

# FRANKLIN ASSET MANAGEMENT CO., INC.

P. O. Box 99564  
Louisville, Kentucky 40269  
TDD/TTY State Relay #711  
Website: franklin-communities.com

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, CREED, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS OR ANY OTHER PROTECTED CLASS OUTLINED IN SPECIFIC CITY OR COUNTY AREAS. ALL FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS WILL BE ADHERED TO. THIS WILL INCLUDE ANY OTHER CLASS OF PERSON AS INACTED BY STATE OR LOCAL ORDINANCE, IF APPLICABLE.

All persons desiring to apply for occupancy, whether as the initial applicant household or as a person(s) later joining an existing tenant household, will be provided an opportunity to submit an application.

The borrower or rental agent will provide prospective tenants with a written list, (if needed) of all information required for a complete application and offer assistance in completing the application. We will endeavor to provide outside services if need be, i.e. sign language or interpreter.

Persons with disabilities have the right to request reasonable accommodations to participate in the hearing process.

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PROPERTY NAME	BEDROOM SIZE DESIRED
Head of Household: _____	Cell Phone #: _____
Social Security #: _____	Alternate Phone#: _____
Address: _____	Email: _____
_____	Birth Date: _____

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An allowance may be given if you qualify under the definition of elderly, disabled or handicapped. Do you wish to apply for this allowance? Yes \_\_\_\_\_ No \_\_\_\_\_ Eligibility must be verified.

If applying for the allowance given if you qualified under the definition of elderly, disabled or handicapped, will you have any out-of-pocket medical expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or anyone in your household require special accommodations in housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what accommodations are required? \_\_\_\_\_  
(If yes, the site manager should refer to FAM form #047 – Guidelines for Reasonable Accommodation).

Are you or anyone in your household a student? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or anyone in your household plan to become a student in next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or anyone in the household a victim of Domestic Violence, Dating Violence or Stalking? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, site manager should refer to FAM Form #H027A - Certification of Domestic Violence, Dating Violence or Stalking.



EQUAL HOUSING OPPORTUNITY



**OTHER MEMBERS LIVING IN THE HOUSEHOLD**

<u>Name</u> (First, MI, Last)	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SOURCE OF INCOME OF ALL PERSONS OVER 18 YEARS OF AGE**

<u>Name</u>	<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Length of Employment</u>	<u>Hourly Rate or Salary</u> (include hours per week)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you, or any other adult household member self employed, if yes, estimated monthly income?  
\_\_\_\_\_

Do you or anyone in your household receive income from any other source?... (such as: Unemployment, Social Security, Disability, KTAP, TANF, Pension/Annuity, Military Pay, Veteran's Benefits, Black Lung, Informal Support, Any Other Sources, etc.) If yes, circle source(s) & list amount(s) received: \_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been **Entitled** to receive Child Support Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, amount of entitlement per week \_\_\_\_\_

Do you pay for child care to enable you to work or attend school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Facility or Person you pay: \_\_\_\_\_  
Amount you pay per week: \_\_\_\_\_

Do you or anyone in your household, including children, have any of the following assets? Christmas Club Account, Certificates of Deposit, Real Estate, Treasury Bills, Stocks or Bonds, or any other assets?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Have you or anyone in your household disposed of an asset for less than fair market value within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was disposed of? \_\_\_\_\_  
Date disposed: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Market Value: \_\_\_\_\_

**Do you or anyone in your household have a checking account?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Account in name of: \_\_\_\_\_  
Name of Bank & Address: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

**Do you or anyone in your household have a savings account?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Account in name of: \_\_\_\_\_  
Name of Bank & Address: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

**Do you or anyone in your household have an EBT card?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Account in name of: \_\_\_\_\_  
If yes, site manager should refer to FAM Form #022-ebt – EBT Banking Verification.

**Do you or anyone in your household have any other bank accounts?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list on a separate sheet of paper.

**PRESENT ADDRESS**

(If applying as co-applicant with uncommon residency, then each applicant must complete an individual pre-application.)

Name(s) on Lease/Mortgage: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at this address? \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Do you rent at this address? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of property: \_\_\_\_\_  
If yes, Name of Landlord or Manager's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
How much rent do you pay? \_\_\_\_\_ Reason for move? \_\_\_\_\_  
If this person is a relative, what relationship? \_\_\_\_\_  
Do you own a home? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for move? \_\_\_\_\_

**PREVIOUS ADDRESS**

(Complete this section if present address is less than three years.)

