

Please send copies of Social Security Cards and Birth Certificates for everyone who will live in the unit.

Please complete the whole application. Applications not completed will be returned incomplete. If you have questions, please call.

You will also need to send \$24.00 for EACH PERSON OVER 18, WHO WILL BE LIVING THERE, to cover the cost of the criminal check that we do on you.

## APPLICANT QUESTIONNAIRE

1. What is your reason for moving?\_\_\_\_\_
2. Number of people and ages of those who will occupy the apartment.\_\_\_\_\_  
\_\_\_\_\_
3. How long do you wish to rent?\_\_\_\_\_
4. When would you like to move in?\_\_\_\_\_
5. Do you have pets?\_\_\_\_\_
6. Do you smoke?\_\_\_\_\_
7. How is your credit?\_\_\_\_\_
8. Landlord references:\_\_\_\_\_
9. What is your occupation?\_\_\_\_\_
10. Have you ever owned a house?\_\_\_\_\_

# ANNUAL INCOME CHECKLIST

Name \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** At the certification and recertification interviews, the head of household should answer the questions below about Annual Income and sign the certification statement.

	<u>Income Amount</u>	<u>Date Verified</u>
1. a. Will any household members be receiving any type of income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list names of such family members who will receive employment income.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
2. a. Will any household members be receiving income from a family-operated business or be otherwise self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list names of such family members who will receive income from self employment.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
3. a. Will anyone in the household receive Social Security or SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list names of such recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
4. a. Will anyone in the household receive <b>periodic</b> payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list first names of recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

	<u><b>Income Amount</b></u>	<u><b>Date Verified</b></u>
5. a. Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
6. a. Will anyone in the household be receiving public assistance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
7. a. Will anyone in the household be receiving alimony or child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list first names of such family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
8. a. Will anyone in the household be receiving income from assets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list first names of such family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
9. a. Is any household member, 18 or older, receiving pay as a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If yes, list family members who are recipients.		
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

**Income**      **Date**  
**Amount**      **Verified**

10. a. Is any household member receiving lottery  
winnings, paid periodically?    ☐ Yes    ☐ No

b. If yes, list family members who are recipients.

_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

11. a. Is any household member receiving recurring  
monetary contributions or other gifts or payments  
from a non-household member?    ☐ Yes    ☐ No

b. If yes, list family members who are recipients.

_____	\$ _____	____/____/____
_____	\$ _____	____/____/____
_____	\$ _____	____/____/____

**Applicant/Tenant Certification**

I hereby certify that I have answered the questions on this checklist truthfully and that the income listed on this form represents all the income available to my household.

_____	Head of Household's name
_____	Head of Household's signature
_____	Landlord

**APPLICATION  
RD 515 Program**

# \_\_\_\_\_

\_\_\_\_\_  
Mgmt Signature

\_\_\_\_\_  
Date/Time

**PLEASE PRINT**

Manor House Associates \_\_\_\_\_ Apartment Complex

This is an application for housing in the Manor House Apartments located in  
Owenton, KY. Please complete this application and return to  
**ASHCRAFT REALTY** at the address listed at the bottom of this page. Complete applications are  
placed in order of date and time received. An applicant may be interviewed only after **Ashcraft Realty**  
receives the complete tenant application.

**A. GENERAL INFORMATION:**

Applicant Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt # City State Zip

Email: \_\_\_\_\_

Tel # \_\_\_\_\_. Number of Bedroom in Current Unit \_\_\_\_\_

Do you Own \_\_\_\_\_ or Rent \_\_\_\_\_.

If Rental, Amount of Current Monthly Rental Payment. \$ \_\_\_\_\_

Check Utilities Paid by you:

Heat: \_\_\_\_\_

Electricity: \_\_\_\_\_

Gas: \_\_\_\_\_

Other: \_\_\_\_\_

Approximate Monthly Cost of Utilities  
Paid by you (excluding phone and  
Cable TV) \$ \_\_\_\_\_

Bedroom Size Requested

One Bedroom: \_\_\_\_\_

Two Bedroom: \_\_\_\_\_

Three Bedroom: \_\_\_\_\_

Handicap BR: \_\_\_\_\_

Ashcraft Realty is an Equal Housing Opportunity company, with projects in compliance with 504 and  
Fair Housing Regulations. Ashcraft Realty accommodates any applicants who need assistance in  
filling out this application.

Return to: Ashcraft Realty  
P O Box 157  
Owenton, KY 40359

T.D.D. 7-1-1  
502-484-5802  
1-800-728-5802



List ALL persons who will live in the apartment. List Head of Household First:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>AGE</u>	<u>SOCIAL SECURITY #</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

Is anyone in this household a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) \_\_\_\_\_

B. INCOME: List ALL sources of income as requested below:

Family Member

Name

Source of Income:

