

SEPP Management Co., Inc.
 Kime Apartments
 235 Main Street
 Great Bend, PA 18821

For Office Use Only:

Date received _____

Time received _____

By. _____

Date: _____

Property Name:	Kime Apartments	Telephone:	570-879-4944
Address:	235 Main Street	Fax:	570-879-4370
Address 2:	Great Bend, PA 18821	TTD/TTY:	711 National Voice Relay or 607-677-0080
Property Web Site	www.seppinc.com	Email	housing@seppmanagement.com

HOUSEHOLD COMPOSITION AND CHARACTERISTICS List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member.

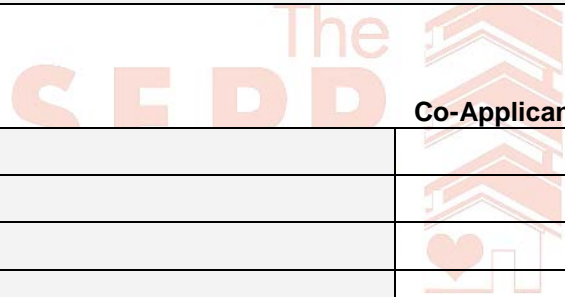
Applicant Name		Co-Applicant Name		<input type="checkbox"/> <i>Co-head/Spouse</i> <input type="checkbox"/> <i>Child,</i> <input type="checkbox"/> <i>Other adult,</i> <input type="checkbox"/> <i>Foster adult/child</i>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
Current Address				
City, State, Zip				
Home Phone				
Cell Phone				
Email address				
Work Phone				
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth date				
Social Security Number				
Please indicate each state where this person has lived				
How did you hear about us?				



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If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled and in need of an accessible apartment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know that this property is a smoke free building? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or <u>any member</u> of the household ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		

RENTAL HISTORY:



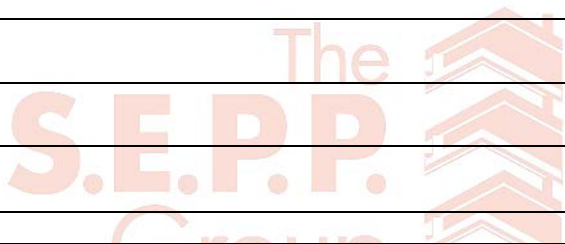
Applicant	Co-Applicant
Current Landlord	
Address	
City, State, Zip	
Contact Name (if known)	
Phone Number	
How long did you live at this address?	
Reason for leaving?	
Were you or co-applicant ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or other member of household owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information;

Head of Household- Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
City, State, Zip			
Phone			
Co-Head- Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
City, State, Zip			
Phone			



<u>Please write in 0.00, NA or None if you will receive no income from these sources.</u>		
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.		
Income	Applicant	Co-Applicant
Monthly Employment Income?	\$	\$
Monthly Social Security?		
Monthly SSI?	\$	\$
Monthly Retirement Benefits?	\$	\$
Monthly VA Benefits?	\$	\$
Monthly Unemployment Benefits?	\$	\$
Are you entitled to Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount?	\$	\$
Monthly Public assistance?	\$	\$
Income from a pension or annuity or other asset?	\$	\$



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Regular contributions from organizations or from individuals not living in the unit?	\$	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	\$
Contributions from family for rent, child care or other bills?	\$	\$
Any lump sum amounts from delay of payments for SSI or VA Disability?	\$	\$
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance.	\$	\$
Any other income? Please explain-	\$	\$

<u>Assets</u>	Applicant	Co-Applicant
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	\$
Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you have a 401K or other employment savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you own an IRA or other retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you own a home or other real property? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you have business income? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you own stocks/bonds/certificates of deposit (CD) <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you own a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$
Do you or any member of household own an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Balance - Please write in 0.00, NA or None if the account balance is zero	\$	\$



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DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Medical Expenses: Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Medical Expenses	Applicant	Co-Applicant
Health Insurance - 1 – annual premium	\$	\$
Health Insurance - 1 – annual deductible	\$	\$
Health Insurance - 2 – annual premium	\$	\$
Health Insurance - 2 – annual deductible	\$	\$
Dr. visit/medical treatments - annual out-of-pocket expense	\$	\$
Prescription Drugs - annual out-of-pocket expense	\$	\$

UNIT SIZE: The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate any necessary special features below.

Special Features

<input type="checkbox"/> Mobility Accessible Unit	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Communication Accessible Unit (Hearing)	<input type="checkbox"/> Special features



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The policy of SEPP Management Company, Inc. (managing agent) and SEPP Inc. (owner or affiliate of owner) is one of equal access to housing in HUD programs for prospective applicants regardless of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, gender identity or marital status.

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN AND SEX SOLICITED BELOW ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL AND STATE GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. YOU ARE **NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THE INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO**

DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER OR ITS AGENT IS REQUIRED TO NOTE THE RACE, NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OF SURNAME, AND PERSONAL INTERVIEWS. CONSEQUENTLY, WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Race: White ___ Black ___ Spanish American ___ Asian/Asian Pacific ___ American Indian ___ Other (name) _____

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____

Kime Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name **Brandy Jackson** Address **53 Front Street** City **Binghamton** State **NY** Zip **13905**

Telephone – Voice: **607-723-8989 extension- 314** Telephone – TTY: **607-677-0080** Telephone- Fax: **607-723-8980**

