



**APPLICATION FOR HOUSING**

Please select your Location ( ) 1638 W. Kentucky ( ) 1644 W. Kentucky ( ) 3311 Rudd Ave ( ) Other  
 ( ) 1638 West Kentucky ( ) Dr. WJ Hodge 216, 220 222

**OFFICE USE ONLY: DATE TIME REC'D BY**

**APPLICANT DATA: Print clearly and complete all questions**

<b>NAME:</b> (LAST, FIRST, MIDDLE INITIAL)		<b>SS#:</b>	
<b>ADDRESS:</b>		<b>SEX:</b> M/F (OPTIONAL)	<b>DOB:</b>
<b>CITY:</b>	<b>COUNTY:</b>	<b>STATE/ZIP:</b>	
<b>HOME PHONE:</b>	<b>ALTERNATE/CELL:</b>	<b>EMAIL:</b>	

**HOW DID YOU HEAR ABOUT US?:** (CHECK ALL THAT APPLY) \_\_\_ NEWSPAPER \_\_\_ WEBSITE \_\_\_ INTERNET SEARCH \_\_\_ REFERRAL \_\_\_ SIGNAGE

**HOUSEHOLD COMPOSITION: list all other members included in household**

N O	NAME (LAST, FIRST, MIDDLE INITIAL )	SEX: M/F (OPTIONAL)	DOB	SOCIAL SECURITY #	RELATION TO HEAD
1					
2					
3					
4					
5					
6					
7					

**RENTAL HISTORY:** Applicant **MUST** list current and previous landlords including a residency at any out of state or county locations of **ALL** household members regardless of age. (Use back of this page to list additional out-of-state locations if necessary)

ADDRESS	COUNTY	STATE	MO/YR	LANDLORD NAME	LANDLORD PHONE	MONTHLY RENT
						\$

<b>CREDIT &amp; CRIMINAL: ANSWER ALL QUESTIONS DO NOT LEAVE ANY BLANK</b>	YES	NO
Have you ever been evicted or are you currently under eviction?		
Has any landlord sued you for rent or possession?		
Are you able to obtain utility services in your name?		
Have you or any family members been convicted of a crime? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanors		
Are you or any family member subject to state or national lifetime sex offender registration?		
Do you own Real Estate?		
Have you ever filed for bankruptcy?		
Does your monthly expense exceed 40% of your gross monthly income?		
Are you expecting a change in family size in near future or have any absent family members?		
Do you or any member have a handicap or disability that would qualify for special consideration?		



LIVING CONDITIONS & PREFERENCES: answer all questions, do not leave any blanks		YES
Are you expecting a change in family size in the future?		
Are there any temporary absent family members?		
Are you currently homeless and or living in a homeless shelter?		
Are you currently living in unsafe or unhealthy standards?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.)		
Do you or any member have a handicap or disability that would qualify for special consideration?		
Do you have a live-in care attendant?		
Are you a Veteran or currently enlisted in any of the US Armed Forces?		
Are you being displaced from your home by a government-declared disaster or private action?		

**INCOME SOURCES:** list all income sources for household members, including employment, SS, SSI, TANF, Child or Alimony Support, Unemployment, VA pension, and Retirement pension.

NAME: Person working or receiving benefits	EMPLOYER/INCOME SOURCE: Include Employer's name, address, phone, and supervisor or contact name	GROSS MONTHLY AMOUNT
1		
2		
3		

STUDENT STATUS	YES	NO
Are you a Student enrolled in an institution of higher education (anything higher than K-12)? <b>If Yes, check one:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full-Time List Name of college/university: _____		
Have you established and maintained a household separate from your parents or legal guardians and not claimed as dependent on their tax returns for at least one year?		
To qualify as a student household do you meet any of the following criteria? If yes, check all that apply: ( Eligible to file a joint tax return ( Have a dependent child ( Participate in a Title 6 work program		
Has anyone received Foster Family Care assistance?		

