

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:** \_\_\_\_\_ and **Email Address:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_

(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 \_\_\_\_\_ (This information is voluntary.)  
Place of Birth \_\_\_\_\_



(10) **Co-Head Information:**

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_ (This information is voluntary.)  
Place of Birth \_\_\_\_\_

(11) **Marital 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 state lifetime sex offender?**  
( ) Yes ( ) No When? \_\_\_\_\_  
In which state(s) ? \_\_\_\_\_

(26) **Have Co-Head or Spouse been convicted as a state lifetime sex offender?**  
( ) Yes ( ) No When? \_\_\_\_\_  
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) **List two relatives to be contacted in case of an emergency:**

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 \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? \_\_\_\_\_



Previous Landlord's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_ 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 \_\_\_\_\_ Television Ad \_\_\_\_\_ Internet \_\_\_\_\_

(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
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Social Security	_____		
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S.S.I.	_____		
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V.A. Pension	_____		
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R.R. Pension	_____		
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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 \_\_\_\_\_

**Equal Housing Opportunity**

*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, Equal Access Rule of 2016 (Reaffirmed by HUD in 2021) 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, actual or perceived sexual orientation, gender, gender identity, marital status, handicap, familial status, or national origin in admission or access to, or treatment or employment in, its federally assisted programs and activities.*

