraft Realty and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain any verified information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Ashcraft Realty. I further authorize Ashcraft Realty to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED

DATED

**FOR FmHA 515 PROGRAM
APPLICANTS ONLY**

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner, in order to assure the Federal Government, acting through the USDA-Rural Development (RD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race color, national origin, religion, sex, marital 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 th individual applicants on the basis of visual observation or surname.”

Race _____ Ethnic Group _____ Sex _____.