

APPLICATION FOR RESIDENCY
THE FIRST APARTMENTS
3805 SW 18TH STREET
TOPEKA, KS 66604-3369
(785) 272-6700

HEAD OF HOUSEHOLD: _____

SPOUSE: _____

MARITAL STATUS: (check one)

GENDER

☐ Married

☐ Divorced

☐ Female

☐ Single

☐ Widowed

☐ Male

CURRENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

DRIVERS LICENSE/ STATE ID #: _____ **STATE:** _____

RESIDENTIAL HISTORY

1. Present Landlord/Property

Name: _____

Present address: _____ Apt.# _____

City, State, Zip: _____

Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month

Dates Rented/ From: _____ To: _____

2. Previous Landlord/Property

Name: _____

Previous address: _____ Apt.# _____

City, State, Zip: _____

Landlord Day Phone: (____) _____ Rent Amt: \$_____ per month
Dates Rented/ From: _____ To: _____

3. Previous Landlord/Property

Name: _____
Previous address: _____ Apt.# _____
City, State, Zip: _____
Landlord Day Phone: (____) _____ Rent Amt: \$_____ per month
Dates Rented/ From: _____ To: _____

NAMES: Beginning with the **Head of Household**, list the legal names, Social Security numbers, birth dates and relationship of each person who will reside in the apartment. Disclosure of Social Security numbers is required for the applicant and for all the members of the applicant's household, except those household members who do not contend eligible immigration status. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN. Social Security number will be required in order to complete applicant background check.

<u>Name</u>	<u>Social Security #(optional)</u>	<u>Date of birth</u>	<u>Relationship</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST EMPLOYMENT: List your employment for the past three (3) years:

<u>Name of Employer</u>	<u>Address</u>	<u>Occupation</u>
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_____	_____	_____
_____	_____	_____

LIST TOTAL ANNUAL INCOME FROM ALL SOURCES:	<u>MONTHLY</u>	<u>ANNUALLY</u>
Social Security	\$ _____	\$ _____
Medicaid	\$ _____	\$ _____

Pensions	\$ _____	\$ _____
Interest from Savings, Checking or C.D.'s.	\$ _____	\$ _____
Net Rental or Property Income.	\$ _____	\$ _____
Investment Income (Stocks, Bonds, Etc.).	\$ _____	\$ _____
Other Income.	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income From All Sources. .	\$ _____	\$ _____

Annual Income _____

ASSETS: List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safety deposit boxes, cash on hand, stocks and bonds, certificates of deposit, real estate, or other capital investments.

<u>Type of Account</u>	<u>Name of Institution</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPENSES

Are you receiving Medical Assistance through SRS? _____
 Do you have a secondary carrier for health insurance? _____
 Do you have any monthly expenses beyond your insurance coverage? _____

ELIGIBILITY

	<u>YES</u>	<u>NO</u>
1. I have a family member who is absent from the home due to:		
Employment	_____	_____
Temporarily in nursing home or hospital	_____	_____

Permanently confined to nursing home

Other _____

2. I have a live-in attendant

Live-in attendant will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan

3. Are any members of the household enrolled as a student at an institution of higher education as defines under section 102 of Higher education Act of 1965 (20U.S.C.1002)

4. Are you subject to a lifetime sex offender registration requirement in any state?

PERSONAL REFERENCES

Please list three references that are not family members that we may contact as part of our background screening process.

Name

Phone#

Name

Phone#

Name

Phone#

Do you have any friends or relatives living here at TFA? Have you lived at TFA before?

How did you hear about TFA? ___Newspaper ___Section 8 ___Resident ___Yellow
Pages ___ Drive by _____Other

PERSONAL INFORMATION

Please list all states in which you have resided:

Have you ever been convicted of a misdemeanor? _____ Felony? _____

If yes, briefly explain with appropriate date of conviction and the state charges were filed in.

Person to contact in case of emergency:

Name _____

Address _____

City, State, Zip _____ **Phone #** _____



**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL
OF THE APPLICATION**

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected base 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 willingly 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 \$5000. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6),(7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

Head of Household

Date

Spouse

Date



Application Declarations and Authorization

Accurate Information. You declare that all your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or give false information, we may reject that application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization. You authorize use to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

If anything contained herein conflicts with any additional application document, this document will be controlled.

(Each applicant must be named, sign, and date/time the "Application Declarations and Authorization" form before the application can be processed.)

Applicant Name

Signature

Date/Time

Applicant Name

Signature

Date/Time

Applicant Name

Signature

Date/Time



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Other: </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house <input type="checkbox"/> Late payment of rent </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> _____ rules </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/>	
Check this box if you choose not to provide the contact information.	
Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data
Reporting Form**

**U.S. Department of Housing and
Urban Development**
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

- 1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

1. The five racial categories to choose from are defined below: You should check as many as apply to you.

- 1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- 3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
- 4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Citizen/Non-citizen Declaration

HUD does provide a Sample Citizenship Declaration, in HUD Handbook 4350.3, Exhibit 3-5. This form was created using the sample as a model. This form was updated to comply with new requirements introduced with the release of HUD Handbook 4350.3 Revision 1, Change 4.

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO

HEAD OF HOUSEHOLD _____

DATE

OF BIRTH _____

SOCIAL _____ ALIEN SECURITY NO. _____

REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or 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 está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. *Note from RBD – this Spanish translation was provided by a Microsoft translator tool. Be sure to verify with someone who speaks Spanish.*

PENALTIES FOR MISUSING THIS FORM



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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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____

(print or type first name, middle initial, last name):

☐ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.

