

Vantage Housing LLC
1030 W College St Wellington KS 67152
Ph: 620-326-2542 Fax: 620-326-2511 TTY: 620-326-2542

"We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, disability, or familial status; including having children under age 18.

To process your application, the following requirements must be met:

1. Vantage Point Apartments is a 55-unit affordable HUD Section 8 housing community. We offer 1 bedroom units for elderly, handicapped/disabled individuals. Vantage Point Apartments accepts 30% of Median, very low and extremely low income.
2. We will complete a Full and Extensive background check on ALL applicants.
If your background includes criminal history, negative rental history, or evictions you will NOT be approved for housing at Vantage Point Apartments. There is no fee for the application process.
3. You will need to provide a State issued Photo DL/ID, Social Security card(s), and Birth certificate(s). These items must be available for verification before we will begin processing your application.
4. Proof of your monthly income is needed to determine your rent and deposit amounts.
 - For Social Security or Disability benefits: A letter of verification of benefits (if already receiving benefits) or a letter of benefits application review (if application is pending) from the Social Security Administration will be efficient evidence (both must be no more than 120 days old at the time of move in).
 - For employment income: a minimum of 4 recent paystubs or a 3rd party employment verification letter (sent by the Property Manager) is efficient proof of income.

***Please call for an appointment to review your application paperwork. If there are any blanks or if you have questions we will discuss that at the appointment.

Thank You for your interest,
Melissa Manning

Property Manager Vantage Point



Rental Application

To be completed by office staff:
 Date Application Rec'd _____
 Time Application Rec'd _____
 Signature of Staff member receiving application _____

Please print or type:

Full Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Household Composition & Characteristics

| Member's Name | Relationship to Head | Date of Birth | Age | Sex | Social Security Number (SSN) * |
|---------------|----------------------|---------------|-----|-----|--------------------------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt members before they can be housed.**

Residential History *(Please list all residences in the past 3 years)*

1. Present Landlord/Property Name: _____
 Present address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____
2. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____
3. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____
4. Previous Landlord/Property Name: _____
 Previous address: _____ Apt. # _____
 City, State, Zip: _____
 Landlord Day Phone: (_____) _____ Rent Amt: \$ _____ per month
 Dates Rented/From: _____ To: _____

General Questionnaire

1. Have you or any members of your household ever been evicted from a rental property? Yes No



If yes, Property/Landlord Name: _____ City/State: _____

2. Are you or any members of your household currently receiving assistance from HUD? Yes No
If yes, Property/Landlord Name: _____ City/State: _____

3. Have you ever been convicted of a criminal offense? Yes No
If yes, Offense: _____ City/State: _____

4. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No
If yes, Property/Landlord Name: _____ City/State: _____

5. Are you or any members of your household currently using an illegal substance or drug? Yes No

6. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes No
If yes, list the State where the offence occurred: _____

7. HUD requires criminal history background checks be completed in every state in which any household member has resided. List all the States in which any household member has ever resided:

8. Are you or any members of your household a U.S. Citizen or national of the United States? Yes No

9. Are you or any members of your household a noncitizen with eligible immigration status? Yes No
If yes, list the names of the household members who are a noncitizen with eligible Immigration status: _____

10. Will the apartment for which you are applying be the family's only residence? Yes No

11. Do you or any members of your household need an accessible unit? Yes No

12. How did you hear about our apartment community? _____

| ADDITIONAL HOUSEHOLD INFORMATION | YES | NO |
|--|------------|-----------|
| Are any members of the household absent from the home due to: Employment, Military Service, Placement in foster care, Temporarily or Permanently confined to a nursing home or hospital, Away at school, or any other reason? If yes, please explain: | | |
| Do you expect any changes to the number of household members in the next 12 months? If yes, please explain: | | |
| Are there any Live-in Attendants in the household? (Live-in Attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan) | | |
| Are any members of the household enrolled as a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965? | | |

INCOME - List all income sources and monthly income amount:



| Are you or any other members of the household currently receiving income from any of the following sources? | YES | NO | MONTHLY INCOME |
|--|-----|----|----------------|
| Wages, salaries (includes overtime, tips, bonuses, or commissions) If yes, list name(s) and address(es) of employer(s): | | | |
| Does any member of the household work for someone who pays them in cash? If yes, list name(s) and address(es) of employer(s): | | | |
| Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps: If yes, which program: | | | |
| Income from the operation of a business If yes, provide a copy of most recent income tax return. | | | |
| Scholarships, Educational Grants, Work Study If yes, list the name and address of the college: | | | |
| Social Security Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit: | | | |
| Disability/SSI Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit: | | | |
| Death Benefits If yes, list the name and address of the agency paying the benefit: | | | |
| Pensions/Retirement Funds If yes, list the name and address of the agency paying the benefit: | | | |
| Annuities or non-revocable trust If yes, list the name and address of the financial institution: | | | |
| Unemployment Compensation or Severance Pay If yes, list the name and address of the agency paying the benefit: | | | |
| Military Pay If yes, list the name and address of the agency paying the benefit: | | | |



