



Creekview Apartments

A Franklin Community

102 E Houston Street

Cloverport, KY 40111

phone: 270-788-6549 fax: 270-788-3975

TDD: 711

creekview@afranklincommunity.com

Scott Harris, Property Manager

Phillip Campbell, Maintenance

RE: Application Requirements

To apply for an apartment at Creekview Apartments, you must first fill out the attached application in its entirety. The application can only be accepted in person. Applications dropped off in the drop box or slid under the door of the office will not be accepted. Incomplete applications will also be rejected.

For your application to be complete, you must:

- **Fill out the application in its entirety. Also fill out the Supplemental Contact sheet in its entirety. You may choose not to provide the additional contact information, however, this could delay your application if we cannot reach you.**
- **You must list at least 3 years of residency history. If you owe a previous landlord money, that balance must be paid in full before we will rent to you.**
- **We need a copy of your Social Security Card, Photo ID, Social Security Award Letter (or other source of income), and Birth Certificate. You must be at least 62 years old or disabled to qualify.**
- **We do a thorough police background check and residency history.**
- **Once you have the complete application, contact sheet, and documents, call to set up an appointment. We accept applications by appointment only. Call to schedule once you have the required documents and completed application.**

We look forward to meeting with you and hope you join our Creekview Family.

Thanks,

Scott

270-788-6549 (phone)

270-788-3975 (fax)

Equal Housing Opportunity. This institution is an equal opportunity provider and employer.

Creekview Apartments

Affordable Housing
for the
Elderly and Disabled

- ✧ 1 bedrooms with a balcony or patio
- ✧ Indoor entrances and mailboxes
- ✧ Centralized elevator and laundry
- ✧ Water, sewer and trash Included
- ✧ Efficient heating and air units
- ✧ 24 hour recorded security
- ✧ Must be at least 62 or disabled
- ✧ Must be able to pass a background check

**NO
Application
Fees!**

102 E Houston Street
Cloverport, KY 40111

creekview@afranklincommunity.com

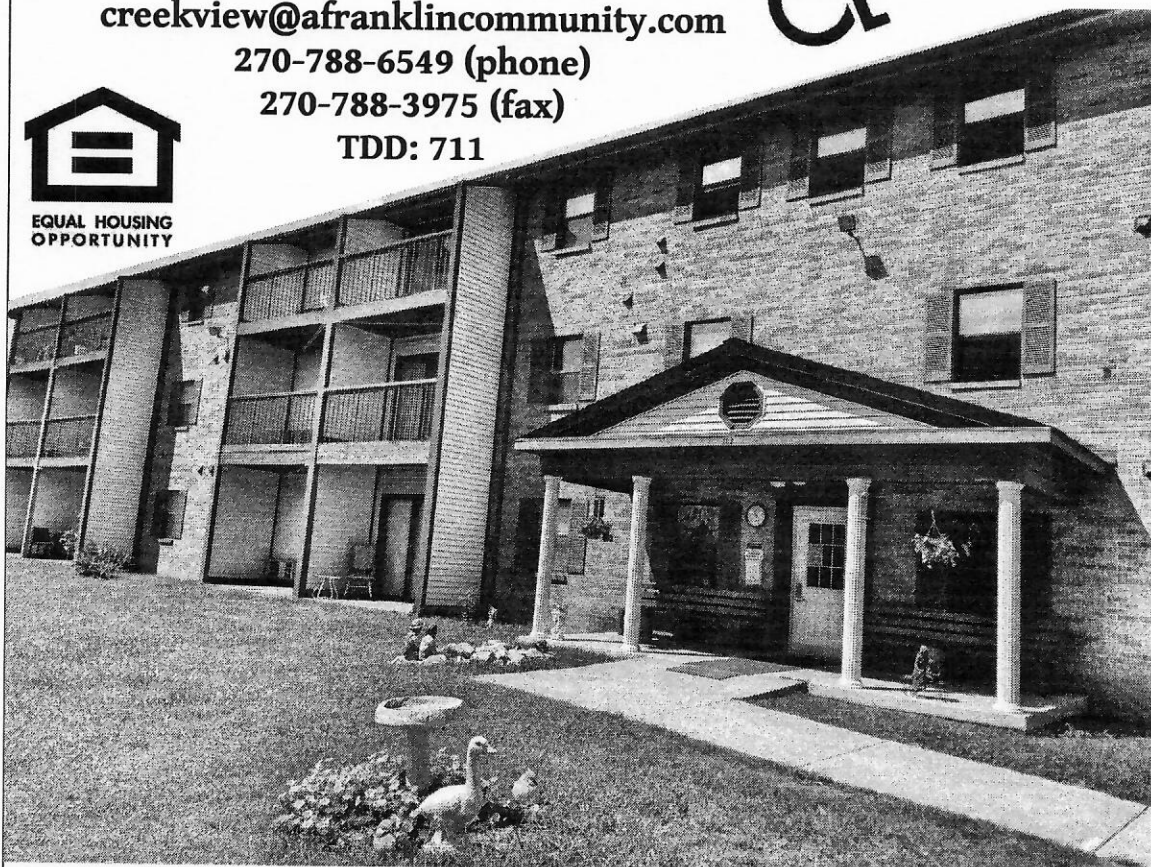
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EQUAL HOUSING
OPPORTUNITY



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

FRANKLIN ASSET MANAGEMENT CO., INC.

