



LIBERAL HOUSING AUTHORITY
SOUTHLAWN MANOR
830 S. CLAY AVE.
LIBERAL, KS 67901



| | |
|--------------------------|-------|
| (OFFICE USE ONLY) | |
| DATE RECEIVED: | _____ |
| TIME RECEIVED: | _____ |

KS Relay Center
TDD 1-800-766-3777

RENTAL APPLICATION FOR OCCUPANCY
COMPLETE ALL QUESTIONS OR THIS APPLICATION WILL NOT BE PROCESSED
(ALL APPLICANTS MUST BE AT LEAST 62 YEARS OLD, DISABLED OR HANDICAP)

The property you are applying for residency in is financed by USDA Rural Development/HUD and is operated in accordance with Federal Statutes, 7CFR 3560. Full disclosure of pertinent information to determine eligibility is required. Applications are placed in order of date and time received. Applicants who need assistance in filling out this application will be accommodated. **Please note:** If you have a disability and would like the leasing agent to be knowledgeable of it when processing your application or when showing you available apartments, Fair Housing Law states YOU must inform the agent. Rents are based on adjusted family or household income.

A. Household Information:

Applicants Name: _____ SS#: _____
Current Address: _____ Birthdate: _____ Sex: _____
City/State/Zip: _____ How Long at Present Address: _____
Phone number: _____
Co-Applicants Name: _____ SS#: _____
Current Address: _____ Birthdate: _____ Sex: _____
City/State/Zip: _____ How Long at Present Address: _____

B. Residence History: List ALL ADDITIONAL RESIDENCES for the past 5 years.
(write on separate sheet of paper if needed)

Applicant:

Present Landlord Name: _____ Phone #: _____
Current Address: _____ How Long at this Address: _____
Former Landlord Name: _____ Phone #: _____
Former Address: _____ How Long at this Address: _____

Co-Applicant:

Present Landlord Name: _____ Phone #: _____
Current Address: _____ How Long at this Address: _____
Former Landlord Name: _____ Phone #: _____
Former Address: _____ How Long at this Address: _____

C. Credit References:

| | Name | Address | City/St/Zip | Phone: |
|----|------|---------|-------------|--------|
| 1. | | | | |
| 2. | | | | |
| | | | | |

D. Personal Non-Related References:

| | Name | Address | City/St/Zip | Phone: |
|----|------|---------|-------------|--------|
| 1. | | | | |
| 2. | | | | |
| | | | | |

E. Employment:

Applicant:

Employer Name: _____ Phone #: _____

Current Address: _____ How Long?: _____

Co-Applicant:

Employer Name: _____ Phone #: _____

Current Address: _____ How Long?: _____

USDA Rural Development Section 515 regulations require that all applicants reveal all amounts and sources of income and assets. Applicants for housing in this USDA Rural Development Section 515 property must complete the following requested information.

F. Household Income: List all and/or part time employment for all household members (include self-employment earning) Other Sources of Income: (Examples: State Assistance (Welfare), Aid to Families with Dependent Children (AFDC), Unemployment, Social Security, SSI, Pensions, Disability Compensation, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Workmen’s Compensation, V.A. Benefits, Farm Income, Business Income, Cash Contributions from Agencies or Non-Applicant, Work for Cash and Tips, or Income received by Full-Time Student

| | Household Member | Source of Income | Gross Amount | Per Year/Mo |
|----|------------------|------------------|--------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Is any member entitled to receive child support that is not being received? ___no ___yes explain: _____

Is any member entitled to receive alimony that is not being received? ___no ___yes explain: _____

Do you anticipate any changes in this income in the next 12 months? ___no ___yes explain: _____

G. Childcare Costs:

| | Name of Child | Age of Child | Provider Name, Address, Phone | Monthly Amt |
|----|---------------|--------------|-------------------------------|-------------|
| 1. | | | | |
| 2. | | | | |

Applicants must also disclose all assets disposed of for less than fair market value in the two years preceding effective date of the certification. This means that the assets were either given away or sold at less than the allotted market value. Any asset listed as disposed of for less than fair market value in the two years preceding the effective date of this certification will be counted as an asset.

