

Suburban Construction & Management, Inc.

P.O. Box 128

Shepherdsville, KY 40165

Fax/Tel: (502) 955-6103

TTY/VCO: 1-800-648-6056

Cedar Grove I & II Apts
(502) 543-8392

Northside I & II Apts
(502) 543-3188

Autumn Manor Apts
(502) 543-8392

Sunset Village Apts
(502) 543-3188

Family Complexes

_____ Cedar Grove I & II Apartments

_____ Northside I & II Apartments

Elderly/Handicap Complexes

_____ Autumn Manor Apartments

_____ Sunset Village Apartments

Please complete this application and return to the manager at the address listed above. Applications are placed in order of date and time received. Referrals from licensed agencies such as Seven Counties, etc may have priority over other applications on the waiting list. **AN APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS FILLED OUT COMPLETELY.**

GENERAL INFORMATION

Applicant:

Name _____

Address _____

Street

Apt #

City

State

Zip

Telephone # _____

Number of Bedrooms in Current Unit _____

Do you own _____ or Rent _____

Amount of Payment \$ _____

Co-Applicant:

Name _____

Address _____

City

State

Zip

Telephone # _____

Number of Bedrooms in Current Unit _____

Do you own _____ or Rent _____

Amount of Payment \$ _____

Bedroom Size Requested: One _____ Two _____ Three _____ or HC _____

List **ALL** persons who will live in the apartment:

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY#	RACE	HISPANIC/		FULL TIME	
					LATINO	STUDENT ?	YES	NO
1. _____	SELF	_____	_____	_____	H	L	YES	NO
2. _____		_____	_____	_____	H	L	YES	NO
3. _____		_____	_____	_____	H	L	YES	NO
4. _____		_____	_____	_____	H	L	YES	NO
5. _____		_____	_____	_____	H	L	YES	NO
6. _____		_____	_____	_____	H	L	YES	NO

HAVE YOU EVER:

Filed for Bankruptcy: [] Yes [] No When? _____

Been evicted? [] Yes [] No When? _____

Been convicted of a felony? [] Yes [] No When? _____

****Verification of the above will be made by checking your Credit, Criminal, and Rental History.****

INCOME: List ALL sources of income as requested below:
 (If an item does NOT apply, please mark NA in each space)

Family Member	Sources of Income
_____	a. Social Security Monthly Amount \$ _____
_____	Social Security Monthly Amount \$ _____
_____	Social Security Monthly Amount \$ _____
_____	b. Pension Monthly Amount \$ _____
_____	Pension Monthly Amount \$ _____
_____	Source of Pension (s) _____
_____	c. Veterans Benefits Monthly Amount \$ _____
_____	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 HOURLY AMOUNTS \$ _____
_____	No. Hours per week _____
_____	Employer _____
_____	Position _____ How long employed _____
_____	Wages Gross HOURLY AMOUNTS \$ _____
_____	No. Hours per week _____
_____	Employer _____
_____	Position _____ How long employed _____
_____	h. Full Time Student Income (Only 18 & Over)
_____	Monthly Amount \$ _____
_____	i. Alimony Monthly Amount \$ _____
_____	j. Child Support Monthly Amount \$ _____
_____	k. Interest Income Monthly Amount \$ _____
_____	l. Other Income Monthly Amount \$ _____
_____	Other Income Monthly Amount \$ _____

Do you anticipate any changes in this income in the next 12 months?
 YES _____ NO _____ If YES, Explain: _____

ASSETS

Checking Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Credit Union	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Bonds	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Life Insurance Policy	# _____	Bank _____	Balance \$ _____

REAL PROPERTY: Do you own any property? _____
If YES, Type of Property _____
Location _____
Appraised Market Value \$ _____

Mortgage or Outstanding Loans 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? _____
If YES, Type of Property _____
Market Value When Sold/Disposed \$ _____
Amount Sold/Disposed For \$ _____
Date of Transaction _____