P. O. Box 99564
Louisville, Kentucky 40269
TDD/TTY State Relay #711
Website: franklin-communities.com

270-788-6549 (phone)

270-788-3975 (fax)

IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, CREED, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS OR ANY OTHER PROTECTED CLASS OUTLINED IN SPECIFIC CITY OR COUNTY AREAS. ALL FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS WILL BE ADHERED TO. THIS WILL INCLUDE ANY OTHER CLASS OF PERSON AS INACTED BY STATE OR LOCAL ORDINANCE, IF APPLICABLE.

All persons desiring to apply for occupancy, whether as the initial applicant household or as a person(s) later joining an existing tenant household, will be provided an opportunity to submit an application.

The borrower or rental agent will provide prospective tenants with a written list, (if needed) of all information required for a complete application and offer assistance in completing the application. We will endeavor to provide outside services if need be, i.e. sign language or interpreter.

Persons with disabilities have the right to request reasonable accommodations to participate in the hearing process.

Creekview Apartments - 102 E Houston St. Cloverport, KY 40111

1 bedroom only - must be 62 or older, or disabled to qualify

PROPERTY NAME

BEDROOM SIZE DESIRED

Head of Household: _____
Social Security #: _____
Address: _____

Cell Phone #: _____
Alternate Phone#: _____
Email: _____
Birth Date: _____

An allowance may be given if you qualify under the definition of elderly, disabled or handicapped. Do you wish to apply for this allowance? Yes _____ No _____ Eligibility must be verified.

If applying for the allowance given if you qualified under the definition of elderly, disabled or handicapped, will you have any out-of-pocket medical expenses? Yes _____ No _____

Do you or anyone in your household require special accommodations in housing? Yes _____ No _____

If yes, what accommodations are required? _____

(If yes, the site manager should refer to FAM form #047 – Guidelines for Reasonable Accommodation).

Are you or anyone in your household a student? Yes _____ No _____

Do you or anyone in your household plan to become a student in next 12 months? Yes _____ No _____

Are you or anyone in the household a victim of Domestic Violence, Dating Violence or Stalking? Yes _____ No _____
If yes, site manager should refer to FAM Form #H027A - Certification of Domestic Violence, Dating Violence or Stalking.



EQUAL HOUSING OPPORTUNITY



OTHER MEMBERS LIVING IN THE HOUSEHOLD

<u>Name (First, MI, Last)</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SOURCE OF INCOME OF ALL PERSONS OVER 18 YEARS OF AGE

<u>Name</u>	<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Length of Employment</u>	<u>Hourly Rate or Salary</u> (include hours per week)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you, or any other adult household member self employed, if yes, estimated monthly income? _____

Do you or anyone in your household receive income from any other source?....(such as: Unemployment, Social Security, Disability, KTAP, TANF, Pension/Annuity, Military Pay, Veteran's Benefits, Black Lung, Informal Support, Any Other Sources, etc.) If yes, circle source(s) & list amount(s) received: _____

Are you now or have you ever been **Entitled** to receive Child Support Benefits? Yes _____ No _____
If yes, amount of entitlement per week _____

Do you pay for child care to enable you to work or attend school? Yes _____ No _____
If yes, Facility or Person you pay: _____
Amount you pay per week: _____

Do you or anyone in your household, including children, have any of the following assets? Christmas Club Account, Certificates of Deposit, Real Estate, Treasury Bills, Stocks or Bonds, or any other assets?
Yes _____ No _____ If yes, what? _____

Have you or anyone in your household disposed of an asset for less than fair market value within the last two years? Yes _____ No _____ If yes, what was disposed of? _____
Date disposed: _____ Amount Received: _____ Market Value: _____

Do you or anyone in your household have a checking account? Yes _____ No _____

Account in name of: _____
Name of Bank & Address: _____
Bank Account #: _____

Do you or anyone in your household have a savings account? Yes _____ No _____

If yes, Account in name of: _____
Name of Bank & Address: _____
Bank Account #: _____

Do you or anyone in your household have an EBT card? Yes _____ No _____

If yes, Account in name of: _____
If yes, site manager should refer to FAM Form #022-ebt – EBT Banking Verification.

Do you or anyone in your household have any other bank accounts? Yes _____ No _____

If so, list on a separate sheet of paper.

PRESENT ADDRESS

(If applying as co-applicant with uncommon residency, then each applicant must complete an individual pre-application.)

Name(s) on Lease/Mortgage: _____
Physical Address: _____ Phone: _____
City: _____, State: _____ Zip: _____
How long at this address? _____ Move-out Date: _____
Do you rent at this address? Yes _____ No _____ Name of property: _____
If yes, Name of Landlord or Manager's Name: _____
Address: _____
Phone #: _____
How much rent do you pay? _____ Reason for move? _____
If this person is a relative, what relationship? _____
Do you own a home? Yes _____ No _____ Reason for move? _____

PREVIOUS ADDRESS

(Complete this section if present address is less than three years.)

