

HICKORY HILLS APARTMENTS  
Tenant Application

NOTE: **ALL** applications must have photo identification and Social Security cards attached.

**A NON-REFUNDABLE \$150 application fee will be charged to cover the application fee as well as a credit/background check on all residents 18 or older. The application will not be processed without payment.** (If approved, the security deposit and first months' rent will be due up front, and will be determined based on guidelines.)

Office Staff Only:  
Amount of fee paid: \_\_\_\_\_  
Date paid: \_\_\_\_\_  
Electronic payment: \_\_\_\_\_

**PLEASE PRINT CLEARLY. Use Blue or Black ink.**

**Applicant Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Preferred Name:** \_\_\_\_\_  
Name you prefer to be called

**Mailing Address:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Are you a student?**  Yes  No

**Are you a veteran?**  Yes  No **If yes, give dates of service: from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Other Household Members:** (please list all other persons who will be living in unit with you). *Additional household members may be listed on back of application.*

**(1)** \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Social Security Number) (Date of Birth) Sex  
\_\_\_\_\_  
(Mailing Address: Street or PO Box) (City) (State) (Zip Code)

**Are you a student?**  Yes  No **Are you a veteran?**  Yes  No **If yes, give dates of service: from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**(2)** \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Social Security Number) (Date of Birth) Sex  
\_\_\_\_\_  
(Mailing Address: Street or PO Box) (City) (State) (Zip Code)

**Are you a student?**  Yes  No **Are you a veteran?**  Yes  No **If yes, give dates of service: from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**(3)** \_\_\_\_\_  
(Last Name) (First Name) (Middle) (Social Security Number) (Date of Birth) Sex  
\_\_\_\_\_  
(Mailing Address: Street or PO Box) (City) (State) (Zip Code)

**Are you a student?**  Yes  No **Are you a veteran?**  Yes  No **If yes, give dates of service: from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**(If more space is required to list household members, please use back of application)**

**HOUSEHOLD INCOME:** Please provide **ALL monthly** income/earnings information below for **ALL** household members. This income may include but is not limited to: employment, self-employment, K-TAP, Child Support, Informal Support, Unemployment Compensation, Social Security, Disability, Pensions, etc. Third party verification may be required for all sources of income. Additional household member's information may be listed on back of application.

Household Member	Employment (please list monthly gross wages)	K-TAP (please list monthly benefit amount)	Child Support (please list monthly benefit amount)	SS (please list monthly benefit amount)	SSI (please list monthly benefit amount)	SNAP (Food Stamps) (please list monthly benefit amount)	Other (please list monthly benefit amount)
Applicant Name:							
Household member 1 name:							
Household member 2 name:							
Household member 3 name:							
Household member 4 name:							

If household has zero income, please list sources to be used to pay for rent and other necessities

**EMPLOYMENT INFORMATION** (please complete for everyone on application over the age of 18 who is currently employed):

Name:	Employer	Address	Telephone Number	Current Position
Applicant:				
Household Member #1				
Household Member #2				
Household Member #3				

**Additional Information Needed:**

Does anyone being considered on this application have any other earnings/income or receive any money not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name of individual, source of income and monthly amount:
Will you or other household members listed on application have a vehicle parked on the rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Individual driving vehicle	Year of Vehicle	Make	Model	Color	License Plate Number	Type of Vehicle (i.e. car, truck, minivan, etc)
Applicant Name:						
Household member 1 name:						
Household member 2 name:						
Household member 3 name:						

**Household Assets:** Do you or other household members listed on application have any of the following assets?

Type of Asset	Currently have	Balance	Where/Manner of asset	Person having asset
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance	Name of Bank	
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance	Name of Bank	
Christmas Club Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance	Name of Bank	
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance	Name of Bank	
Real Estate/Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value	Location	
Money Market Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks / Trust/ Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company	Term Life <input type="checkbox"/> Whole Life <input type="checkbox"/>	
Retirement/Pension/IRA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Collectibles / Antiques	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disposed of assets for less than Fair Market Value in the 2 preceding years	<input type="checkbox"/> Yes <input type="checkbox"/> No	Price	Asset sold	

Additional Contact Information:	
If unable to contact you regarding this application, please provide information on reliable alternate means of contacting you:	
_____	_____
Name	Complete Mailing Address
_____	_____
Telephone Number _____	Individual's Relationship to you / or household member _____

Rental Information:	
Will you or any household member listed on the application be receiving any monthly rental assistance? (Section 8 Voucher Program): Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any special accommodations or needs in which HICKORY HILLS APARTMENTS needs to be aware? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any applicant named in application have pending criminal charges <b>OR</b> ever been convicted of, plead guilty to, or no contest to any criminal offense(s) including traffic infractions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any applicant named in the application been convicted of <b>OR</b> charged with fraud of a federal program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any applicant named in the application been convicted, arrested, charged or evicted for any violent criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any applicant named in the application been convicted, arrested, charged or evicted for any drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any applicant been convicted, arrested, charged or evicted for abuse of alcohol which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**References:** You MUST provide ONE landlord reference. **Family members (either by blood relation, adoption, or marriage CANNOT be used as a Reference** (Please be aware your application for rental of HICKORY HILLS APARTMENTS **WILL NOT** be processed without references)