(1) The following documents will be accepted as proof of citizenship

(a) United States (U.S.) Passport

(2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)

(a) U.S. Birth Certificate

(b) Certification or Report of Birth Abroad issued by USCIS or the State Department

(c) U.S. Citizen ID card issued by USCIS

(d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)

(e) Certificate of Citizenship issued by USCIS

(f) American Indian card issued by USCIS for the Kickapoo tribe

(g) Final Adoption Decree

(h) Evidence of Civil Service employment by U.S. Government before 6/1/1976



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- (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214) (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
- (k) Extract of U.S. hospital birth record established at the time of birth
- (3) Proof of Identity includes (a) Driver's License
- (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
- (c) Tribal government issued ID and documents, including Certificate of Indian Blood (d) Day care or nursery record (minors only)
- (e) School record or report card (under 16 only)
- (f) School ID with picture
- (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

☐ Check here if adult signed for a child,

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";



Citizen/Non-citizen Declaration

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- b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

☐ Check here if adult signed for a child.



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☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

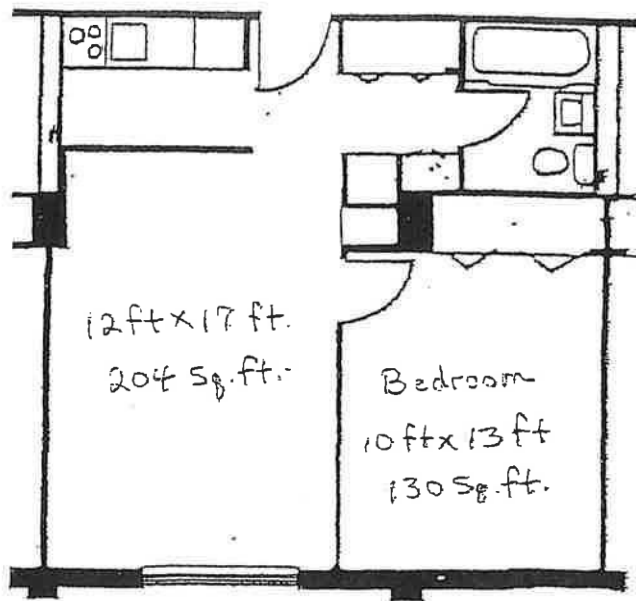
If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

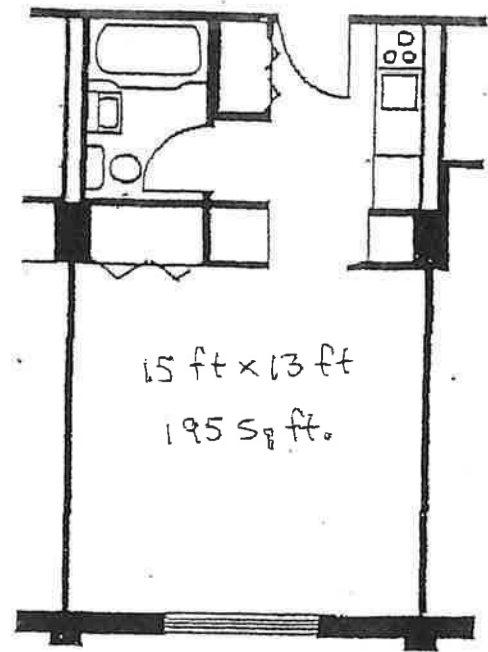
Date

☐ Check here if adult signed for a child.

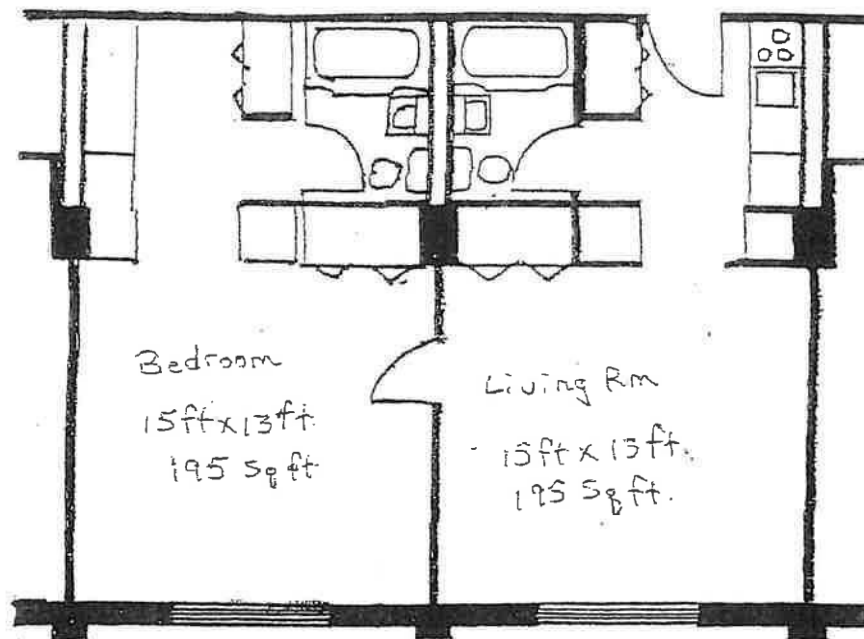




ONE BEDROOM



STUDIO



EXPANDED ONE BEDROOM