Have You Disposed of Any Other Assets in the Last 2 Years (Example: Given Away Money to Relatives, Set Up Irrevocable Trust Accounts)?
YES _____ NO _____ If YES, Describe Asset _____
Date of Disposition _____
Amount Disposed _____

Do You Have Any Other Assets (Excluding Personal Property)? _____
If YES, List: _____

MEDICAL/HANDICAP ASSISTANT EXPENSES

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

Medicare Premiums..... Monthly Amount \$ _____
Monthly Amount \$ _____

Medical Insurance Coverage-Name of Insurance Company _____
Address _____
Monthly Amount \$ _____

Anticipated Medical/Drug/Prescription Costs NOT Covered by Insurance NOR Reimbursed:
Monthly Amount \$ _____

Medical Bills or Outstanding Costs You Are Making Monthly Payments For:
Balance Due \$ _____ Monthly Payments \$ _____ Payable To: _____

Are You Seeing a Physician Regularly? _____ Name _____
Address _____

Projected Cost NOT Covered by Insurance NOR Reimbursed for the Next 12 Months \$ _____

Any Other Medical Expenses: List Type and Amount: _____ \$ _____
_____ \$ _____

HANDICAP ASSISTANCE EXPENSES: Complete ONLY if Handicap Expenses Allow the Handicap or Another

Household Member to WORK:
List Type of Expenses Weekly Amount Paid to Whom:
\$ _____
\$ _____

CHILDCARE COST: Complete ONLY for Children 12 & Younger:

Name (s) of Children Cared For _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Names & Address of Person OR Agency Caring For Children _____
Phone # _____

Weekly Cost for Childcare \$ _____

PROGRAM INFORMATION

For Elderly, Handicapped/Disabled Apartment Complexes, In what way do you qualify? _____

Can You Accept an Upstairs Apartment? YES _____ NO _____

Are You Displaced? YES _____ NO _____
If YES, Displacement Agency _____

Are You Currently Living in Subsidized Housing? YES _____ NO _____
Have You Ever Lived in a Project Financed and/or Subsidized by the Government? YES _____ NO _____
If YES, Name & Address _____

Have You Ever Been Evicted From Other Housing? YES _____ NO _____

How Did You Hear About This Housing? _____

Will You Take an Apartment When One is Available? YES _____ NO _____

Briefly Describe Your Reasons for Applying _____

REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:
Prior Landlord _____
Address _____
Prior Landlord _____
Address _____

Credit References:
1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Personal References: (non-related)
1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

IN CASE OF EMERGENCY NOTIFY: _____
Address: _____
Phone: _____

OTHER REQUIRED INFORMATION

Pets: Do you own any pets? YES _____ NO _____
If YES, Describe _____

Note: Pets are allowed only at our elderly/handicapped designated complexes (Autumn Manor – Sunset Village). Pets must meet pet guidelines per lease prior to being accepted.

CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that 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. I/We certify that the housing unit that I/We will be occupying will be my/our permanent residence. I/We further certify that I/We will not maintain a separate subsidized rental unit in a different location.

AUTHORIZATION

I/We do hereby authorize SUBURBAN CONSTRUCTION & MANAGEMENT, INC. and its staff for authorized representatives to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in this property. I/We understand that this completed application is automatically recorded on the waiting list upon receipt by the manager.

SIGNATURES:

Applicant

Dated _____

Time _____

Co-Applicant

Dated _____

Time _____

FAMILY/HOUSEHOLD COMPOSITION

The following information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 on 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 individual applicants on the basis of visual observation or surname.

Applicant (Please check the appropriate box):

Sex: Male Female

Race: White (Non-Hispanic) Black or African American Asian

 Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Co-Applicant (Please check the appropriate box):

Sex: Male Female

Race: White (Non-Hispanic) Black or African American Asian

 Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native

Ethnicity: Hispanic or Latino Not Hispanic or Latino