

**Suburban Construction & Management, Inc.**

P.O. Box 128

Shepherdsville, KY 40165

Tel: (502) 230-1079 Fax: 1-888-490-2341

TTY/VCO: 1-800-648-6056

Cedar Grove I & II Apts  
190 Johnson Drive  
Shepherdsville  
(502) 230-1079

Northside I & II Apts  
245 Northside Avenue  
Shepherdsville  
(502) 230-1079

Autumn Manor Apts  
265 Highland Avenue  
Shepherdsville  
(502) 230-1079

Sunset Village Apts  
121 Louise Court  
Mt. Washington  
(502) 230-1079

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 AND ACCOMPANIED BY A \$25.00 PER ADULT APPLICANT PROCESSING FEE.**

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/ LATINO	FULL TIME STUDENT?
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**

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

**CHILDCARE COST: Complete ONLY for Children 12 & Younger:**

Name (s) of Children Cared For	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

\_\_\_\_\_  
Co-Applicant

Dated \_\_\_\_\_

Dated \_\_\_\_\_

Time \_\_\_\_\_

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