



Dear Applicant:

We screen all applications very carefully. We verify the information you have provided to us on the rental application and information from other available sources. The screening process is used for every applicant in the same manner by carefully verifying all income, assets, medical expenses, previous landlords and criminal background. We train staff regularly to ensure that we abide by all fair housing laws.

Please fill your application out completely. This will ensure your spot on the Waiting List. If there is an item on the application that you do not understand, please ask for assistance. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We will do our best to process your information quickly and provide you an answer within a reasonable amount of time.

An applicant who successfully completes the screening criteria will be offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria will not be accepted as a tenant.

We take pride in our management and our apartment communities. We actively seek wonderful people to make their home with us, and we work hard to provide the best services we possibly can. Be sure to regularly check the Coalfield webpage at [www.coalfield-development.org](http://www.coalfield-development.org). Tenant information can be found under Core Capabilities - Community Based Real Estate. We hope you find the information useful because we want your experience with us to be one that initiates growth and learning for everyone in your household.

Sincerely yours,

*Claud Karr*

Claud Karr, Director





## APPLICATION

**Step 1 - Please choose the property that you wish to reside at:**

Hamlin, WV:

Victorville Apartments, 8201 Anna Avenue (Families)

Huntington, WV:

Twelvepole Valley Apartments A&B, 2373 Spring Valley Drive (Families)

Twelvepole Valley Apartments C, 2373 Spring Valley Drive (Special Needs)

Wayne, WV:

Courtyard Apartments, 312 Hall Street (Families)

**Step 2 - Please provide us with the personal information of each person in your household:**

Applicant Name: \_\_\_\_\_ Desired Apt. Size \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

How did you hear about this apartment community? \_\_\_\_\_

List the Head of Household and all other members who will be living in the apartment. Indicate the relationship of each family member to the Head of Household.

Name (last, First, MI)	Social Security Number	Relationship to Head of Household	Sex*	Age*	U. S. Citizen?	Date of Birth*	Occupation

*\*Federal Regulations require that we report the sex, age, and date of birth of all household members.*

Are you or a member of your household a student?  Yes  No

If yes, list member name(s) & where they are going to school: \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above? Yes  No

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





Have you or any member of your household ever used different names from the above names shown?  Yes  No  
If yes, please list names used and dates when such names were used:

\_\_\_\_\_

Will any of the above household members live anywhere except the apartment?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are there any other persons who will live in the apartment on less than a full-time basis?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you have a pet?  Yes  No If yes, please explain \_\_\_\_\_  
Coalfield properties require a \$300.00 pet deposit and signed pet agreement prior to any pet being brought to the property.

**Step 3 - Federal Regulations require that we report the race and ethnicity of the Head of Household. This response is optional, and your entry will have no bearing on your eligibility for housing.**

**Race of Head of Household.** Please check one:  I do not wish to furnish the information below.  
 White/Caucasian  Black/ African-American  American Indian/Alaskan Native  Asian/Pacific Islander  
 Other

**Ethnicity of Head of Household.** Please check one:  I do not wish to furnish the information below.  
 Hispanic  Non-Hispanic

Are reasonable accommodations needed for any household members?  Yes  No  
If yes, what kind:  Barrier-free Apartment  Sight Impaired Apartment  
 Hearing Impaired Apartment  Other \_\_\_\_\_  
If any of the above categories were checked, is a reasonable modification required?  Yes  No

**Step 4 - Please list your most current Landlords, this must cover this year and the two previous years:**

**Current Address:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Relative:  Yes  No

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_





**Previous Address:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Monthly Rent: \$\_\_\_\_\_ Monthly Utilities: \$\_\_\_\_\_

Reason for Moving \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Relative:  Yes  No

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

List all states you or any member of your household have lived:

\_\_\_\_\_  
\_\_\_\_\_

**Step 5 - Please review and complete this section pertaining to Criminal History:**

Have you or any members of your household been arrested for or convicted of any crimes listed below?  Yes  No

If YES indicate using numbers below: 1. HOMICIDE/MURDER 2. RAPE OR CHILD MOLESTING 3. BURGLARY/  
LARCENY/ROBBERY 4. THREATS OR HARASSMENT 5. DESTRUCT OF PRIVATE PROPERTY 6. ASSAULT OR FIGHTING  
7. DRUG TRAFFICKING/USE/POSSESSION 8. CHILD ABUSE/DOMESTIC VIOLENCE 9. PUBLIC INTOX. /DRUNK/DISORDERLY  
10. RECEIVING STOLEN GOODS 11. FRAUD 12. PROSTITUTION 13. DISORDERLY CONDUCT.

