



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



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

RENTAL APPLICATION FOR OCCUPANCY

COMPLETE ALL QUESTIONS OR THIS APPLICATION WILL NOT BE PROCESSED

Property Name: Oak Street Plaza Apartments - Overbrook 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(s): _____	SS#: _____
Current Address: _____	Birth date: _____ Sex _____
City/State/Zip: _____	How long at present address: _____
Home Phone: _____ Work Phone _____	_____ years _____ months
Applicant Name(s): _____	SS#: _____
Current Address: _____	Birth date: _____ Sex _____
City/State/Zip: _____	How long at present address: _____
Home Phone: _____ Work Phone _____	_____ years _____ months

Household Member: _____	Birth date: _____	SS#: _____	Sex _____
Household Member: _____	Birth date: _____	SS#: _____	Sex _____
Household Member: _____	Birth date: _____	SS#: _____	Sex _____
Household Member: _____	Birth date: _____	SS#: _____	Sex _____

Is any adult household member a full/part time student? _____ yes _____ no

B. Residence History

Applicant:

Present Landlord's Name: _____ Phone Number: _____

Present Landlord's Address: _____

Former Address #1: _____ How long: _____ years _____ months

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Address: _____

Co-Applicant:

Present Landlord's Name: _____ Phone Number: _____

Present Landlord's Address: _____

Former Address #1: _____ How long: _____ years _____ months

Former Landlord's Name: _____ Phone Number: _____

Former Landlord's Address: _____

*On a separate sheet of paper list ALL ADDITIONAL RESIDENCES for the past 5 years.

C. CREDIT REFERENCES:

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

D. PERSONAL NON-RELATED REFERENCES:

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

E. EMPLOYMENT:

Applicant:
 Current Employer Name: _____ Phone: _____
 Current Employer Address: _____
 How long: _____ years _____ months
 Co-Applicant:
 Current Employer Name: _____ Phone: _____
 Current Employer Address: _____
 How long: _____ years _____ months

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.

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

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

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.

Household Member:	Source of Income:	Amount:
_____	_____	\$ _____ 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: _____

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:				0.00	0.00

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification. This means that the assets were either given away or sold at less than the allotted market value. Any asset listed as disposed of for less than fair market value in the two years preceding the effective date of the certification will be counted as an asset.

H. HOUSEHOLD ASSET INFORMATION: List all Assets including Balances, Cash Values, & Sources as requested below. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.

Asset	Applicant or Household Member	Provider's Name, Address & Phone Number	Balance/Cash Value of Asset	Actual Income from Asset (ANNUAL)	Current Asset Disposed of for Less than Fair Market Value	
1.)	Checking Account					
2.)	Savings Account					
3.)	Certificates of Deposit					
4.)	Stocks or Bonds					
5.)	IRA or Other Retirement Funds					
6.)	Mutual Funds					
7.)	Trust Accounts					
8.)	Life Insurance (Whole or Universal)					
9.)	Personal property held as an investment					
10.)	Real Estate, is it For sale or rent?					
11.)	Other current assets					
12.)	Disposed of Assets in last 2 years (i.e. given money to relatives, set up irrevocable trusts)					
13.)	Assets not listed (excluding Personal Property)					
			Total Value of All Assets >>>>	0.00	0.00	Total Actual Income from Assets <<<<

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:					0.00	0.00

J. 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 \$400 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. _____

In case of Emergency notify:

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

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: _____

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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 or 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 _____, 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
_____	_____	_____
Adult Member	(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.

WAGE MATCH NOTIFICATION TO TENANTS

Oak Street Plaza Apartments
200 Oak Street
Overbrook, KS 66524

Dear Resident,

Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

Rural Development has been receiving wage and benefit information from the State Department of Labor (SDOL) and / or Kansas Department of Human Resources (KDHR). This information will be shared with the owners and management agents servicing your housing development. This information may then be compared against information provided on your Tenant Certification (Form RD 3560-8). Whenever differences are estimated to exceed \$1,200 annually, you may expect to be contacted for an explanation.

Rural Development assumes that Tenant Certifications are completed as accurately as possible. However misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

Rural Development has implemented this wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

You can update or correct your existing Tenant Certification now or within *45 days from the date the notice was received by the borrower/management agent*. Of course, the updated and corrected Tenant Certification may result in changes to the Federal Housing Benefits your household is entitled to receive. However, initial changes that result in improper subsidies received by you would not be retroactive and subject to recapture if you disclose them during this grace period. Any discrepancies that result in receipt of improper assistance after this grace period ends will be subject to recapture.

Please sign and date below as acknowledgment of your review of this document

Tenant

Date

Tenant

Date



Information needed for Application

Income: *Last 2 pay-stubs from your job. And/or

 *Social Security Award Letter – most current

 *Pension Award Letters

 *Letter from person who is helping support you stating the amount they give you each month, if any

**We must have this information in writing from the source of your income. We cannot accept verbal information

Assets: **Sign the included Asset/Income Verification form

Expenses: *Medicare expense – Elderly Age 62 or over only

 *Out of pocket medical expenses – Elderly only
This can include a print-out from your pharmacy for the past 12 months. Any over the counter medications must include the included signed form from your doctor.

**Fill out and the included Attachment 6-I

**Sign the Tenant Release and Consent

**Sign the Wage Match Notification to Tenants form

**Fill out the application completely. Please do not leave blanks. Write No or N/A if the question does not pertain to you.

Submit completed application, all supporting documents listed above that pertain to you and your household, along with a \$14 application fee.

Once we have all the information required it should only take a couple of days to get the approval or denial determination.

Please contact us at 785-989-2300 with questions.

Mail completed application packet to NLEE Management, PO Box 589, Wathena, KS 66090.

Thank-you!

