



CLLOUD VILLAGE APARTMENTS APPLICATION COVER SHEET



Applicant Checklist/Acceptance Procedure

Thank you for your interest in Cloud Village Apartments. Cloud Village Apartments is a low-income, senior community owned by the City of Concordia Housing Authority. Applications are accepted in person, by mail, or you may leave your application inside the rent box located in the Community Room. **DO NOT** leave your application with another resident, lying on a table, or out in the open for others to read. Information contained in the Application is **CONFIDENTIAL!**

All eligible Applications are dated and numbered upon acceptance then placed on a Waiting List. When an apartment becomes available, Applicants are called in the order they are listed on the Waiting List. Once an Applicant is called and they choose to follow through with the determination/occupancy process, they must provide required information.

Questions regarding eligibility, occupancy, resident selection, or denial of housing may be answered by referring to the Occupancy Standards for Cloud Village Apartments or by contacting the Manager.

Applicants must complete in its entirety, date and sign the application form.

Proof of identity will be required on all applicants.

Reference Checks, Landlord Verifications, and prior occupancy history will be completed on ALL applicants. Incomplete Applications, failure to meet occupancy requirements, unfavorable rental history, making false statements, criminal activity or eviction in the past three years are all reasons for denial of housing.

Once selected to reside at Cloud Village, prior to move-in, an applicant must provide a \$200 deposit, make an appointment to complete the move-in process, and complete a move-in inspection. No keys will be given prior to the previous items being completed.

Applicants must provide proof of electricity transferred into their name within three (3) working days of move-in. PLEASE MAKE SURE YOU RETURN THE ENTIRE SIX (6) PAGE APPLICATION ALONG WITH THE AUTHORIZATION TO RELEASE INFORMATION.

CONCORDIA HOUSING AUTHORITY
Cloud Village Apartments
700 Cloud Street
Concordia, KS 66901
785-262-7510

RENTAL APPLICATION FOR OCCUPANCY



CLOUD VILLAGE APARTMENTS

700 Cloud Street
Concordia, Ks 66901
(785) 262-7510

cloudivillageapartments@gmail.com



For office use only:

Date Received: _____ Time Received: _____ Application #: _____

COMPLETE **ALL** QUESTIONS OR THIS APPLICATION WILL NOT BE PROCESSED

The property you are applying for residency is financed by USDA Rural Development and is operated in accordance with Federal Statutes, 7CFR 3560. Full disclosure of pertinent information to determine eligibility is required. Applications are placed in order of date and time received. Applicants who need assistance in filling out this application will be accommodated. **Please Note:** if you have a disability and would like the leasing agent to be knowledgeable of it when processing your application or when showing you available apartments, Fair Housing Law states YOU must inform the agent. Rents are based on adjusted household income.

A. APPLICANT NAMES:

Applicant Name(s): _____ DOB _____ Age _____ SS#: _____
Co-Applicant Name(s): _____ DOB _____ Age _____ SS#: _____
Current Address: _____
City/State/Zip: _____ How long at present address: _____
Home Phone: _____ Work Phone: _____ years _____ months

B. ADDRESS INFORMATION:

Present Landlord's Name: _____ Phone Number: _____
Address: _____
Former Address #1: _____ How long: _____ years _____ months
Former Landlord's Name: _____ Phone Number: _____
Address: _____

C. MARITAL STATUS: _____ Married _____ Widowed _____ Divorced _____ Separated _____ Single

D. STARTING WITH HEAD OF HOUSEHOLD, LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT:

Full Legal Name	Relationship	DOB	Age	Occupation	Social Security #

Is any adult household member a full/part time student? _____ yes _____ no

E. PERSONAL NON-RELATED REFERENCES:

1.) Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
Name: _____ Phone: _____
Address: _____ City/State/Zip: _____

F: CREDIT REFERENCES:

1.) Name: _____ Phone: _____
Address: _____ City/State/Zip: _____
2.) Name: _____ Phone: _____
Address: _____ City/State/Zip: _____

G. EMPLOYMENT:

Applicant:
Current Employer Name: _____ Phone: _____
Current Employer Address: _____
How long: _____ years _____ months
Co-Applicant:
Current Employer Name: _____ Phone: _____
Current Employer Address: _____
How long: _____ years _____ months

USDA Rural Development Section 515 regulations require that all applicants reveal ALL amounts and sources of income and assets. Applicants for housing in this USDA Rural Development Section 515 property must complete the following requested information.

