

UPDATE _____

INITIAL APPLICATION DATE _____
TIME _____ (OFFICE USE ONLY)

APPLICATION FOR ADMISSION AUSTINBURG

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE (____) _____

TOWNSHIP _____

NAMES AND TELEPHONE OF TWO PERSONS WE CAN CONTACT IF UNABLE TO REACH YOU:

1. _____
NAME TELEPHONE

2. _____
NAME TELEPHONE

UNIT PREFERENCE _____ STUDIO _____ ONE BEDROOM _____ HANDICAP UNIT

DO YOU NEED A HANDICAP/MOBILITY IMPAIRED UNIT? _____ YES _____ NO

IF YES, REASON _____

DO YOU NEED A SIGHT OR HEARING IMPAIRED UNIT? _____ YES _____ NO

IF YES, REASON _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

NAME BIRTHDAY AGE SOCIAL SECURITY NUMBER

1. _____

2. _____

PRESENT LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

PREVIOUS LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

ASSET INFORMATION:

1.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
2.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
3.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

DO YOU OWN A HOME OR REAL ESTATE? _____ YES _____ NO IF YES VALUE _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? _____ YES _____ NO

IF YES, LIST AMOUNT \$ _____ DATE OF DISPOSAL _____

INCOME STATUS:

GROSS MONTHLY SOCIAL SECURITY	\$ _____
SSI	\$ _____
GROSS MONTHLY PENSION	\$ _____
GROSS MONTHLY EMPLOYMENT	\$ _____
VETERANS PENSION	\$ _____
INTEREST EARNED MONTHLY ON BANK ACCOUNTS, STOCKS, IRA, ETC...	\$ _____
OTHER INCOME _____	\$ _____
TOTAL PROJECTED MONTHLY INCOME	\$ _____
TOTAL PROJECTED ANNUAL INCOME	\$ _____

MEDICAL EXPENSES:

DO YOU HAVE MEDICAL INSURANCE? _____ YES _____ NO

IF YES LIST (PLEASE NOTE, LIFE INSURANCE NOT APPLICABLE)

1. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM
2. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

EVICTION:

HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE ? _____ YES _____ NO

ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE ? _____ YES _____ NO

ARE ANY ADULT HOUSEHOLD MEMBERS CURRENTLY A FULL-TIME OR PART TIME STUDENT? _____ YES _____ NO

ARE ANY ADULT STUDENT HOUSEHOLD MEMBERS RECEIVING FINANCIAL AID?
_____ YES _____ NO _____ NA

WAITING LIST

I/WE UNDERSTAND THAT THE MANAGEMENT OF THIS PROPERTY CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

STATION HILL IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF MANAGER

DATE

PLEASE MAIL COMPLETED APPLICATION TO:

AUSTINBURG APARTMENTS
411 PATTON ST.
COVINGTON, KY 41014