Dear Applicant:

We screen all applications very carefully. We verify the information you have provided to us on the rental application and information from other available sources. The screening process is used for every applicant in the same manner by carefully verifying all income, assets, medical expenses, previous landlords and criminal background. We train staff regularly to ensure that we abide by all fair housing laws.

Please fill your application out completely. This will ensure your spot on the Waiting List. If there is an item on the application that you do not understand, please ask for assistance. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We will do our best to process your information quickly and provide you an answer within a reasonable amount of time.

An applicant who successfully completes the screening criteria will be offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria will not be accepted as a tenant.

We take pride in our management and our apartment communities. We actively seek wonderful people to make their home with us, and we work hard to provide the best services we possibly can. Be sure to regularly check the Coalfield webpage at www.coalfield-development.org. Tenant information can be found under Core Capabilities - Community Based Real Estate. We hope you find the information useful because we want your experience with us to be one that initiates growth and learning for everyone in your household.

Sincerely yours,

Claud Karr

Claud Karr, Director
APPLICATION

Step 1 - Please choose the property that you wish to reside at:

Hamlin, WV:
☐ Victorville Apartments, 8201 Anna Avenue (Families)

Huntington, WV:
☐ Twelvepole Valley Apartments A&B, 2373 Spring Valley Drive (Families)
☐ Twelvepole Valley Apartments C, 2373 Spring Valley Drive (Special Needs)

Wayne, WV:
☐ Courtyard Apartments, 312 Hall Street (Families)

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Step 2 - Please provide us with the personal information of each person in your household:

Applicant Name: ____________________________ Desired Apt. Size________

Mailing Address: ____________________________ City, State, Zip: ____________________________

Physical Address: ____________________________ City, State, Zip: ____________________________

Cell Phone#: ________________ Home Phone #: ________________ Work Phone#: ________________

How did you hear about this apartment community? ______________________________

List the Head of Household and all other members who will be living in the apartment. Indicate the relationship of each family member to the Head of Household.

<table>
<thead>
<tr>
<th>Name (last, First, MI)</th>
<th>Social Security Number</th>
<th>Relationship to Head of Household</th>
<th>Sex*</th>
<th>Age*</th>
<th>U. S. Citizen?</th>
<th>Date of Birth*</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

*Federal Regulations require that we 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: _________________________________________________________________________________________________

____________________________________ ________________________

__________________________________________________________

revitalize
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 members 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: ____________________________________________________________

Do you have a pet? [ ] Yes [ ] No If yes, please explain _____________________________________________
Coalfield properties require a $300.00 pet deposit and signed pet agreement prior to any pet being brought to the property.

**Step 3** - Federal Regulations require that we 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

**Step 4** - Please list your most current Landlords, this must cover this year and the two previous years:

**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__________________________

List all states you or any member of your household have lived:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Step 5 - Please review and complete this section pertaining to Criminal History:

Have you or any members of your household been arrested for or convicted of any crimes listed below? □Yes □No


Member Name:___________________________ Crime(s)#__________ Status/Disposition:_________________
Member Name:___________________________ Crime(s)#__________ Status/Disposition:_____________

Step 6 - Please share the information for your Emergency Contact:

Name: _________________________________ Address:____________________________________________
Relationship: __________________ Phone: _____________________ Alternate Phone: ____________________

In case of emergency, would this person have permission to enter your unit? □Yes □ No
**Step 7 - Please list all Household Income Information:**

For each “yes”, provide details for each household member in appropriate sections below.

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

**INCOME:** List all sources of income of household members.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Source of Income/Address</th>
<th>Type of Income</th>
<th>Monthly Income</th>
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<tbody>
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</table>
Step 8 - Please list all Household Asset Information:

For each “yes”, provide details for each household member in appropriate sections below.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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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.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Organization Name/Address</th>
<th>Type of Account</th>
<th>Account No.</th>
<th>Balance</th>
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</table>

List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member:

__________________________________________________________

List the date and value of any assets disposed of for less than their fair market value during the past two years:

__________________________________________________________

Other income or assets? ______________________________________

Do you own a car? ☐ Yes ☐ No

Who pays the insurance, gas, taxes, etc.: _________________________ How much? _________________________

Make: __________________ Model: __________________ Color: _______________ Year: _______________

License Tag#/State: __________________ Registered Owner: __________________

Make: __________________ Model: __________________ Color: _______________ Year: _______________

License Tag#/State: __________________ Registered Owner: __________________
**Step 9 - Please share Household Expense Information:**

Yes  No

- **Do you have childcare/daycare expenses for a child age 12 years or younger?**
  
  If yes, provide the name, address, and telephone number of the care provider.

  Name: __________________________________________
  
  Address: ________________________________
  
  Phone No: ____________________________
  
  What is the weekly cost to you for childcare/daycare? $____________

- **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: ________________________________________
  
  Address: ________________________________
  
  Phone No: ____________________________
  
  What is the weekly cost to you for the care attendant and/or equipment? $__________

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

**Step 10 - Please share Medical Expense Information:**

Yes  No

- **Do you have Medicare?**

  Name: __________________________
  
  Name: _____________________________
  
  Address: __________________________
  
  Address: ____________________________
  
  Policy No.: ______________________
  
  Policy No.: _________________________
  
  Premium Amount: $_______________
  
  Premium Amount: $_______________

- **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:** __________________________
  
  Address: __________________________
  
  Phone: ____________________________

If you use the same doctor(s) regularly, please provide the following:

- **Name:** __________________________
  
  Address: __________________________
  
  Phone: ____________________________
I have completed the application with correct and current information to allow for processing.

Applicant Signature: _______________________________ Date: ______________

Co-Applicant Signature: _______________________________ Date: ______________

Person Receiving Application: _____________________________________________________
Date Received: _____________________ Time Received: ______________

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 members 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. 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

Coalfield Development Corporation, PO Box 1133 Wayne, WV 25570