

UPDATE \_\_\_\_\_

INITIAL APPLICATION DATE \_\_\_\_\_

TIME \_\_\_\_\_ (OFFICE USE ONLY)

APPLICATION FOR ADMISSION TWO RIVERS

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.

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF MANAGER

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DATE

PLEASE MAIL COMPLETED APPLICATION TO:

TWO RIVERS  
411 ELM ST.  
NEWPORT, KY 41071