Have you disposed of any assets for less than fair market value within the past two years? yes no

H. Household Asset Information: List of all Assets including Balances, Cash Values & Sources as requested below. Cash Value is market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.

| | Asset | Applicant/ Household Mem | Provider Name, Address, Phone | Balance/ Cash Value | Actual Income from Asset (Annual) | Current Asset Disposed of for Less than Fair Market Value |
|---|-------------------------------------|--------------------------------|-------------------------------|------------------------|---|--|
| 1. | Checking Account | | | | | |
| 2. | Savings Account | | | | | |
| 3. | Certificates Of Deposits | | | | | |
| 4. | Stocks or Bonds | | | | | |
| 5. | IRA/Other Retirement | | | | | |
| 6. | Mutual Funds | | | | | |
| 7. | Trust Accounts | | | | | |
| 8. | Life Insurance Whole or Univ | | | | | |
| 9. | Personal Property | | | | | |
| 10. | Real Estate Is it for Sale or Rent? | | | | | |
| 11. | Other Current Assets | | | | | |
| 12. | Disposed of Assets in last 2 Years | | | | | |
| 13. | Assets not Listed | | | | | |
| Total Value of Assets >>> | | | | | | Total Actual Income of <<<Assets |

Elderly households, where **the applicant or co-applicant** is at least 62 years old or is a person of any age with a disability may qualify for an adjustment to income when calculating the rent payment, or may qualify for a special accessible unit, or both.

I. Medical/Disabled Assistance Expenses: Complete this part ONLY if Applicant or Co-Applicant is 62 or older or a household member has a disability.

| | Medical Related Item | Applicant/ Household Mem | Provider Name Address, Phone | MONTHLY Amount | ANNUAL Amount | Amount Insurance Pays/Paid |
|-----------------------------|--|--------------------------|------------------------------|----------------|---------------|----------------------------|
| 1. | Medicare Premiums | | | | | |
| 2. | Medical Insurance Coverage | | | | | |
| 3. | Projected Medical Costs NOT covered by Insurance nor Reimbursed | | | | | |
| 4. | Monthly Payments Toward Medical Bills or Outstanding Cost (also show Outstanding balance) | | | | | |
| 5. | Medical Related Travel Costs | | | | | |
| 6. | Are you seeing a Physician Regularly? | | | | | |
| 7. | Projected Physician costs NOT covered by Insurance NOR reimbursed | | | | | |
| 8. | Any other Medical Expense: | | | | | |
| 9. | Handicapped Assistance Expenses (Complete ONLY if handicapped expense allow a household member to work | | | | | |
| Total Medical Costs: | | | | | | |

J. Program Information:

| | | Check | NO | YES |
|-----|---|-------|----|-----|
| 1. | Are you applying for status as an "Elderly Household", where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability as defined by USDA-Rural Development? | | | |
| | 1.1 If so, you will be eligible for a \$400 adjustment to your income? (Your eligibility may be verified) | | | |
| 2. | Would you or anyone in your household benefit from a wheelchair or other accessible unit? | | | |
| | 2.1 If so, would you like to request an adapted unit? | | | |
| 3. | Is anyone in your household currently living in Government Housing? | | | |
| 4. | Has anyone in your household ever rested in a project financed and/or subsidized by the Government? | | | |
| 5. | Has anyone in your household ever been evicted from a Government Housing Program? | | | |
| | 5.1 If, Yes, Where, When & Reason | | | |
| 6. | Has anyone in your household ever been evicted from other Housing? | | | |
| | 6.1 If Yes, Where, When & Reason | | | |
| 7. | USDA Rural Development regulations grant a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by the US Department of Housing and Urban Development (HUD) or USDA Rural Development, and those households displaced due to housing being rendered uninhabitable. Do you hold a "Letter of Priority Entitlement"? | | | |
| | 7.1 Are you currently living in a housing unit that has been determined to be uninhabitable? | | | |
| 8. | Has anyone in your household ever lived on this property in the past? | | | |
| 9. | Does your household have a pet? | | | |
| 10. | Are you being evicted? | | | |
| | 10.1 If yes, when must you be out of your home? | | | |
| 11. | Has anyone in your household ever been convicted of a felony? | | | |
| | 11.1 If yes, please give the date, describe the felony, and name the household member with the record: | | | |
| 12. | Is anyone in your household currently using illegal drugs? | | | |
| 13. | Has anyone in your household ever been convicted of sale, distribution, or possession of illegal drugs? | | | |
| | 13.1 If yes, has that person(s) successfully completed a controlled substance abuse recovery program or is Presently enrolled in such a program? | | | |
| 14. | Will you take an apartment when one is available? | | | |
| 15. | Do you anticipate a change in the number of family members in the next 12 months? | | | |
| 16. | Are all household members a lawful citizen or have eligible immigration status in the United States? | | | |
| 17. | How did you hear about this housing? Briefly describe your reasons for applying: | | | |
| 18. | Do you prefer a smoking or non-smoking Apt.? | | | |

