



## **Eisenhower/Ridge Top Apartments**

**231 Lakeside Dr. #101**

**Leavenworth, KS 66048**

**For a Phone: 913-250-5675**

**Fax: 913-250-5681**

Thank you for your interest in Eisenhower Ridge and Ridge Top Apartments. Following is the Rental Application and Tenant Release and Consent. In order to process your application, we will need the following:

- **VOID or DD214 (Veterans Only)**
- **Valid Driver's License or State/Government issued ID for each applicant over the age of 18**
- **Social Security cards for all household members**
- **Birth Certificate for minor household members**
- **Verification of Income, Social Security, VA or any other benefit showing gross income and dated within the last 120 days. If employed, the last six (6) consecutive paystubs (if applicable)**
- **Application fee of \$25.00 for each adult applicant in the form of a money order. This fee is non-refundable and due along with the attached application for screening.**

Upon return of the application and screening fee, you will be scheduled for a review of the information and signature of additional forms. Once the application is approved, you will be scheduled for the lease signing; at that time the Security Deposit and first month's rent will be due.

Thank you!

Community Manager

[eisenhower@arnoldgrounds.com](mailto:eisenhower@arnoldgrounds.com)



## Application Supplement

Please find attached the property Tenant Selection Plan that outlines the property guidelines and requirements. In order to process your application please complete the attached Rental Application, form HUD-92006 (Supplement to Application for Federally Assisted Housing), HUD-9887-A (Fact Sheet) and HUD-9887-A (Notice and Consent for the Release of Information) signed by all household members age of 18 and over. Form HUD-27061-H (Race and Ethnic Data Reporting Form) for all household members. Incomplete applications will not be accepted. Also please provide the following verifications.

- **Household Verification**
  - Current Photo ID – for all household members age of 18 and over
  - Social Security Number Verification – for all household members
  - Date of Birth Verification – for all household members
- **Income Verification** - for all Income for the Household (see below for verification examples)
  - Employment – Most current 4 to 6 paycheck stubs
  - Social Security/SSI – Most current award letter
  - Child Support – Current enforcement agency printout of payments received
  - Verification of any other income such as monetary gifts, trusts, rental income, regular recurring withdrawal from retirement/annuity accounts, etc.
- **Asset Verification** – for all Household Assets (see below for verification examples)
  - Checking Accounts (Including Chime and Cash Apps) – 6 of the most current monthly account statements
  - Savings Accounts – Most current account statement
  - Cash Card/Debit Card – current balance inquiry statement or recent ATM receipt showing balance
  - Most recent statement for retirement or investment accounts, whole life insurance policy, etc.
- **Student Status** – household members age 18 or over
  - Most current student schedule from school
- **Expense Verification**
  - **Child Care Expense** – Available for out-of-pocket expenses paid for children under the age of 13 incurred to permit family member to work, seek employment or to further his/her education (see below for verification examples).
    - Copies of receipts or cancelled checks for payments
  - **Medical Expense** – Available for out-of-pocket medical expense if you are over the age of 62 (see below for verification examples)
    - Statements from doctor, hospital, clinic or pharmacist
    - Receipts or cancelled checks for health insurance

***Additional information and/or verifications may be requested in order to complete the application process.***

Please bring your completed application package and verification forms to your interview appointment, and if possible have all household members over the age of 18 attend.

### Appointment:

\_\_\_\_\_

Date

\_\_\_\_\_

Time

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.

## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Arnold Grounds Property Management – Eisenhower Ridge/Ridge Top I & II, for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies
Veterans Administration	Previous Landlords (including public housing agencies)
State Unemployment Agencies	Social Security Administration
Retirement Systems	Support and Alimony Providers
Banks/Other Financial Institutions	Law Enforcement Agencies
Medical and Child Care Providers	

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

---

**Signature**                                      **Date**

---

**Signature**                                      **Date**

---

**Management Signature**                      **Date**

# Rental Application

New  Updated \_\_\_\_\_

Property	Date Received:
Address:	Time Received:
City, State	Received by:
Phone# TTY 711	Apt Size requested:

