

# 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 Eleisha Kiefer, Program Liaison (VAMC) (859-233-4511 X 3258)
- Receive Program Approval – Grant Laugherty, Program Coordinator (859-388-9260)
- Receive signed VAGPD/Program Approval Form
  
- Homeless verification
- Verification of Income - (Must attach current Award Letter if SS, SSI, or Retirement, or third party verification from your employer)(Cannot make more than \$23,150 annually)
- Police Report/Background Check Completed – Performed by Housing Management
- Submit TB Skin Test - (Not more than 30 days old) (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.
  
- Signed Lease (Day of Move-In)  
Term: Initial from Move-In date to the end of the following month, month-to-month thereafter.

Version 7-15-16



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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? \_\_\_\_\_

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**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.)

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**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.

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**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: \_\_\_\_\_

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**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 Company Phone No.:** (     ) \_\_\_\_\_ - \_\_\_\_\_

Please

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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: \_\_\_\_\_

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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**