CURRENT SOURCE of ALL INCOME: (Examples: *State Assistance (Welfare), Aid to Families with Dependent Children (AFDC), Unemployment, Social Security, S.S.I., Pensions, Disability, Baby Sitting, Alimony, Child Support, Annuities, Dividends, Interest, Income from Real Property, Armed Forces Reserves, Workman's Compensation, V.A. Benefits, Farm Income, Business Income, Cash Contributions from Agencies or Non-Applicant, Work for Cash and Tips, or Income received by a Full Time Student.*)

Household Member:	Source of Income:	Amount:
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Is any member entitled to receive child support that is not being received? no yes-explain:
Is any member entitled to receive alimony that is not being received? no yes-explain:
Do you anticipate any changes in this income in the next 12 months? no yes-explain:

Explain: _____

H. HOUSEHOLD EMPLOYMENT INCOME: List all full and/or part time **employment** for all household members (include self-employment earnings).

Household Member:	Name of Employer:	Gross Yearly Earnings Current/Anticipated:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I. AUTOMOBILE:

Make	Model	Year	License Plate#
_____	_____	_____	_____
_____	_____	_____	_____

J. GENERAL INFORMATION:

(circle one)

1. Are you applying for status as an "Elderly Household", where the applicant or co-applicant is at least 62 years old or is a person of any age with a disability or handicap as defined by USDA Rural Development? NO YES
1.1. **If YES**, you will be eligible for a \$400 adjustment to income. (*Your eligibility must be verified*)

2. Would you or anyone in your household benefit from a wheelchair or other accessible unit? NO YES
2.1. **If so**, would you like to request an adapted unit? NO YES

3. Is anyone in your household currently living in Government Housing? NO YES

4. Has anyone in your household ever resided in a project financed and/or subsidized by the Government? NO YES

5. Has anyone in your household ever been **evicted** from a Government Housing Program? NO YES
5.1. **If Yes**, Where, When & Reason

6. Has anyone in your household ever been **evicted** from other housing? NO YES
6.1. **If Yes**, Where, When & Reason

7. USDA Rural Development regulations grant a priority to those applicants that are a holder of a "Letter of Priority Entitlement" issued by the US Department of Housing and Urban Development (HUD) or USDA Rural Development and those households displaced due to housing being rendered uninhabitable.
Do you hold a "Letter of Priority Entitlement"? NO YES
7.1. Are you currently living in a housing unit that has been determined to be uninhabitable? NO YES

8. Has anyone in your household ever lived on this property in the past? NO YES

9. Does your household have a pet? (*one pet per household allowed*) NO YES
If YES, what type of pet _____ License #: _____
Vaccinations completed (date): _____

10. Are you being evicted? NO YES
10.1. **If Yes**, when must you be out of your home?

11. Have you ever been sued for NON-PAYMENT of rent? NO YES

12. Has anyone in your household ever been convicted of a felony? NO YES
11.1. **If Yes**, please give the date, describe the felony, and name the household member with the record:

13. Is anyone in your household currently using illegal drugs? NO YES

14. Has anyone in your household ever been convicted of sale, distribution, or possession of illegal drugs? NO YES
13.1. **If Yes**, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program? NO YES

15. Have you had reoccurring (past or present) pest infestations (cockroaches, bed bugs, mice...)? NO YES

16. Will you take an apartment when one is available? NO YES

17. Are you applying for a: 1 bedroom _____ OR 2 bedroom _____

18. Are you a US citizen or eligible non-citizen? NO YES

19. How did you hear about this housing? _____

Briefly describe your reasons for applying. _____

K. ASSETS:

Do you own a house or any other real estate (land, farm ground, etc.)? NO YES
 If YES, please state address: _____

Do you receive income (rent, etc) from this property? NO YES
 If YES, how much? _____

Have you disposed of any assets during the last TWO years? NO YES
 If YES, please complete the following:

ASSET	MARKET VALUE	VALUE RECEIVED	DATE SOLD

L. ADDITIONAL ASSET INFORMATION: *List all Assets including Balances, Cash Values, & Sources as requested below. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.*

Applicants **must** also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification. This means that the assets were either given away or sold at less than the allotted market value. Any asset listed as disposed of for less than fair market value in the two years preceding the effective date of the certification will be counted as an asset.