**PLEASE PRINT – ALL HOUSEHOLD MEMBERS OF 18 MUST SIGN**

Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Student Status	Social Security No./ Alien Registration No.	Marital Status	Gender
1	Head of Household		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A			

CONTACT INFORMATION	
Current Address:	Apt #:
<input type="checkbox"/> Rent <input type="checkbox"/> Own	
City/State/Zip:	Phone:
Mailing Address:	Apt #:
(If different from above)	
City/State/Zip:	Occupied For: ____ Yrs. ____ Mos.
Contact/Landlord Name:	Phone:
Email Address:	
Emergency Contact Name:	Phone: ( )

PREVIOUS RESIDENCY INFORMATION	
Previous Street Address:	Occupied For: ____ Yrs. ____ Mos.
<input type="checkbox"/> Rent <input type="checkbox"/> Own	
City/State/Zip:	
Contact/Landlord Name:	Phone:

**HOUSEHOLD ADDITIONAL INFORMATION**

If you or any member of household have no Social Security Number, were you or they 62 of years of age or older as of January 31, 2010 ?

NO  YES, member? \_\_\_\_\_ If so please answer next question

Was HUD rental assistance being received at another location on January 31, 2010,  NO  YES, where? \_\_\_\_\_

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year?  NO  YES

If yes, explain: \_\_\_\_\_

Are any of the household members listed above foster children?  NO  YES, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant?  NO  YES, who? \_\_\_\_\_

Are any household members temporarily absent from the home?  NO  YES, who? \_\_\_\_\_

Indicate reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months?  NO  YES

If yes, explain: \_\_\_\_\_

Does Head of Household share custody of children who will reside in the household?  NO  YES

If yes what percentage of time does the child(ren) reside in your home? \_\_\_\_\_

Is any household member  Mobility Impaired  Vision Impaired  Hearing Impaired  Impaired

If yes, member: \_\_\_\_\_

Please tell about your current housing circumstances(Check all that apply to your current situation)

- substandard housing  standard housing  conventional public housing  homeless  fleeing/attempting to flee violence
- displaced due to a presidentially declared disaster

**VETERAN INFORMATION**

Are any of the household members a Veteran?  NO  YES, who? \_\_\_\_\_

\*\*\* Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Space Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the [www.va.gov](http://www.va.gov)

Please list below list of all states the household members over the age of 18 have ever resided in (regardless of duration)

Member	State	State	State	State

Have any household members been convicted, plead guilty, received probation, for a felony or misdemeanor assault or have a drug conviction?

NO  YES, who? \_\_\_\_\_ When? \_\_\_\_\_

Are any household members subject to a state sex offender lifetime registration requirement in any state where any household members may have resided?

NO  YES, who? \_\_\_\_\_

Have any household members been evicted, broken a lease, or been evicted for drug offences?

NO  YES, who? \_\_\_\_\_

**ANNUAL INCOME (List ALL monthly gross income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

Identify income from any of the following sources, including periodic payments: If yes include annual amount in space under recipient.	Head of Household	Co-Head/ Spouse	Child or Dependent or Other Adult Member	Child or Dependent or Other Adult Member	Child or Dependent or Other Adult Member
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 <sup>nd</sup> job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Compensation for Public Housing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Welfare <input type="checkbox"/> Yes <input type="checkbox"/> No					
Adoption Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No					
Insurance Policy <input type="checkbox"/> Yes <input type="checkbox"/> No					
Recurring Gift Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1 <input type="checkbox"/> Not Employed				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1 <input type="checkbox"/> N/A				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2 <input type="checkbox"/> Not Employed				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2 <input type="checkbox"/> N/A				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #3 <input type="checkbox"/> Not Employed				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #3 <input type="checkbox"/> N/A				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #4 <input type="checkbox"/> Not Employed				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 <sup>nd</sup> JOB EMPLOYMENT CONTACT INFORMATION – Household Member #4 <input type="checkbox"/> N/A				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State      Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment



**CHILD SUPPORT/ ALIMONY**Does any household member receive child support or dependent care?  NO  YES , please complete belowDoes any household member have court ordered child support?  NO  YES , please complete belowDoes any household member receive alimony?  NO  YES , please complete below

