

Application for Occupancy

Westerfield North Townhouses, Inc. 822 N. Clinton Olathe, KS 66061 (913) 764-0661

Office use only

Please fill out completely ~ Please print.

Date Rec'd _____ **Time Rec'd** _____

Month/year you would like to take occupancy _____

Unit Number _____ **# of Bedrooms** _____

Head of Household's full name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: Single Married Separated Divorced Work phone: _____

Provide Email Address: _____ (Do not leave blank)

Copies of ALL social security cards and drivers' licenses are required to process this application.

Member's Name - <i>including full middle name</i>	Relationship to Head HEAD	Date of Birth	Citizen of US or legal immigrant?	Age	Sex	Social Security No.

Head of Household race: Black Hawaiian/Pacific Islander
 Indian (circle) American - Alaskan
 Other White

Head of Household Ethnicity:
 Hispanic Non-Hispanic

Residential History (List present and LAST two landlords /mortgage companies)

1. Present Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____
2. Previous Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____
3. Previous Landlord/Property Name: _____
 Your address: _____ Apt. # _____
 City, State, Zip: _____ Rent Amt: \$ _____
 Landlord Phone: (____) _____ Dates Rented/From: _____ To: _____

Current Employment History on all family members over 18 years old. Please use back if necessary.

1. Head of Household Employment:

Name of Employer: _____ Position: _____
Full Address w/zip: _____
Phone: _____ Annual Income: \$ _____ From: _____ To: _____

2. Spouse's Employment:

Name of Employer: _____ Position: _____
Full Address with zip: _____
Phone: _____ Annual Income: \$ _____ From: _____ To: _____

3 Name of family member: _____

Name of Employer: _____ Position: _____
Full Address with zip: _____
Phone: _____ Annual Income: \$ _____ From: _____ To: _____

4 Name of family member: _____

Name of Employer: _____ Position: _____
Full Address with zip: _____
Phone: _____ Annual Income: \$ _____ From: _____ To: _____

5 Name of family member: _____

Name of Employer: _____ Position: _____
Full Address with zip: _____
Phone: _____ Annual Income: \$ _____ From: _____ To: _____

General Questionnaire (Do not leave blank)

- Has anyone in your household ever been evicted: Yes No If yes, who? _____
If yes, Property/Landlord Name: _____ City/State: _____
- Has anyone in your household ever been convicted of a criminal offense? Yes No
If yes, Who: _____ Offense: _____ City/State: _____
- If you are seeking housing due to displacement by government action or a presidentially declared disaster, when and where did this occur? _____

Drivers' license information for all family members

- Name of family member: _____
Driver's License # _____ State: _____
- Name of family member: _____
Driver's License # _____ State: _____
- Name of family member: _____
Driver's License # _____ State: _____

Pets Do NOT leave this section blank. Your application will not be considered if left blank.

Do you own any pets? ___ Yes ___ No

Type of pet(s) _____

Size of Dogs Height at shoulder _____ Weight _____

Height at shoulder _____ Weight _____

No exotic pets allowed (snakes, rabbits, monkeys, farm-type animals, etc.)

Vehicles

	Make	Model	Year	Color	License Number
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					

Emergency Contact Information (Must provide one contact)

Name: _____ Phone Number: _____

Address: _____

Does anyone in your household receive or anticipate receiving any of these types of income? If yes, please list which household member and how much income *is anticipated in the next twelve months* based on CURRENT circumstances.

Income source A:

___ Yes ___ No Wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. Please list below the full amount **annually** before deductions.

Income source B:

___ Yes ___ No Net income from operation of a business or profession. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Income source C:

___ Yes ___ No Interest, dividends, and other net income of any kind from real or personal property. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Income source D:

___ Yes ___ No The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount, except deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts. (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation payments to the widow of a serviceman killed in action)

Income source E:

Yes No Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except lump sum additions to family assets, such as inheritances, insurance payments, capital gains, settlement for personal property or losses.

Income source F:

Yes No Welfare assistance received by any member of the family.

Income source G:

Yes No Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.

Income source H:

Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire.

Please fill this section out based on your answers above.

_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Source Code	Specify Source

Does anyone in your household own or anticipate owning in the next twelve months any of these assets?

Asset Type A:

Yes No Cash held in savings and checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average balance for the last six months. Assets held in foreign countries are considered assets.

Asset Type B:

Yes No Revocable trusts. Include the cash value of any revocable trust available to the family.

Asset Type C:

Yes No Interest, dividends, and other net income of any kind from real or personal property. Depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations.

Asset Type D:

Yes No Equity in rental property or other capital investments.

Asset Type E:

Yes No Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts. Interest or dividends earned are counted as income from assets even when the earnings are reinvested.

Asset Type F:

Yes No Individual retirement, 401K, and Keogh accounts.

Asset Type G:

Yes No Retirement and pension funds.

Asset Type H:

Yes No Life insurance policies available before death (a whole life policy or a universal life policy)

Asset Type I:

Yes No Lump-sum receipts or one-time receipts. (eg. capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments.

Asset Type J:

Yes No A mortgage or deed of trust held by an applicant.

Please specify annual income gained from the asset:

_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source
_____	\$ _____	_____	_____
Household Member	Annual income	Type Code	Specify Source

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

This application must be sign by all adults who will occupy the apartment before it can be considered. I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize Westerfield North Townhouses, Inc. to verify the above information and consent to the release of the necessary information to determine my eligibility. I hereby authorize any person, credit agency or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, credit, and/or rental history checks. 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 U.S. government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosure 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 willingly requests, obtains, or discloses any information under false pretenses concerning an applicant may be subject to a misdemeanor and fined not more than \$5000. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing Social Security numbers are contained in the Social Security Act at 42 USC §§208(f), (g), and (h). Violations of these provisions are cited as violations of 42 USC §§408(f), (g) and (h).

_____	_____	_____	_____
Head of household signature	Date	Adult member over 18	Date
_____	_____	_____	_____
Spouse Signature	Date	Adult member over 18	Date
_____	_____	_____	_____
Adult member over 18	Date	Adult member over 18	Date
_____	_____	_____	_____
Adult member over 18	Date	Adult member over 18	Date



**You must keep the cooperative updated on any contact changes you may have.
You must contact us every six months to keep application current and on-file.
Applications over six months with no updates will become inactive.**