_____	a. Social Security...Monthly Amount \$ _____
_____	Social Security...Monthly Amount \$ _____
_____	b. Pension.....Monthly Amount \$ _____
_____	Pension.....Monthly Amount \$ _____
	Source of Pension(s)_____
_____	c. Veterans Benefits Monthly Amount \$ _____
_____	d. SSI Benefits.....Monthly Amount \$ _____
_____	SSI Benefits.....Monthly Amount \$ _____
_____	e. Unemployment Comp Monthly Amount \$ _____
_____	Unemployment Comp Monthly Amount \$ _____
_____	f. AFDC.....Monthly Amount \$ _____
_____	g. Wages....Gross.....Monthly Amount \$ _____
	Employer_____
	Pension Held _____
	Wages....Gross.....Monthly Amount \$ _____
	Position Held _____
	How Long Employed _____
_____	h. Full Time Student Income (Only Full Time Students 18
	and Over).....Monthly Amount \$ _____
_____	Full Time Students Income (Only full Time Students 18
	and Over).....Monthly Amount \$ _____

\_\_\_\_\_ i Alimony.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ j. Child Support.....Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ k. Interest Income.....Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Interest Income.....Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ l. Other Income.....Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Source \_\_\_\_\_  
 \_\_\_\_\_ Other Income.....Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Source \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME Base this on the monthly amount listed above and multiply by 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

### C: ASSETS

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Trust Accounts # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Credit Union # \_\_\_\_\_ Name \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Name \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
 # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Cash Value of Life Insurance Policy \$ \_\_\_\_\_

Real Property: Do you own any property: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or Outstanding Loan Balance Due \$ \_\_\_\_\_

Amount of annual Insurance Premium \$ \_\_\_\_\_

Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you Sold/Disposed of any Property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property \_\_\_\_\_

Market Value when Sold \$ \_\_\_\_\_

Amount Sold/Disposed for \$ \_\_\_\_\_

Date of Transaction \_\_\_\_\_

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable trust accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Describe Asset \_\_\_\_\_

Date of Disposition \_\_\_\_\_

Amount Disposed \_\_\_\_\_

2. Do you have any other assets not listed above (Excluding personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, List: \_\_\_\_\_

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**D MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSE**

Medical Cost: complete this part ONLY if Head or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums.....Monthly Amount \$ \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_
2. Medical Insurance Coverage  
Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_.
3. Anticipated Medical/Drug/Prescription/Non-prescription costs not covered by insurance nor reimbursed. Monthly Amount \$ \_\_\_\_\_
4. Medical Bills or Outstanding cost you are making monthly payments for.  
Balance Due \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
Payable to: \_\_\_\_\_
5. Medical Related Travel Costs \$ \_\_\_\_\_
6. Are you seeing a physician regularly ? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Projected cost NOT covered by Insurance NOR reimbursed for the next 12 months? \$ \_\_\_\_\_
7. Any other medical expenses. List type and Amount \_\_\_\_\_ \$ \_\_\_\_\_

Childcare Cost: Complete ONLY for children 12 and younger.

8. Name(s) of child(ren) cared for \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_
9. Name(s) and address of person OR agency caring for children \_\_\_\_\_
10. Weekly cost for childcare due to Employment: \$ \_\_\_\_\_
11. Weekly cost for childcare due to Education: \$ \_\_\_\_\_

Handicap Assistance Expenses: Attendant care and/or apparatus expenses that enablers Handicapped applicants or other in the household to work.

Complete ONLY if Handicap Expenses allow someone in the household to work.

12. List type of expenses, weekly amount paid, to whom:  
  
  1. Are you displaced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, displacement agency: \_\_\_\_\_
  2. Is your current unit condemned/substandard? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
  3. Are you paying more that 50% of your Gross Income for rent and utilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Are you applying for status as an “Elderly Household”, where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you realize you will be eligible for a \$400.00 medical deduction? Please realize that your eligibility must be verified.

5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you ever resided in a project financed and/or subsidized by the government:  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name and Address \_\_\_\_\_

9. Have you ever been evicted from public housing or any other federal housing program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Describe reason: \_\_\_\_\_

10. Have you ever been evicted from other housing? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are you currently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you now or will you become a part time or full time student prior to move-in?  
Yes \_\_\_\_\_ No \_\_\_\_\_

15. How did you hear about this housing? \_\_\_\_\_

16. Will you take an apartment when one is available? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Briefly describe your reason for applying \_\_\_\_\_

#### E. REFERENCE INFORMATION

Current Landlord: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Previous Rental Information:

Prior Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

#### F. CREDIT REFERENCES

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### G. PERSONAL NON-RELATED REFERENCES

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## H. OTHER REQUIRED INFORMATION

**VEHICLES:** List any cars, trucks or other vehicles owned. Parking will be provided for ONE vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Drivers License # \_\_\_\_\_

### PETS:

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

## I. CERTIFICATION/AUTHORIZATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on USDA –Rural Development (RD) or Section 8 income limits and by Ashcraft Realty selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

### SIGNATURE:

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
CO-TENANT

\_\_\_\_\_  
DATED

\_\_\_\_\_  
DATED

I/We do hereby authorize Ashcraft Realty and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain any verified information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Ashcraft Realty. I further authorize Ashcraft Realty to verify all information listed on this application.

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
CO-TENANT

\_\_\_\_\_  
DATED

\_\_\_\_\_  
DATED

FOR RURAL DEVELOPMENT 515 PROGRAM  
APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner, in order to assure the Federal Government, acting through the USDA-Rural Development (RD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap 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/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_