INCOME - List all income sources and monthly income amount: (cont.)

| Are you or any other members of the household currently receiving income from any of the following sources? | YES | NO | MONTHLY INCOME |
|--|-----|----|----------------|
| Workman's Compensation If yes, list the name and address of the agency paying the benefit: | | | |
| Public Assistance/TANF/Cash Assistance If yes, list the name and address of the agency paying the benefit: | | | |
| Do you have a court order for Alimony or are you receiving Alimony payments? If yes, list the name and address of the agency paying the benefit: | | | |
| Do you have a court order for Child Support or are you receiving child support payments? If yes, list the name and address of the agency paying the benefit: | | | |
| Income from rent or sale of property If yes, provide a copy of most recent income tax return. | | | |
| Periodic payments from lottery winnings If yes, list the name and address of the agency paying the benefit: | | | |
| Regular recurring contributions or gifts from persons not living in the unit or organizations If yes, list the name and address of the agency paying the benefit: | | | |
| Insurance Policies If yes, list the name and address of the agency paying the benefit: | | | |
| Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, list the source of the income: | | | |
| Are there any adult members of the household (18 years of age or older) claiming zero income or no income from the sources listed above? If yes, list the name of the household member: | | | |
| Did you or any other members of the household file a federal tax return last year? | | | |



ASSETS - List all asset sources and the value of the asset:

| Do you or any other members of the household have money in any of the following assets? | YES | NO | VALUE OF THE ASSET |
|---|-----|----|--------------------|
| Checking Account If yes, list the bank or financial institution: | | | |
| Savings Account If yes, list the bank or financial institution: | | | |
| Certificate of Deposit (CD) If yes, list the bank or financial institution: | | | |
| Money Market Funds If yes, list the bank or financial institution: | | | |
| Stocks/Bonds/Treasury Bills If yes, list the bank or financial institution: | | | |
| Annuities If yes, list the bank or financial institution: | | | |
| Trust Funds If yes, list the bank or financial institution: | | | |
| If yes, is the trust fund irrevocable? | | | |
| IRA/Keogh Account/Any other Retirement accounts If yes, list the bank or financial institution: | | | |
| Real Estate (Includes homes and farmland) If yes, list the county is which the real estate is located and the address of the property: | | | |
| If you own Real Estate, is the real estate for sale or for rent? | | | |
| Whole Life or Universal Life Insurance Policy (This does <u>not</u> include term life insurance policies) If yes, list the insurance agency: | | | |
| Cash held in a safety deposit box or in your home | | | |
| Assets held in another state or foreign country | | | |
| Do you or any other members of the household have any assets not listed above? If yes, list the asset and the bank or financial institution: | | | |
| Is money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card? (such as: Direct Express, ReliaCard, NetSpend, Citi Bank, Etc.) If yes, list the card type and provide verification documentation: | | | |



ASSETS - List all asset sources and the value of the asset: (cont.)

| | YES | NO | VALUE OF THE ASSET |
|--|-----|----|--------------------|
| Have you or any other household members disposed of (or given away) any asset(s) for less than fair market value in the past two (2) years? If yes, list them here: | | | |
| Are any of the assets listed above held jointly with another person? If yes, list the asset and who it is held with: | | | |

ASSETS – Lump Sum Payments

| Have you or any other members of the household received any lump sum payments, such as: | YES | NO | AMOUNT OF PAYMENT |
|---|-----|----|-------------------|
| Inheritances | | | |
| Lottery winnings | | | |
| Insurance settlements for health, accident, Workers Compensation, etc. | | | |
| Capital gains | | | |
| Social Security benefits, unemployment compensation, etc. | | | |
| Other (specify): | | | |

DEDUCTIONS

| HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions. | YES | NO |
|---|-----|----|
| Are there any family members under the age of 18 in the household? If yes, list their name(s) here: | | |
| Are there any family members who are a person with disabilities in the household? If yes, list their name(s) here: | | |
| Are there any fulltime students 18 years of age or older in the household? If yes, list their name(s) here: | | |
| Are there any household members who are elderly (age 62 or older)? If yes, list their name(s) here: | | |



DEDUCTIONS

| <p>HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions.</p> | <p>YES</p> | <p>NO</p> |
|--|-------------------|------------------|
| <p>Do you have medical expenses that are not paid for by an outside source such as insurance? (i.e. Services for doctors, health care professional, health care facilities, medical insurance premiums, prescriptions, dental expenses, eyeglasses, hearing aids and batteries)</p> <p>If yes, list the provider's name and address: (use additional paper if necessary)</p> | | |
| <p>Do you pay child care expenses for a child (or children) under the age of 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?</p> <p>If yes, list the provider's name and address:</p> | | |
| <p>Is any part of the child care expense paid by another person or agency? If yes, list the name and address of the agency paying:</p> | | |
| <p>Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address:</p> | | |

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

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 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 U.S.C. 408 (a) (6), (7) and (8).



This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

Head of Household Date

Co-head of Household Date

Household Member Date

Household Member Date

This project 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. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