<b>RACE &amp; ETHNIC</b>	( Hispanic or Latino ( Not Hispanic or Latino <b>**Information is voluntary; you are not obligated to disclose race &amp; ethnic information.</b>	( American Indian/Alaskan Native ( Asian ( White ( Black or African American (Native Hawaiian/ Pacific Islander ( Other <b>( I CHOOSE NOT TO DISCLOSE RACE &amp; ETHNIC INFORMATION</b>
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Applicant Signature:	Date:
Co-Applicant Signature:	Date:

OFFICE USE ONLY:	
NON REFUNDABLE APPLICATION FEE: \$	DEPOSIT RECEIVED: \$
BALANCE DUE:	FIRST MONTHS RENT: \$
TOTAL BALANCE DUE AT LEASING:	
TIME APPLICATION RECEIVED	DATE APPLICATION RECEIVED:

**PENALTIES FOR MISUSE OF THIS CONSENT:** Title 18, section 10001 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 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 purpose 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 the negligent disclosure of information may bring a 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 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).





AUTHORIZATION FOR THE RELEASE OF INFORMATION  
INCOME & ASSETS  
(LIHTC SEC 42/Home)

I understand that I have applied for residency and/or currently reside in a community that was developed under HOME Investment Partnership Rental Development Funding Agreement which is administered by the Louisville Metro Government. I further understand that Federal regulations require the housing owner and/or managing agent to verify the income and assets of all persons within my household at time of application and annually thereafter to determine my continued eligibility while residing in this program.

The information verified will be used only for the purpose of determining eligibility requirements for the specified program and will be kept in strict confidence.

I hereby authorize REBOUND Housing Management, to obtain information about me that is pertinent to determining eligibility from individuals and/or organizations as listed:

<i>Employers past/present</i>	<i>Banks &amp; Financial Inst.</i>	<i>Local, State, Federal Courts</i>	<i>Landlords, past &amp; present</i>
<i>US Social Security Admin.</i>	<i>Dept. Of Veterans Affairs</i>	<i>Utility Companies</i>	<i>Welfare Agencies</i>
<i>Schools, Universities</i>	<i>Providers of Alimony</i>	<i>Child Support Agencies</i>	<i>Retirement Pensions</i>
<i>Life Insurance Companies</i>	<i>Identity &amp; Marital Status</i>	<i>Real Estate Appraisals</i>	<i>Handicap Assistance</i>
<i>Federal/State/Local/Tribal Benefits</i>			

Applicant/Resident Signature:	Date:
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AUTHORIZATION OF RELEASE  
CREDIT /CRIMINAL / SEXUAL OFFENDER SCREENING  
(LIHTC SEC 42/Home)

**PURPOSE:**

Screening of credit, criminal and sexual offender registry is used to administer and enforce the resident selection policy, regulations governing federally subsidized housing, and rules related to the rental of property owned/managed by **REBOUND Housing Management**. It is a standard procedure required of all adult household members 18 years and older.

**INQUIRIES:**

Background screening will include all of the following methods:

**Credit:** All (3) major credit bureaus: TransUnion, Equifax, and Experian

**Criminal:** Using Multi-State, Statewide, All Counties

**Sexual Offender:** National Sex Offender Registries with US Department of Justice’s Dru Sjodin website.

**ELECTRONIC SCREENING NOTICE:** Electronic screening will be conducted by Core Logic + one of the authorized agents for applicant screening contracted with Rebound Housing,

**CORE LOGIC:** P.O. Box 509124 San Diego, CA 92150 [Contact 866.226.0920](tel:866.226.0920) for a free consumer/credit report.

**AUTHORIZATION & CONDITIONS:**

My signature below authorizes REBOUND Housing Management, Inc. and/or its agent permission to obtain full disclosure of my credit history and criminal history. I also give permission to obtain and verify my criminal history from any public records and sexual offender databases. I understand the information obtained within my credit & criminal reports will be subject to policies related to the rental of property and may be subject to approval/denial of admission as outlined in the management’s resident selection policy.

I hereby acknowledge this consent is effective for (1) one year from the date of my signature below. I understand that if after 120 days (4 months) I am not housed, **REBOUND Inc. Housing** has permission to conduct a secondary credit/criminal background check to obtain more current and up-to-date information prior to my move-in. If I am not housed within one year at which time this consent expires, I will be obligated to sign a new consent.

APPLICANT		
First Name:	Last Name:	Maiden Name:
Social Security #	D.O.B	Drivers License #
Current Address:	Previous Address:	Previous Address:

Note: Every Adult 18 years or older must each sign their own individual release form. It is our policy to screen credit and criminal backgrounds of all persons adults who intend to reside as part of household

<b>SIGNATURE:</b>	<b>DATE:</b>
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