



Twelvepole Valley Apartments, LLC
Managed by
Housing Authority of Wayne County
Application
P O Box 695
Wayne, WV 25570
Brett A Jones, Executive Director

Dear Applicant:

We take pride in our management and in our apartment community. We actively see good residents to make their home with us, and we strive to provide the best services we possibly can while they live with us.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application that you complete and from other sources available. We verify employment, criminal background and we check previous rental history.

The screening and verification process is used for every applicant the same way – fairly, consistently, and uniformly. We work diligently to observe both the spirit and the letter of the fair housing laws – not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making an application you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you do not provide us with complete information, we will be unable to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

A copy of our “Tenant Selection Plan” is available for you to view at your request. On the Tenant Selection Plan it gives you details to the total process that we use to determine eligibility. A household whose income is less than 30% of the median income has priority on the waiting list.

We will do our best to process your application quickly and give you an answer within a reasonable time.

Please sign and date this letter where indicated below, and give it to the manager.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

TVA APPLICATION

Applicant Name: _____ Desired Apt. Size _____
 Mailing Address: _____ City, State, Zip: _____
 Physical Address: _____ City, State, Zip: _____
 Home Phone#: _____ Work Phone#: _____
 How did you hear about this apartment community? _____

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other member 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 us to 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 member 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:

Federal Regulations requires us to 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

Do you have a pet? Yes No If yes, please explain _____

II. RESIDENTIAL HISTORY: MINIMUM 3 YEARS REQUIRED Attach additional pages if necessary

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 _____

III. HOUSEHOLD & BACKGROUND INFORMATION (List all states you or any member of your household have lived)

States: _____

IV 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. ASSULT OR FIGHTING 7. DRUG TRAFFICKING/USE/POSSESSION 8. CHILD ABUSE/DOMESTIC VIOLENCE 9. PUBLIC INTO./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: _____

V. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in appropriate sections below.

Do you or any member of your household:

YES NO

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

Do you or any member of your household receive Income from Assets, including but not limited to:

- YES NO Interest on Savings, Checking, and/or Money Market Accounts?
- YES NO Interest/Dividends on Annuities, Certificates of Deposit, Stocks, Bonds, Mutual Funds, Life Insurance Policies, Treasury Bills, Trusts, IRA's, retirement funds, etc.?
- YES NO Rental income from real estate or personal property?
- YES NO Do you have Cash on Hand/sums in Safe Deposit Boxes?
- YES NO Do you have IRA's, 401K, Keogh, or other retirement funds?

- Do you own real estate or other assets held for investment or for which you do not receive income?
- Have you sold, given away, or otherwise disposed of any assets (including cash) in the past two years for less than fair market value?

Other income or assets? _____

INCOME: List all sources of income of household members.

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

ASSETS:

1. 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

2. List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member: _____
3. List the date and value of any assets disposed of for less than their fair market value during the past two years: _____
4. Do you own a car? Yes No If yes – Year, Make, & Model: _____
 Who pays the insurance, gas, taxes, etc.: _____ How Much? _____

VI. AUTOMOBILES

Make: _____ Model: _____ Color: _____ Year: _____ License Tag#/state: _____ Registered Owner: _____
 Make: _____ Model: _____ Color: _____ Year: _____ License Tag#/state: _____ Registered Owner: _____

VII. EXPENSES

- Yes No
- Do you have expenses for child care of a child age 12 years or younger? If yes, provide the name, address, and telephone number of the care provider.
 Name: _____ Name: _____
 Address: _____ Address: _____
 Phone No: _____ Phone No: _____
 What is the weekly cost to you of the child care? \$ _____
- 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: _____ Name: _____
 Address: _____ Address: _____
 Phone No.: _____ Phone No.: _____
 What is the weekly cost to you for the care attendant and/or equipment? \$ _____

EQUAL OPPORTUNITY HOUSING PROVIDER



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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Medicare? If yes, what is your monthly premium? \$ _____
		Name: _____ Name: _____
		Address: _____ Address: _____
		Policy No.: _____ Policy No.: _____
		Premium Amount: \$ _____ Premium Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	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: _____
		If you use the same doctor(s) regularly, please provide the following:
		Name: _____ Name: _____
		Address: _____ Address: _____

IX. EMERGENCY CONTACT

Name: _____ Address: _____ Relationship: _____
Phone: _____ Alternate Phone: _____ In case of emergency, would this person have
permission to enter your unit? Yes No

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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 member 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.

Date Application received	Time Application Received	Person Receiving Application



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

