



APARTMENT APPLICATION

8510 Old Toll Road * Florence, KY 41042 * Phone (859) 746-8090 * Fax (859) 746-1243

Application Date _____

Household Information

List all household members who are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month/Date/Year</i>	Full-time Student (Y/N)

Current Address _____

Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Separated ___

Have you ever used another name? Y/N ___ If so, please indicate name _____

Telephone No.: Daytime _____ Nighttime _____

PLEASE ANSWER ALL QUESTIONS! WRITE "N/A" IF A PARTICULAR QUESTION IS NOT APPLICABLE.

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

Do you expect any additions to the household within the next twelve months? Yes ___ No ___

Do you expect any change in the number of students in your household within the next 12 months? Yes ___ No ___

Income Information

Income is counted for anyone 18 or older. If the income is unearned such as a grant of benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do you or anyone in your household receive or expect to receive income from:

1. Employment wages or salaries?

Yes ___ No ___

(Include overtime, tips, bonuses, commissions and payments received in cash)

Household Member	Name of Income Source	Annual Income

2. Self-employment?

Yes ___ No ___

(Include overtime, tips, bonuses, commissions and payments received in cash)

Household Member	Type of Business	Amount

3. Unemployment benefits or workman's compensation?

Yes ___ No ___

Household Member	Contact Person	Amount

4. Public Assistance, General Relief or Aid to Families with Dependent Children?

Yes ___ No ___

Household Member	Contact Person	Amount

5a. Child support or Alimony?

Yes ___ No ___

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from the payor)

Household Member	Payor	Amount

5b. How is the support received? (Check all that apply)

<input type="checkbox"/> Child support enforcement agency	Name of Agency _____
<input type="checkbox"/> Court of Law	Name of Court _____
<input type="checkbox"/> Directly from Individual	Name of Person _____
<input type="checkbox"/> Other	Explain: _____

5c. If money is not actually received, are you taking legal action to remedy?

Explanation _____

6. Social Security, SSI or any other payments from Social Security Administration? Yes ___ No ___

Household Member	Social Security Office Location	Amount

7. Regular payments from Veteran's, pension, or retirement benefits or annuities? Yes ___ No ___

Household Member	Source of Benefit	Amount

8. Regular payments from a severance package? Yes ___ No ___

Household Member	Company Name	Amount

9. Regular payments from any type of settlement? (For example, insurance settlements.) Yes ___ No ___

Household Member	Source of Benefit	Amount

10. Regular gifts or payments from anyone outside of the household? Yes ___ No ___

(This includes anyone supplementing your income or paying any of your bills.)

Household Member	Name of Source of Benefit	Amount

11. Educational grants, scholarships, or other student benefits? Yes No

Household Member	Name of Source of Benefit	Amount

No

12. Regular payments from lottery winnings or inheritances? Yes

Household Member	Source of Benefit	Amount

13. Regular payments from rental property or other real estate transactions? Yes No

Household Member	Address of Real Estate	Amount

14. Any other income sources or types not listed? Yes No

Household Member	Source of Benefit	Amount

15. Do you or any other household members expect any changes to your income in the next 12 months?

Yes No

Explanation: _____

ASSET INFORMATION

Please include all assets held and the income derived from the asset. Include all assets held by all household members including minors.

Do you or anyone in your household hold:

1. A checking or savings account? Yes No

Household Member	Type of Account	Financial Institution	Account Balance

No

2. CDs, money market accounts or treasury bills? Yes No

Household Member	Type of Account	Financial Institution	Account Value

3. Stocks, bonds or securities? Yes

Household Member	Type of Asset	Financial Institution	Current Value

4. Trust Funds? Yes No

Household Member	Financial Institution	Amount

5. IRAs, Keogh or other retirement accounts? Yes No

Household Member	Type of Asset	Financial Institution	Asset Amount

6. Cash on hand over \$500? Yes No

Household Member	Amount

7. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? Yes No

Household Member	Address of Real Estate	Market Value

No

8. Personal property held as an investment? (Art, jewelry etc.) Yes No

Household Member	Description of Asset	Market Value

9. Whole Life Insurance Policies Yes No

Household Member	Insurance Company Name	Cash Value

10. Have you or any other household members disposed of or given away any asset(s) Yes ___ for less than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

1. Are you or any other adult household members claiming zero income? Yes No _____

Household Member: _____

Explanation: _____

2. Are you or any other household members currently a full-time student or expect to be a full-time student within the next 12 months? Yes___ No

Household Member: _____

No

3. Will you or any adult household member require a live-in care attendant to live independently? Yes No

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Name of Attendant: _____ Relationship (If any): _____

4. Will your household be receiving Section 8 rental assistance at the time of move-in? Yes ___ No

Name of Agency: _____ Contact Person: _____

5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No

Expected Date: _____ Name of Agency: _____

6. Have you or anyone else named on this application been convicted of a felony? Yes ___ No

Explanation: _____

7. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Yes ___ No

Explanation: _____

Residence History

List the past ten years of housing references. (If additional space is required, use an additional page.)

Previous Address: _____ Move-in Date: _____ Move-out Date: _____ Rent Paid: _____ Reason for Leaving: _____ Landlord's Phone No.: _____ Landlord's Name: _____ Landlord's Address: _____
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Vehicle Information

Please list the information requested for any vehicles owned or operated by any household member.

Household Member	Driver's Lic. No.	Vehicle Model	Vehicle Year	Vehicle Color	Vehicle Lic. No.	State in which Vehicle Licenced

Emergency Notification

Please list someone to be notified in case of an emergency.

Relationship: Phone No.: Name:

Address:_____

Special Needs

Does anyone in your household have special needs? Yes No

Explanation:_____

Authorization

I/We authorize the management of Panorama Apartments to verify^r information in this application. I/We further agree that a full disclosure of pertinent facts may be made to the management of Panorama Apartments as to my/our character, general reputation, income, credit and mode of living. This application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon Panorama Apartments until the application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. We also understand that this application is for occupancy at a Housing Credit or other type of property and will require annual recertification of my/our household.

SIGNATURE OF ALL PARTIES To THIS APPLICATION

Applicant Signature

Applicant Signature

Panorama Apartments Representative

Date

Date

