UPDATE_____ INITIAL APPLICATION DATE_____

TIME_____ (OFFICE USE ONLY)

APPLICATION FOR ADMISSION **NEWPORT COMMONS**

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 _____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:

NEWPORT COMMONS
411 ELM ST.
NEWPORT, KY 41071