Date _____
Time_____
Received by_____

Central Christian Church Apartments
249 East Short Street
Lexington, Kentucky 40507
(859)-252-3671 (Office & TDD)

Application for Residency

(Available on cassette tape for sight impaired.)

True and complete answers are to be provided in response to each inquiry. Any misrepresentation or omission of facts called for on this application will be cause for rejection of this application and any Rental Agreement entered into pursuant thereto will be cancelled immediately.

(1) **Name:** _____
(Head of Household) First Middle Last

(2) **Name**:_____
(Co-Head) First Middle Last

(3) **Present Address**: _____
Street or Route and Box Number

_____
City State Zip Code

(4) **How long have you lived at this address ? _____**

(5) **Telephone Number**: _____
(Area Code)

(6) **Social Security Number:** _____

(7) **Co-Head Social Security Number:** _____

(8) **Alternate Contact Person**:
Name _____
Address _____
Relation _____ Telephone _____

(9) **Head of Household Information**:
Birthdate _____ Age _____ Sex_____
Place of Birth _____

(10) **Co-Head Information**:
Birthdate _____ Age _____ Sex _____
Place of Birth_____

(11) **Martial Status:**
Single ____ Married ____ Widowed ____ Divorced ____
Separated ____ How long ? _____

(12) **Do you have any children under the age of 18 or custody/guardianship of any children under 18 years of age? ( ) Yes ( ) No**
If yes, do you pay any childcare expenses ? ( ) Yes ( ) No
For whom? _____
How much ? _____ To whom ? _____
Address of childcare provider _____

(13) **Do you receive child support or financial assistance for children under 18 years of age ? ( ) Yes ( ) No If yes, from whom ? _____**

(14) **Are you or a member of your household a ☐ part-time (or) ☐ full-time student ? _____ List the student(s) name(s) and school name(s):**
_____
_____

(15) **Do you receive financial aid ? _____ How much? _____**
From what source ? _____

(16) **Have you ever lived in subsidized housing where the rent is based on your income ? ( ) Yes ( ) No If yes, where?**
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____

(17) **Have you ever been evicted from subsidized housing? ( ) Yes ( ) No If yes, please answer below:**
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____
Place _____ When _____

(18) **Have Co-Head or Spouse ever been evicted from subsidized housing?**

( ) Yes ( ) No If yes, please answer below:

Place _____ **When** _____
Place _____ **When** _____
Place _____ **When** _____
Place _____ **When** _____
Place _____ **When** _____
Place _____ **When** _____

(19) **What state(s) have you lived in during your lifetime?**

State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____

(Write on back of application if you need to add more states.)

(20) **What state(s) have your Co-head or Spouse lived in during their lifetime?**

State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____
State _____ **When** _____

(Write on back of application if you need to add more states.)

(21) **Have you been convicted of a felony or violent crime?**

( ) Yes ( ) No What was the conviction (s) ? _____

_____

When ? _____

In which state(s) ? _____

_____

(22) **Have Co-Head or Spouse ever been convicted of a felony or violent crime?**

( ) Yes ( ) No What was the conviction (s) ? _____

_____

When ? _____

In which state(s) ? _____

_____

(23) **Have you been convicted of the illegal manufacture or distribution of a controlled substance or convicted for the illegal use of a controlled substance ?**
( ) Yes ( ) No If yes, what was the conviction(s) ? _____
_____
When ? _____
In which state(s) ? _____
_____

(24) **Have Co-Head or Spouse been convicted of the illegal manufacture or distribution of a controlled substance or convicted for the illegal use of a controlled substance ? ( ) Yes ( ) No**
If yes, what was the conviction(s) ? _____
_____
When ? _____
In which state(s)? _____
_____

(25) **Have you (Head of Household) been convicted as a sex offender?**
( ) Yes ( ) No When? _____
Lifetime Registrant ? ( ) Yes ( ) No
In which state(s) ? _____
_____

(26) **Have Co-Head or Spouse been convicted as a sex offender?**
( ) Yes ( ) No When? _____
Lifetime Registrant? ( ) Yes ( ) No
In which state(s) ? _____
_____

(27) **Have you or your Adult Co-Head or Spouse ever been evicted or asked to move? _____ If yes, when ? _____**
Where ? _____

(28) **<u>List two relatives to be contacted in case of an emergency</u>**:
Name _____
Address _____
Relation _____ Telephone _____

Name _____
Address _____
Relation _____ Telephone _____

(29) **How long have you lived at your present address? _____**

(30) **Do you rent now? _____ If yes, please list your landlord's information for the last five years.**

Landlord's Name _____
Address _____
Telephone _____
May we contact them ? _____

Previous Landlord's Name_____
Address _____
Telephone _____
May we contact them ? _____

Previous Landlord's Name_____
Address _____
Telephone _____
May we contact them? _____

(31) **Medical Information:**

Head of Household:
Physician's Name: _____
Address: _____
Telephone Number: _____