<b>Dependent</b>	Type <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated
Case #	State
Amount Ordered _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month
Amount Received _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Dependent</b>	Type <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated
Case #	State
Amount Ordered _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month
Amount Received _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Dependent</b>	Type <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated
Case #	State
Amount Ordered _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month
Amount Received _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Dependent</b>	Type <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated
Case #	State
Amount Ordered _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month
Amount Received _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Alimony</b>	Type <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered <input type="checkbox"/> Anticipated
Case #	State
Amount Ordered _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month
Amount Received _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)**

Household Member(first name)	Asset		Bank/Institution Name	Cash Value	Interest/Income
	Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Chime/or Cash App	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Debit Card (Payroll, TANIF, Child Support)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Debit Card (Payroll, TANIF, Child Support)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Direct Express Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	IRA/Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Retirement/Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Stocks/Bonds, CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*When listing the "cash value" of any asset indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**HOUSEHOLD ASSET INFORMATION**

1. Has anyone in the household disposed of anything of value for less than Fair Market Value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no)  NO  YES If yes, who? \_\_\_\_\_

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): \_\_\_\_\_

\_\_\_\_\_

2. Has anyone in the household owned a home in the last two years?  NO  YES If yes, who? \_\_\_\_\_

Do they currently own it?  NO  YES If No, when was it disposed of? \_\_\_\_\_

If Yes, Is it being rented?  NO  YES  
 Is it sitting vacant  NO  YES  
 Is it in the process of being sold?  NO  YES

**EXPENSES- MEDICAL**

1. Is any household member over the age of 62+,  NO  YES If yes, do you have out-of-pocket medical expense?  
 NO  YES , If yes, please complete below

<b>Household Member</b>	Type <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____
Source	Description
Amount	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Household Member</b>	Type <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____
Source	Description
Amount	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Household Member</b>	Type <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Care <input type="checkbox"/> _____
Source	Description
Amount	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**EXPENSES- Child Care**

1. Do any Household Members pay childcare expenses for the care of children (under the age of 13) to enable you to work, seek employment or further education?  NO  YES , If yes, please complete below

<b>Household Member</b>	<input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Education
Paid to	Dependent
Amount	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month

<b>Household Member</b>	<input type="checkbox"/> Work <input type="checkbox"/> Seek Employment <input type="checkbox"/> Education
Paid to	Dependent
Amount	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice a Month

**APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program**

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 United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 or participant may be subject to a misdemeanor and fined not more than \$5,000. 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 the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation. If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on individual needs.

Si usted est'a incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Ing'l'es, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. **Arnold Grounds** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Jimmy Arnold 920 S. Main Street, Ste. 200, Grapevine, TX 817-488-2077 TTY 711

Protection Provided Through the Violence Against Women Act: HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat. Victims are still required to comply with the requirements set forth in the lease (including lease attachments). If you would like additional information about the property VAWA policy, please reference the House Rules, the VAWA policy is posted on the property bulletin board or contact the property staff. If you would like to exercise your VAWA protections, please contact the management within (10) days of the date of this notice.

I/We under penalty of perjury, certify the information given in this application is true, accurate and complete to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in immediate denial of my/our application or lease termination. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

**RENTAL APPLICATION and TENANT SELECTION PLAN** I have received the Tenant Selection Plan in effect under which I will be screened for housing and acknowledge by my signature below that it is my responsibility to contact this apartment complex at least every 6 months to inform of my continued interest in housing. I also acknowledge that I have reviewed these documents and the documents provided to me and my household

_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Co-Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date



**UNDER \$50,000 ASSET CERTIFICATION**

**Property** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**Resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	Cash Value	Interest Rate	Annual Income	Source	Cash Value	Interest Rate	Annual Income
Cash On Hand				Trust Fund			
Checking Account(s)				Equity in Real Estate			
Savings Account(s)				Lump Sum Receipts			
Money Market Funds				Life Insurance(whole)			
Certificates of Deposit				Capital Investments			
Stocks				GoFundMe Crowdfunding			
Bonds				Personal Property held as Investment			
IRA Account(s)				Other Retirement			
Keogh Account(s)				Cash Card			
Direct Express				Miscellaneous			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are accessible to you.