	Asset	Applicant or Household Member	Provider's Name, Address & Phone #	Balance/Cash Value of Asset	Interest %	
1	Checking Accounts Checking Accounts Checking Accounts					
2	Savings Accounts Savings Accounts					
3	Certificate of Deposit					
4	Stocks or Bonds					
5	IRA or Other Retirement Funds					
6	Mutual Funds					
7	Trust Accounts					
8	Life Insurance (Whole or Universal)					
9	Other current assets					
			Total Value of All Assets:>>>>>>	\$	\$	<<<<<Total Actual Income from Assets:

M. CHILDCARE COSTS:

Complete this part ONLY FOR CHILDREN 12 & YOUNGER

Name of Child	Age of Child	Provider	Monthly Amt	Annual Amt

N. MEDICAL/DISABLED ASSISTANCE EXPENSES:

LIST OUT OF POCKET EXPENSE YOU PAY (NOT COVERED BY INSURANCE)

	Medical Related Item	Applicant or Household Member	Organization Name & Address	MONTHLY Amount	ANNUAL Amount
1	Medicare Premiums				
2	Medical Insurance Coverage Premiums (ex: Blue Cross...)				
3	Projected Medical Costs NOT covered by insurance NOR reimbursed for the next 12 months				
4	Monthly payments toward Medical Bills. MUST HAVE WRITTEN PROOF OF PAYMENT AGREEMENT (Also show outstanding balance)				
5	Medical Related Travel Costs				
6	Are you seeing a Physician regularly: (List name, address, phone) ____ YES ____ NO				
7	Projected Physician Costs NOT covered by insurance NOR reimbursed				
8	Any other medical expenses (list type)				
	Other Medical				
	Other Medical				
9	Handicapped Assistance Expenses (Complete ONLY if handicapped expenses allow a household member to work)				
10	Prescriptions/Pharmacy				
11	Over the Counter Medications (ordered by Physician)				
			TOTAL MEDICAL COSTS:		

Do you receive Medical Assistance through the Welfare Dept?

NO YES

In case of Emergency notify:

Name: _____ Phone: _____
 Address: _____ City/St./Zip: _____
 Relationship, if any: _____

STATEMENT REQUIRED BY THE PRIVACY ACT:

USDA Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et.seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However; failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except it is unlawful for USDA Rural Development to deny eligibility because of the refusal to disclose the Social Security Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA Rural Development financed rental property and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.

I CERTIFY THAT THE HOUSING THAT I AM APPLYING FOR WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE RESIDENCE IN A DIFFERENT LOCATION. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE OF ANY INFORMATION CONTAINED HEREWITH TO DETERMINE MY ELIGIBILITY FOR THIS HOUSING.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE A FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

Signature: _____ (Applicant) Date: _____

Signature: _____ (Co-Applicant) Date: _____

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 evaluation 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:

Hispanic or Latino: _____
Not Hispanic or Latino: _____

Race: (Mark one or More)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender:

Male _____
Female _____

AFTER FORMAL REVIEW OF YOUR APPLICATION (IF AN APARTMENT IS *NOT* CURRENTLY AVAILABLE) YOU WILL BE PLACED ON A WAITING LIST.

YOUR APPLICATION MUST BE UPDATED EVERY 6 MONTHS TO REMAIN ON THE WAITING LIST. YOU WILL BE NOTIFIED WHEN YOUR NAME NEARS THE TOP OF THE LIST; AT THAT TIME A FINAL SCREENING AND ELIGIBILITY DETERMINATION WILL BE MADE PRIOR TO ADMITTANCE.



CLOUD VILLAGE APARTMENTS
 700 Cloud Street, Concordia, Ks 66901
 (785) 262-7510



KS Relay Center:
 TDD 1-800-766-3777

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, for purposes of verifying information on my/our Rental Application for Occupancy.

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: criminal and credit background screening, personal identity; 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 ASKED

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 | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| KS Department of Corrections | Straight Arrow Screening | Medical and Child Care Providers |
| | Sex Offender Listing | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file. I/We have a right to review this file and correct any information that is incorrect.

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

 NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE SIGNED SEPARATELY.

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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 42 U.S.C. 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C 408 f, g and h