Eye Doctor's Name: _____
Address: _____
Telephone Number: _____

Dentist's Name: _____
Address: _____
Telephone Number: _____

Co-Head/Spouse:
Physician's Name: _____
Address: _____
Telephone Number: _____

Eye Doctor's Name: _____
Address: _____

Telephone Number: _____

Dentist's Name: _____
Address: _____
Telephone Number: _____

(32) **Medical Insurance**: (such as Medicare, Medicaid, etc.)
Head of Household:
Type: _____ I.D.# _____
Type: _____ I.D.# _____
Co-Head/Spouse:
Type:_____ I.D.# _____
Type: _____ I.D.# _____

(33) **Life Insurance:**
Head of Household:
Company Name: _____ Policy # _____
Co-Head/Spouse:
Company Name: _____ Policy # _____

(34) **Cancer Insurance**:
Head of Household:
Company Name: _____ Policy # _____
Co-Head/Spouse:
Company Name: _____ Policy # _____

(35) **Dental Insurance**:
Head of Household:
Company Name: _____ Policy # _____
Co-Head/Spouse:
Company Name: _____ Policy # _____

(36) Please list the following items used (Dentures, Eyeglasses, Hearing Aids, Braces, Artificial Limbs):
Head of Household: _____
Co-Head/Spouse: _____

(37) Please list the pharmacy where prescriptions are now purchased:
Head of Household:
Pharmacy Name: _____
Address: _____

Co-Head/Spouse:
Pharmacy Name: _____
Address: _____

(38) **I/We want to live at Central Christian Church Apartments, because**
_____

(39) **How did you hear about our apartments?**
Resident _____ Who? _____
Radio _____ Newspaper Ad _____ Telephone Book _____

(40) **Please list three references** (Do not include relatives):
Name: _____
Address: _____
Telephone Number: _____

Name: _____
Address: _____
Telephone Number: _____

Name: _____
Address: _____
Telephone Number: _____

(41) **List income from all sources:**
Head of Household:

Source	Amount	I.D.#	Place
Social Security			
S.S.I.			
V.A. Pension			
R.R. Pension			
Annuities			
Interest			
Dividends			
Rental Property			
Wages			
Other			

(42) **Co-Head/Spouse:**

Source	Amount	I.D.#	Place
Social Security			
S.S.I.			
V.A. Pension			
R.R. Pension			

Annuities _____
Interest _____
Dividends _____
Rental Property _____
Wages _____
Other _____

(43) **List all assets** (such as automobile, furniture, clothing, personal jewelry, etc.):
Head of Household and/or Co-Head/Spouse:

Type	Amount	Acct.#	Bank
Checking			
Checking			
Savings			
C.D. 's			
Stocks/Bonds			
Real Estate			
Cash On Hand			
Other Assets			

(44) **If you own real estate, please list the name(s) exactly as recorded on the deed as owner(s):**
_____
Address: _____

(45) **Have you disposed of any assets in the past two years?**
( ) Yes ( ) No (If yes, please describe.) _____
_____
_____

This is for informational purposes only and not part of the eligibility criteria.

You are not required to answer whether or not a family member has a disability; however, it may lower your rent portion. Is anyone in your household elderly or a person with a disability? ( ) Yes ( ) No If yes, list name(s):
_____

Is there any specific accommodation you would like to request that would allow you to fully utilize our programs? ( ) Yes ( ) No
If yes, please explain: _____
_____

This is for informational purposes only and not part of the eligibility criteria.

Pets: A dog or a cat 20lbs. or less are permitted with an approved pet application.

Do you have a dog ? ( ) Yes ( ) No If yes, please fill in information below:
Name of dog _____ Weight _____ Breed _____ Age ____

Do you have a cat ? ( ) Yes ( ) No If yes, please fill in information below:
Name of cat _____ Weight _____ Breed _____ Age ____

(Please request a copy of the pet policy and pet application to complete. If service animal or comfort animal, please request a copy of the service animal or comfort animal policy and application to complete.)

I/We certify that the above information is true or complete to the best of my/our knowledge. I/We am/are willing to come in for a personal interview when contacted for an appointment. I/We understand that we will be subject to a nationwide and/or state(s) police record check, nationwide and/or state(s) sex offender background check, credit check for verification of last known addresses, prior judgments or evictions from past landlords and we understand that management is handling this information in a confidential manner.

_____
Applicant

_____
Applicant

_____
Date

The following information is required for statistical purposes so that U.S. Department of Housing & Urban Development may determine the degree to which its programs are utilized by minorities.

☐ White ☐ American Indian ☐ Hispanic ☐ Alaskan Native ☐ Latino
☐ Black or African American ☐ Asian ☐ Native Hawaiian
☐ Other Pacific Islander ☐ Other _____

<u>Equal Housing Opportunity</u>

In compliance with the Federal Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, Title VI of Civil Rights Acts of 1964, Fair Housing Act, Title VIII of the Civil Rights Act of 1968, Age Discrimination Act of 1975, the Fair Housing Act Amendments of 1988, Title VI, Subtitle D of the Housing and Community Development Act of 1992 and the U.S. Department of Housing & Urban Development guidelines and all Federal, State, or Local Laws, Central Christian Church Apartments does not discriminate against any person at any time on the basis of race, creed, color, age, religion, sex, gender, sexual orientation, handicap, familial status, or national origin in admission or access to, or treatment or employment in, its federally assisted programs and activities.