**(Check either box 2 or box 3 below, not both)**

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ \_\_\_\_\_ (enter the difference between FMV and the amount you received).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000, and the annual income from the net family assets is \$ \_\_\_\_\_ (enter the total of all (A\*B) Annual Income in section 1 above). This amount is included in total gross annual income.**

**PENALTIES FOR MISUSING THIS CONTENT:** 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 United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures 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 or participant may be subject to a misdemeanor and fined not more than \$5,000. 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 the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

_____ Signature of Applicant/Tenant	_____ Date	_____ Signature of Applicant/Tenant	_____ Date
_____ Signature of Applicant/Tenant	_____ Date	_____ Signature of Applicant/Tenant	_____ Date

**Arnold Grounds does not discriminate against persons with disabilities or on the basis of disabled status in the admission or access to, or treatment of employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations. The person named below has been designated to coordinate compliance with the non discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988), Jimmy Arnold, 920 S. Main, Ste 200, Grapevine, TX, 76051 / 817-488-2077 - TTY 711**



**TAX CREDIT ATTACHMENT**

1. **Explanation of Tax Credit Program:** Eisenhower Ridge/Ridge Top Apartments are to be operated in accordance with the requirements of the Low-Income Housing Credit Program governed under Section 42 of the Internal Revenue Code. Resident’s rights are subject to the eligibility for this Program. Continued occupancy is subject to this eligibility.
2. **Occupants:** Only household members listed on the lease are permitted to occupy the unit. Management must be immediately notified if changes to the household should occur. Occupancy by additional household members is subject to eligibility requirements of the Housing Credit Program. Eligibility **MUST** be certified **PRIOR** to additional household member taking occupancy.
3. **Income Eligibility and Certification:** Resident has been certified as being income and Program eligible for the Housing Credit Program and has signed an income Certification Form attesting to his/her income eligibility. Management must be immediately notified if changes to the current household status should occur. This includes, but is not limited to, changes in:
  - a. Household members
  - b. Full-time Student Status
  - c. Income or Assets
  - d. Need for a live-in care attendant
4. **Annual RE-certification Requirement:** Resident must be initially certified for eligibility for the Housing Credit Program and annual thereafter. Resident agrees that one hundred twenty (120) days prior to the expiration of the lease agreement (if one-year term), the resident will submit all documentation required to re-certify that the resident remains a “qualified household”. This includes an interview with management to determine continued Program eligibility, verification of all income, assets and other eligibility information and signing a new income Certification Form. In the event that the resident fails to cooperate, or is determined no longer a qualified household under the Program, resident agrees to vacate premises upon the earlier of the expiration of the lease, or upon thirty (30) days written notice from the management of non-qualifying status.
5. **Full-time Student Status:** Program requirements state that a household comprised of full-time students must meet certain eligibility exceptions to be Program qualified. If at anytime all members of the household become full-time students, and do not meet any of the exceptions under IRC section 42, the household will be deemed as non-qualified and their lease will not be renewed.
6. **Excess Rents:** If management determines that the unit has become ineligible for the Housing Credit Program due to the resident paying more than the maximum amount of rent including utilities as governed by this Program, management shall pay the resident the amount in excess. It will be management’s responsibility to use its best efforts to locate the resident for this purpose.
7. **Unit Transfers:** If a resident requests a unit transfer to another building, the resident must complete the initial certification process for the new unit. All income asset and other eligibility requirements will need to be reviewed for Program eligibility. All paperwork must be completed and the appropriate requirements of the program, or the unit transfer will be denied.

\_\_\_\_\_  
Resident    Date

\_\_\_\_\_  
Resident    Date

\_\_\_\_\_  
Resident    Date

\_\_\_\_\_  
Resident    Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date

## STUDENT STATUS AFFIDAVIT

**This affidavit is to be completed by the Head of Household. Check A, B, or C, as applicable. (Note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):**

- A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3<sup>rd</sup> party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: \_\_\_\_\_  
(*Please provide proof this type of assistance is being received*).
5. At least one member of the household was previously part of the Foster Care Program.  
(*Please provide proof/documentation from the State*).

**Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.**

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

---

Applicant/Resident (Head of Household)

Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.