In case of Emergency notify:

Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Relationship, if any: _____

STATEMENT REQUIRED BY THE PRIVACY ACT:

USDA Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 at. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except it is unlawful for USDA Rural Development to deny eligibility because of the refusal to disclose the Social Security Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA Rural Development financed rental property and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE RESIDENCE IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENT CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HERewith TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE A FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure the Federal Government, acting through Rural Housing Services that the Federal laws prohibiting discrimination against tenant applications based on 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 based on visual observation or surname.

Ethnicity: Hispanic or Latino: _____ Not Hispanic or Latino: _____

Race: (Mark one or more)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender: Male _____ Female _____





TENANT RELEASE AND CONSENT



I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **LIBERAL HOUSING AUTHORITY/SOUTHLAWN MANOR**, for purposes of verifying information on my/our Rental Application for Occupancy.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to: criminal and credit background screening, personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for a continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks/Financial Institutions |
| School Administrators | Military Employment & Veterans | Medical and Child Care Providers |
| KS Department of Corrections | Sex Offender Listing | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file. I/We understand I/We have a right to review this file and correct any information that is incorrect.

| | | |
|---|---------------------|-------------|
| _____ | _____ | _____ |
| Applicant/Resident Signatures | (Print Name) | Date |
| _____ | _____ | _____ |
| Co-Applicant/Resident Signatures | (Print Name) | Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, REQUEST FOR A COPY OF TAX FORM MUST BE SIGNED SEPARATELY.

PENALTIES FOR MISUSING THIS CONTENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

THINGS YOU WILL NEED TO BRING IN WHEN RETURNING APPLICATION:

- **Picture ID for all adults on application**
- **Original Birth Certificate for all persons on application**
- **Social Security Card for all persons on application**
- **Citizenship papers if applicable – if born outside of United States**
- **Current Medical Bills you are paying on – If 62 years of age or older or disabled or handicapped**
- **Appraisers current tax evaluation of property – if any owned**
- **Pharmacy print out for last 12 month – If 62 years of age or older or disabled or handicapped**
- **Proof of Income – Social Security Benefits Letter; SRS Income Letter; or last three check stubs from current job**
- **1099 for last tax year for Royalties, Pensions, ETC...**
- **Proof of Child Support**
- **Proof of Child Care – Last three receipts showing how much you paid for out of pocket expense**
- **Most current Bank(s) statements**

COSAS QUE VA NECESITAR TRAER AL PRESENTAR LA APLICACIÓN:

- **Identificación con foto para cada adu Ho en la aplicación**
- **Acta de nacimiento original para todas las aplicantes**
- **Tarjeta de seguridad social para todas las personas que lo soliciten.**
- **Documentos de ciudadanía, si corresponde, si nacieron fuera de los Estados Unidos**
- **Facturas médicas actuales en las que está pagando: si tiene 62 años de edad o más, o está incapacitado o es discapacitado**
- **Evaluación fiscal actual de la propiedad por parte de los tasadores, si es de su propiedad.**
- **Impresión de la farmacia durante los últimos 12 meses: si tiene 62 años de edad o más, o está incapacitada o es discapacitada**
- **Prueba de ingresos - Carta de beneficios del seguro social; Carta de Ingreso SRS; o los últimos tres talones de cheques del trabajo actual**
- **1099 para el último año fiscal de regalías, pensiones, etc. de ETC ...**
- **Prueba de manutención infantil**
- **Prueba de cuidado de niños: los últimos tres recibos que muestran cuánto pagó por los gastos de bolsillo**
- **Los estados bancarios más actuales**