Name(s) on Lease/Mortgage: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at this address? \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Did you rent at this address? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of property: \_\_\_\_\_  
If yes, Name of Landlord or Manager's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
How much rent did you pay? \_\_\_\_\_ Reason for move? \_\_\_\_\_  
If this person is a relative, what relationship? \_\_\_\_\_  
Did you own a home? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for move? \_\_\_\_\_

List any other addresses you have had in the last three years, \_\_\_\_\_  
Length of time at each address, and landlord's phone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any household member ever rented/leased from a Franklin Asset managed property?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what years? \_\_\_\_\_

Name at time of occupancy: \_\_\_\_\_  
Name of property: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Have you or any household member ever rented/leased from any government subsidized property?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what years? \_\_\_\_\_

Name at time of occupancy: \_\_\_\_\_

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Have you or any household member lived in any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what state(s)? \_\_\_\_\_

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

**It is recommended that Tenant obtain his/her own insurance coverage to protect his/her own property against fire, theft and other casualties (Renter's Policy). Landlord has insurance coverage only on its buildings, and not on the Tenant's personal property.**

**Please initial to confirm you have read these statements.** \_\_\_\_\_

Are you or anyone in your household currently the user of an illegal controlled substance? Yes \_\_\_ No \_\_\_

Have you or anyone in your household ever been convicted of the illegal use of a controlled substance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or anyone in your household been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the three questions above, have you or anyone in your household successfully completed a controlled substance abuse recovery program or presently involved in such a program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date completed \_\_\_\_\_.

Have you or anyone in your household been convicted of any sexual offense, including lifetime sexual offender? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you or anyone in your household been convicted of any criminal activity that threatened the health, safety, and well being of another individual (a crime that involved violent, threatening behavior that included any type of weapon directed toward any person or property)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any type of pending criminal charges? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or anyone in your household had a history of unjustified and/or chronic nonpayment of rent and/or financial obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or anyone in your household had a history of living habits (or housekeeping habits) that posed a direct threat to the health and safety of other individuals or whose tenancy resulted in substantial physical damage to the property of others? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or anyone in your household had a history of disturbance to neighbors? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or anyone in your household had a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential properties?

Yes \_\_\_\_\_ No \_\_\_\_\_

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**THIS APPLICATION IS CONFIDENTIAL  
AND WILL BE RETAINED IN YOUR PRIVATE FILE FOR OUR USE.**

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*I UNDERSTAND: That the statements made on this application are considered to be a part of my lease (if accepted) and approval or disapproval will be based upon information furnished herein. If at any time it is determined that any information I have given is false, it will be a breach of the lease contract and appropriate action will be taken. I certify that the housing unit I will occupy will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location. I further certify that my family's assistance or tenancy in a government housing program has never been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures. I further understand that penalties for false information include eviction, loss of assistance, fines up to \$10,000 and imprisonment up to five (5) years. I hereby consent to release wage-matching data to RHS and the borrower or rental agent.*

**I attest that all household information provided on this application is correct and true to the best of my knowledge.**

HEAD OF HOUSEHOLD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR RURAL DEVELOPMENT (RD) PROPERTIES:**

"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 of 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 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, ethnicity and sex of individual applicants on the basis of visual observation or surname."

Ethnicity of Head of Household:            Hispanic or Latino \_\_\_\_\_            Not Hispanic or Latino \_\_\_\_\_

Race of Head of Household: (Mark one or more)            American Indian/Alaska Native \_\_\_\_\_            Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_            Native Hawaiian or Other Pacific Islander \_\_\_\_\_            White \_\_\_\_\_

Gender of Head of Household:            Male \_\_\_\_\_            Female \_\_\_\_\_            Choose Not to Answer \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). "USDA is an equal opportunity provider and employer.

**FOR HOUSING & URBAN DEVELOPMENT (HUD) PROPERTIES ONLY:**

Copies of social security cards, INS Forms and Birth Certificates must be obtained by the Rental Office before this Application is considered complete.

Ethnicity of Head of Household: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Race of Head of Household: (Mark one or more) American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Have you been displaced as a result of government action, or as a result of a disaster determined by the President to be a major disaster? Yes \_\_\_\_\_ No \_\_\_\_\_

Complaints of discrimination for HUD properties may be forwarded to HUD, Assistant Secretary of Fair Housing and Equal Opportunity, Washington, D.C. 20410.

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**FOR OFFICE USE ONLY:**

**APPLICATION ACCEPTED IN MANAGEMENT OFFICE: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**MANAGER'S SIGNATURE:** \_\_\_\_\_