

LA COLONIA
331 NE GOLDEN AVENUE
TOPEKA, KS. 66616

PHONE: 785-354-4225

FAX: 785-354-4225

APPLICATION FOR OCCUPANCY

Name: _____
Name: _____
Phone: _____

For Office Use Only

Date/Time: _____
Signature: _____

INSTRUCTIONS TO APPLICANT

- "Other Adult" household members 18 years of age and older should complete a separate application.
- ALL lines must be filled in. You may write "NONE", "NO" or "NA" in a line, but DO NOT leave a line blank.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Screening Criteria, your application will be declined.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. A copy will be provided upon your request.
- Under Household Information, please answer *SEX* using: M for Male, F for Female or ND for No Disclosure.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relation-ship	Sex	Age	Student		Date of Birth	Social Security Number and/or Alien Registration Number for all household members, except those members who do not contend eligible immigration status. See additional exclusion in paragraph below.	Drivers License	
				Y/N				State	Number
1.	Head								
2.									
3.									

SSN Additional Exclusion: If you were 62 or older as of January 31, 2010 and were receiving HUD rental assistance at another location on January 31, 2010, you may claim a senior exemption for providing your Social Security number. Previous landlord verification will be required for a senior exemption.

- Are you currently receiving Section 8 or other forms of rental assistance? _____
- Will any of the household members live anywhere except in your apartment? _____
- Are there any other persons who will live in your apartment on a less than full-time basis? _____
- When do you wish to move? _____
- Do you have home to sell first? _____
- Do you have a current lease obligation? _____ If so, have you given 30 days notice to vacate? _____
- Do you have any pets? _____ If so, how many? _____
- Breed? _____ Height? _____ Weight? _____
- This Community is Smoke Free. Do you smoke? _____



RESIDENCE HISTORY

YOU MUST REPORT EVERY STATE each household member has ever resided in on the lines below.

You MUST report ALL places you have lived for the past three (3) years.

Present Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Was this Federally Assisted Housing? ____ Yes ____ No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Was this Federally Assisted Housing? ____ Yes ____ No				Amount of Rent: \$	City:	State:	Zip:
Previous Address	Street Address:				From:	Landlord Name:		
	City:	County:	State:	Zip:	To:	Landlord Phone:		
	Reason for Moving:				Street Address:			
	Was this Federally Assisted Housing? ____ Yes ____ No				Amount of Rent: \$	City:	State:	Zip:

	No	Yes	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____ Why? _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	<input type="checkbox"/>	<input type="checkbox"/>	To Whom? _____ How Much? \$ _____
• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	<input type="checkbox"/>	<input type="checkbox"/>	Explain: _____ _____ _____
• Have you or any member of your household ever experienced a bed bug infestation?	<input type="checkbox"/>	<input type="checkbox"/>	Where? _____ When? _____



ASSET INFORMATION

You MUST report ALL Assets below. Use an additional sheet if necessary.

CHECKING	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
Name on Account & Account No:	Address:			Bank Phone Number:	
	City:	State	Zip:		
SAVINGS	Name of Bank:			Current Balance:	Current Interest Rate:
Name on Account & Account No:	Address:			Bank Phone Number:	
	City:	State	Zip:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:			Institution Phone Number:	
Name on Account & Account No:	City:	State	Zip:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:			Institution Phone Number:	
Name on Account & Account No:	City:	State	Zip:		

	No	Yes	If 'Yes' you must answer the following:
• Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____
• Has any household member sold any Real Estate in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	Date Disposed of: ____/____/____ Description of Asset: _____ Sales Price: \$ _____
• Does any household member have an interest in any Real Estate, Boat or Mobile Home?	<input type="checkbox"/>	<input type="checkbox"/>	Description of Asset: _____ Value: \$ _____ Annual Income from Asset: \$ _____

SOURCES OF INCOME

You MUST report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:			Phone Number:		\$ _____
City:	State	Zip:	Income:		
			\$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:			Phone Number:		\$ _____
City:	State	Zip:	Income:		
			\$ _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:			Phone Number:		\$ _____
City:	State	Zip:	Income:		
			\$ _____ per _____ (hr/wk/mo/yr/etc)		



CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
• Have you or any member of your household ever been convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Are you or any member of your household subject to registration under ANY State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Where? _____

AUTOMOBILES AND OTHER VEHICLES

Make and Model Number:	License Plate Number:	Make and Model Number:	License Plate Number:
Year and Color:	License Expiration Date:	Year and Color:	License Expiration Date:
Name on Registration:	Placard:	Name on Registration:	Placard:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:
Name:	Address:		
Phone No:	City:	State:	Zip:

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:	Address:			
Phone No:	Relationship to you:	City:	State:	Zip:
Name:	Address:			
Phone No:	Relationship to you:	City:	State:	Zip:



ELDERLY/ HANDICAPPED/ DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is (Please check one): 62 years of age or older Handicapped Disabled

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

- _____
(Initial) I understand the Resident Selection Plan, that summarizes the procedures for processing applications will be made available to me upon my request.
- _____
(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- _____
(Initial) I understand that **ALL CHANGES in the income** of any member of the household, as well as any **changes in the household members** must be reported to Management **in writing immediately.**
- _____
(Initial) I understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.
- _____
(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- _____
(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent and damages.
- _____
(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
- _____
(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.
- _____
(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

For contact purposes, provide email address (optional): _____

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

PLEASE COMPLETE FOR OUR MARKETING PURPOSES

How did you hear about our community?

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. (Si usted esta incapacitado y quisiera solicitar y alojamiento o si tiene dificultad para entender Ingles, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.)