References for Applicant:			
Full Name:	Complete Mailing Address	Telephone Number:	How does this person know you:
(1)			
(2)			
References for Household Member #1			
Full Name:	Complete Mailing Address	Telephone Number:	How does this person know you:
(1)			
(2)			
References for Household Member #2			
Full Name:	Complete Mailing Address	Telephone Number:	How does this person know you:
(1)			
(2)			
References for Household Member #3			
Full Name:	Complete Mailing Address	Telephone Number:	How does this person know you:
(1)			
(2)			
References for Household Member #4			
Full Name:	Complete Mailing Address	Telephone Number:	How does this person know you:
(1)			
(2)			

How did you hear about HICKORY HILLS APARTMENTS? *(Please mark appropriate box)*

- Family member       HUD Office       Utility Company       Friend
- Landlord       Newspaper/TV/Brochure       HICKORY HILLS APARTMENTS Staff/Website
- HICKORY HILLS APARTMENTS Website/Facebook/Twitter/Other Social Media       Other

*Please specify*

**I certify that all application information I have stated above is true and correct to the best of my knowledge and hereby authorize HICKORY HILLS APARTMENTS to verify any and all information necessary to screen my application for tenancy. I also understand that HICKORY HILLS APARTMENTS may examine my personal credit history, local and/or national criminal records, and other background information to ensure that all qualifying information is properly obtained.**

*Before submitting this application, have you attached photo identification and social security cards for yourself and everyone on the application over the age of 18? Have you paid the \$150 non-refundable application/background check fee for yourself and everyone on the application over the age of 18?*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Member #1 Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Member #2 Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Member #3 Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Member #4 Signature*

\_\_\_\_\_  
*Date*

**HICKORY HILLS APARTMENTS are owned and operated by Bell-Whitley Community Action Partnership.**

***This project has been accomplished as a result of financial assistance from Kentucky Housing Corporation and the United States Department of Housing and Urban Development.***

***This Project is funded, in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health, and Human Services.***



*This box is for HICKORY HILLS APARTMENTS Staff Use Only:*

\_\_\_\_\_  
*HICKORY HILLS APARTMENTS Representative*

\_\_\_\_\_  
*Date Application Received*

Updated: 02/01/2020  
ks

**HICKORY HILLS APARTMENTS  
AUTHORIZATION FOR THE RELEASE OF BACKGROUND CHECK**

As a condition of admission to HICKORY HILLS APARTMENTS, I hereby acknowledge that and authorize HICKORY HILLS APARTMENTS to conduct a national background criminal, financial, sexual offender, and past tenancy investigation. In addition, I understand HICKORY HILLS APARTMENTS shall release any adverse information to a prospective landlord in the event that any such information does not bar my participation in HICKORY HILLS APARTMENTS.

**Failure to comply with these procedures will result in your application being denied.**

**PLEASE PRINT INFORMATION CLEARLY. Please use only BLACK or BLUE ink. This is a REQUIREMENT for ALL PERSONS on the application AGE 18 AND OLDER.**

**Applicant:**

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

Maiden Name(s) and/or other names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**WARNING: KRS.523.100 of the Kentucky Revised Statutes makes it a criminal offense to make willful, false statements of misrepresentation. I understand the information supplied by me must be truthful and falsification may result in my prosecution.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

+++++

**Household Member #1:**

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

Maiden Name(s) and/or other names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**WARNING: KRS.523.100 of the Kentucky Revised Statutes makes it a criminal offense to make willful, false statements of misrepresentation. I understand the information supplied by me must be truthful and falsification may result in my prosecution.**

\_\_\_\_\_  
(Household Member #1 Signature)

\_\_\_\_\_  
(Date)

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**HICKORY HILLS APARTMENTS  
AUTHORIZATION FOR THE RELEASE OF BACKGROUND CHECK**

**Household Member #2**

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

Maiden Name(s) and/or other names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**WARNING: KRS.523.100 of the Kentucky Revised Statutes makes it a criminal offense to make willful, false statements of misrepresentation. I understand the information supplied by me must be truthful and falsification may result in my prosecution.**

\_\_\_\_\_  
(Household Member #2 Signature)

\_\_\_\_\_  
(Date)

+++++

**Household Member #3:**

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

Maiden Name(s) and/or other names you have used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**WARNING: KRS.523.100 of the Kentucky Revised Statutes makes it a criminal offense to make willful, false statements of misrepresentation. I understand the information supplied by me must be truthful and falsification may result in my prosecution.**

\_\_\_\_\_  
(Household Member #3 Signature)

\_\_\_\_\_  
(Date)

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**For Office Use Only**       Application approved       Application disapproved

Results of Record: \_\_\_\_\_

\_\_\_\_\_  
(HICKORY HILLS APARTMENTS Representative)

\_\_\_\_\_  
(Date Reviewed)



## CREDIT REPORT AUTHORIZATION FORM

Authorization is hereby granted to Bell-Whitley Community Action Agency INC. to obtain a consumer credit report through a credit reporting agency. I understand and agree that Bell-Whitley Community Action Agency INC. intend to use the consumer credit report for the purpose of evaluating my financial ability to rent and that all use of my credit report will be in compliance with Paragraph 604 of the Fair Credit Reporting Act (FCRA).

I understand and agree that a consumer credit report will be obtained after application has been returned to agency with application fee.

My signature below authorizes the release of financial information which I have supplied to Bell-Whitley Community Action Agency INC. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Social Security Number

\_\_\_\_\_  
Client's Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (print)

\_\_\_\_\_  
City, State, Zip (print)