Member Name: \_\_\_\_\_ Crime(s)# \_\_\_\_\_ Status/Disposition: \_\_\_\_\_

Member Name: \_\_\_\_\_ Crime(s)# \_\_\_\_\_ Status/Disposition: \_\_\_\_\_

**Step 6 - Please share the information for your Emergency Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In case of emergency, would this person have permission to enter your unit?  Yes  No





**Step 7 - Please list all Household Income Information:**

For each “yes”, provide details for each household member in appropriate sections below.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Work full-time or part-time or seasonally?
<input type="checkbox"/>	<input type="checkbox"/>	Expect to work for any period during the next year?
<input type="checkbox"/>	<input type="checkbox"/>	Work for someone who pays cash?
<input type="checkbox"/>	<input type="checkbox"/>	Receive tips?
<input type="checkbox"/>	<input type="checkbox"/>	Expect a leave of absence from work due to layoff, strike, medical, maternity, or military leave?
<input type="checkbox"/>	<input type="checkbox"/>	Now receive or expect to receive unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Now receive or expect to receive workers’ compensation?
<input type="checkbox"/>	<input type="checkbox"/>	Now receive or expect to receive alimony/child support?
<input type="checkbox"/>	<input type="checkbox"/>	Entitled to alimony/child support not being received?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an alimony/child support order?
<input type="checkbox"/>	<input type="checkbox"/>	Are you seeking/enforcing alimony/child support order?
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive SNAP, TANF or WV Works?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive Public Assistance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive Social Security benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive VA benefits/GI Bill benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive income from pension or annuity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive income from trusts?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive periodic payments of lottery winnings?
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive inheritances or settlements
<input type="checkbox"/>	<input type="checkbox"/>	Do you now receive or expect to receive regular contributions from organizations or individuals not living with you?

**INCOME:** List all sources of income of household members.

Member Name	Source of Income/Address	Type of Income	Monthly Income





**Step 8 - Please list all Household Asset Information:**

For each "yes", provide details for each household member in appropriate sections below.

- |  |   |   |
|--|---|---|
| <p><b>YES</b></p> <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <p><b>NO</b></p> <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <p>Interest on Savings, Checking, and/or Money Market Accounts?</p> <p>Interest/Dividends on Annuities, Certificates of Deposit, Stocks, Bonds, Mutual Funds, Life Insurance Policies, Treasury Bills, Trusts, IRA's, retirement funds, etc.?</p> <p>Rental income from real estate or personal property?</p> <p>Do you have Cash on Hand/sums in Safe Deposit Boxes?</p> <p>Do you have IRA's, 401K, Keogh, or other retirement funds?</p> <p>Do you own real estate or other assets held for investment or for which you do not receive income?</p> <p>Have you sold, given away, or otherwise disposed of any assets (including cash) in the past two years for less than fair market value?</p> |
|--|---|---|

List all checking savings, and other accounts (including but not limited to IRA's, 401K's, Keogh accounts and Certificates of Deposits) of all household members.

Member Name	Organization Name/Address	Type of Account	Account No.	Balance

List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member:

\_\_\_\_\_

List the date and value of any assets disposed of for less than their fair market value during the past two years:

\_\_\_\_\_

Other income or assets? \_\_\_\_\_

Do you own a car?  Yes  No

Who pays the insurance, gas, taxes, etc.: \_\_\_\_\_ How much? \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Tag#/State: \_\_\_\_\_ Registered Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Tag#/State: \_\_\_\_\_ Registered Owner: \_\_\_\_\_





**Step 9 - Please share Household Expense Information:**

Yes  No

**Do you have childcare/daycare expenses for a child age 12 years or younger?**

If yes, provide the name, address, and telephone number of the care provider.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

What is the weekly cost to you for childcare/daycare? \$ \_\_\_\_\_

**Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?**

If yes, provide the name, address, and telephone number of the provider.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

What is the weekly cost to you for the care attendant and/or equipment? \$ \_\_\_\_\_

**ELDERLY FAMILIES ONLY** (Head, Co-Head or Spouse is age 62 or older, handicapped or disabled)

**Step 10 - Please share Medical Expense Information:**

Yes  No

Do you have Medicare?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_

Do you have outstanding medical bills? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

What medical expenses do you expect to incur in the next twelve months? \_\_\_\_\_

If you use the same pharmacies regularly, please provide the following:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

If you use the same doctor(s) regularly, please provide the following:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_





I have completed the application with correct and current information to allow for processing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Receiving Application: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

The department of Housing and Urban Development (HUD) is authorized to collect this information by the US Housing Act of 1927 (42 USC 1437 et seq.), by Title VI of the Civil Rights Act of 1964 (42 USC 2000d), and by the Fair Housing Act (42 USC 3601-19). The Housing and Community Development Act of 1987 (42 USC 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Manager/Owner does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, familial status or handicap in the admission or access to its federally assisted programs and activities.

EQUAL OPPORTUNITY HOUSING PROVIDER

Coalfield Development Corporation, PO Box 1133 Wayne, WV 25570

