

ST. JAMES PLACE II (VETERAN'S PROGRAM)

SRO PHASE, II, LLC
169 Deweese St.
Lexington, KY 40507
Phone (859) 252-6642
FAX (859) 252-3162

Name: _____

Application Processing Checklist

The following items must be completed for residency consideration.

- Complete and submit application.
- 2 forms of identification - (One MUST be a government-issued photo ID).
- Application "Date and Time Received" logged on application.
- Copy of DD-214 or VA verification of service and discharge status – awaiting DD-214.
- Meet homelessness and income requirements - based on application.
- Confirmation of VA eligibility from Natasha Masters, Program Liaison (VAMC).
- Receive program approval – Lisa Patterson, Program Coordinator or Shannon French, Case Worker at (859-388-9260).
- Receive signed VAGPD/program approval form.
- Homeless verification.
- Verification of income - (Must attach current (dated within 120 days) award letter if SS, SSI, or retirement, or third party verification from your employer- last 6 paycheck stubs) Cannot make more than \$33,351.00.00 annually.
- Verification of bank account. (Last 6 bank statements or current ATM receipt showing account balance of a direct deposit card).
- Homeless referral.
- Criminal background check completed – performed by Housing Management.
- Submit TB skin test - (Dated no more than 90 days prior to move in date) (Health Dept., VA or your personal physician).
- Meet all requirements of Resident Selection Policy – based on documentation.
- Receive Housing approval – Housing Management.
- Pass a drug test - (Performed on-site immediately prior to move-in.)
- Rent – Mandatory Savings Plan in lieu of rent – at least 30% of gross monthly income, less-out-of pocket medical costs and court-ordered child support. Deductions must be supported by official documentation.
- Sign lease (day of move-in)

Term: Initial from move-in date to the end of the following month. Month-to-month thereafter.



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APPLICATION FOR HOUSING

Date Received: ____/____/____

Time Received: ____:____ AM__ PM__

ANY QUESTIONS NOT APPLICABLE TO YOU, PLEASE MARK "NA", LEAVE NO BLANK LINES

CHECK ONE:

RACE: White ____ Black ____ Hispanic ____ Asian ____ Other (Specify) _____

How Did You Hear About Us: Hope Center Catholic Action Salvation Army

Parole Officer Case Worker Other _____
(Circle One)

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

DATE of BIRTH: ____/____/____ AGE: ____ SS#: ____/____/____

FULL-TIME STUDENT? Yes [] No []

ARE YOU A VETERAN? Yes [] No []

PHONE: () _____ - _____ CELL: () _____ - _____

WORK: () _____ - _____ OTHER:() _____ - _____

LANDLORD/OWNERSHIP HISTORY:

Homeless: ____ Yes ____ No

Most Recent Address: (Circle One)

Hope Center Street Friend Relative Other

Street Address: _____

City: _____ State: _____ Zip: _____



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Why Do You Want/Need To Move?: _____

Are You Being Evicted? If so, why?: _____

Previous Address: _____ City _____ State _____ ZIP _____

Landlords Name: _____ Phone () _____ - _____

Own: _____ Rent: _____ Yrs at Previous Residence: _____

Why Did You Move? _____

EMPLOYMENT & INCOME SOURCES:

Your Employer; _____ Position: _____

Address: _____ City: _____ State: _____ ZIP _____

How Long Employed? _____ Supervisor's Name: _____

Phone () _____ - _____ Fax () _____ - _____

Gross Monthly Income (before any deductions) \$ _____

(If you have a second employer, please provide same information asked for above for second employer.)

OTHER SOURCES OF MONTHLY INCOME:

SOURCE:	MONTHLY AMOUNT:
_____	\$ _____
_____	\$ _____



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CREDIT REFERENCES: (LIST ALL MONTHLY PAYMENTS):

Car Loan \$ _____ Visa \$ _____ MasterCard \$ _____ Furniture \$ _____

Other (Type): _____ \$ _____

Other (Type): _____ \$ _____

Have you filed Bankruptcy in the last seven (7) years? _____ Yes _____ No

If yes When & Type _____

Have you ever been evicted? _____ Yes _____ No If yes, Why: _____

Landlord's Name: _____

ASSETS: (Note: We must have copies of your most recent statements for any accounts.)

Checking Account? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Savings Account? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Stocks or Bonds? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Certificates of Deposit? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Other forms of Capital Investment? _____ Yes _____ No

If yes, type?: _____ Value? \$ _____

Do you own real estate*? _____ Yes _____ No

If yes, Complete Address of Property: _____

*This includes mobile home, house that you own with spouse, etc.



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ASSETS (CONT.)

Have you sold any Real Estate in the past two (2) years? _____ Yes _____ No

Have you disposed of any other asset within the past two (2) years? ? _____ Yes _____ No

Do not include if involved in foreclosure, bankruptcy, or if disposed of for less than market value.

EMERGENCY CONTACT: In case of emergency, contact:

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Relationship to You: _____

PHONE: () _____ - _____ CELL: () _____ - _____

WORK: () _____ - _____ OTHER: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

CRIMINAL HISTORY:

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, What and When? _____

Have you been convicted of a drug related offense? _____ Yes _____ No

If Yes, What and When: _____



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OTHER INFORMATION:

Vehicles That Will Be Kept on Premises:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No: _____ Registration Expiration Date: _____

Insurance Company: _____ Policy No.: _____

Insurance Expiration: _____

Insurance Company Phone No.: () _____ - _____

Drivers License No: _____ Expiration: _____

Please provide copies of your registration and insurance card. We may contact your insurance company to confirm insurance.

St. James Place has a “no pets” policy, with the exception of reasonable accommodation for a certified “service” animal, which performs a “service” for a handicapped person and is prescribed by a physician.

Have you been prescribed a “service” animal by a physician for a disability?

_____ Yes _____ No If yes, what type: _____

I hereby affirm that the answers to the foregoing questions are true and correct, and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect this application unfavorably. I hereby specifically authorize St. James Place Apartments to complete both a credit check and police check and make any other inquiries necessary to verify the information given in this application.

Applicant Signature



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CRIMINAL BACKGROUND CHECK **CONSENT AND AUTHORIZATION**

I do hereby give St. James Place Apartments or any of its agency permission to disclose, orally or in writing, the results of this background check to the employer or the designated authorized recipient. I have read this authorization and give full consent without reservation for a background check to be conducted on me. I do hereby release, hold harmless and indemnify St. James Place Apartments and all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies.

PLEASE PRINT ALL INFORMATION **CLEARLY**

_____	_____	_____	_____
*First Name	*Middle Name	*Last Name	*Suffix

_____	X _____
Date	Signature

Date of Birth: _____ Social Security No.: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

_____	_____	_____	_____
Driver's License Number	State Issued	Sex	Race



BANKING VERIFICATION

Client: _____ SSN: _____

Address: _____

To Whom It May Concern:

The person referenced above is a participant in our HOME Investment Partnerships (HOME) and/or Affordable Housing Trust Fund (AHTF) programs. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

Participant's Signature Date

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Last 6 months Average Balance	Last 6 months Interest Income	Date Account Opened
Checking Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Savings Account:			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Other Accounts (list):			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

Signature Name (print)

Title Date

Financial Institution Telephone Number

Address City State Zip

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. government or to any matter within its jurisdiction.*