Name(s) on Lease/Mortgage: _____
Physical Address: _____ Phone: _____
City: _____, State: _____ Zip: _____
How long at this address? _____ Move-out Date: _____
Did you rent at this address? Yes _____ No _____ Name of property: _____
If yes, Name of Landlord or Manager's Name: _____
Address: _____
Phone #: _____
How much rent did you pay? _____ Reason for move? _____
If this person is a relative, what relationship? _____
Did you own a home? Yes _____ No _____ Reason for move? _____

List any other addresses you have had in the last three years, _____
Length of time at each address, and landlord's phone #: _____

Have you or any household member ever rented/leased from a Franklin Asset managed property?
Yes _____ No _____ If yes, in what years? _____
Name at time of occupancy: _____
Name of property: _____
Address: _____
City, State, Zip _____

Have you or any household member ever rented/leased from any government subsidized property?
Yes _____ No _____ If yes, in what years? _____

Name at time of occupancy: _____
Name of property: _____
Address: _____
City, State, Zip _____

Have you or any household member lived in any other state?

Yes _____ No _____ If yes, in what state(s)? _____

Do you have a pet? Yes _____ No _____ If yes, what kind? _____

It is recommended that Tenant obtain his/her own insurance coverage to protect his/her own property against fire, theft and other casualties (Renter's Policy). Landlord has insurance coverage only on its buildings, and not on the Tenant's personal property.

Please initial to confirm you have read these statements. _____

Are you or anyone in your household currently the user of an illegal controlled substance? Yes _____ No _____

Have you or anyone in your household ever been convicted of the illegal use of a controlled substance?
Yes _____ No _____

Have you or anyone in your household been convicted of the illegal manufacture or distribution of a controlled substance? Yes _____ No _____

If you answered yes to any of the three questions above, have you or anyone in your household successfully completed a controlled substance abuse recovery program or presently involved in such a program?

Yes _____ No _____ If yes, date completed _____.

Have you or anyone in your household been convicted of any sexual offense, including lifetime sexual offender? Yes _____ No _____

If yes, where? _____

Have you or anyone in your household been convicted of any criminal activity that threatened the health, safety, and well being of another individual (a crime that involved violent, threatening behavior that included any type of weapon directed toward any person or property)? Yes _____ No _____

Do you have any type of pending criminal charges? Yes _____ No _____

Have you or anyone in your household had a history of unjustified and/or chronic nonpayment of rent and/or financial obligations? Yes _____ No _____

Have you or anyone in your household had a history of living habits (or housekeeping habits) that posed a direct threat to the health and safety of other individuals or whose tenancy resulted in substantial physical damage to the property of others? Yes _____ No _____

Have you or anyone in your household had a history of disturbance to neighbors? Yes _____ No _____

Have you or anyone in your household had a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential properties?

Yes _____ No _____

**THIS APPLICATION IS CONFIDENTIAL
AND WILL BE RETAINED IN YOUR PRIVATE FILE FOR OUR USE.**

I UNDERSTAND: That the statements made on this application are considered to be a part of my lease (if accepted) and approval or disapproval will be based upon information furnished herein. If at any time it is determined that any information I have given is false, it will be a breach of the lease contract and appropriate action will be taken. I certify that the housing unit I will occupy will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location. I further certify that my family's assistance or tenancy in a government housing program has never been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures. I further understand that penalties for false information include eviction, loss of assistance, fines up to \$10,000 and imprisonment up to five (5) years. I hereby consent to release wage-matching data to RHS and the borrower or rental agent.

I attest that all household information provided on this application is correct and true to the best of my knowledge.

HEAD OF HOUSEHOLD'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR RURAL DEVELOPMENT (RD) PROPERTIES:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of 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 on the basis of visual observation or surname."

Ethnicity of Head of Household: Hispanic or Latino _____ Not Hispanic or Latino _____

Race of Head of Household: (Mark one or more) American Indian/Alaska Native _____ Asian _____
Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____

Gender of Head of Household: Male _____ Female _____ Choose Not to Answer _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). "USDA is an equal opportunity provider and employer."

FOR HOUSING & URBAN DEVELOPMENT (HUD) PROPERTIES ONLY:

Copies of social security cards, INS Forms and Birth Certificates must be obtained by the Rental Office before this Application is considered complete.

Ethnicity of Head of Household: Hispanic or Latino _____ Not Hispanic or Latino _____

Race of Head of Household: (Mark one or more) American Indian/Alaska Native _____ Asian _____
Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____

Have you been displaced as a result of government action, or as a result of a disaster determined by the President to be a major disaster? Yes _____ No _____

Complaints of discrimination for HUD properties may be forwarded to HUD, Assistant Secretary of Fair Housing and Equal Opportunity, Washington, D.C. 20410.

FOR OFFICE USE ONLY:

APPLICATION ACCEPTED IN MANAGEMENT OFFICE: Date: _____ **Time:** _____

MANAGER'S SIGNATURE: _____