

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

For Office Use Only:

Date received _____

Time received _____

By. _____

Property Name:	Kime Apartments	Telephone:	570-879-4944
Address:	299 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 all other people who will be living in the unit

Please Print Clearly

Applicant Name: First _____ Last _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		Co-Applciant Name First _____ Last _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		<u>Relationship to Applicant</u> <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child	
Address		Applicant		Co-Applciant	
Current Address →					
City, State, Zip →					
Home Phone →					
Cell Phone →					
Email address →					
Work Phone →					
Birth date →					
Social Security Number →					
Please indicate each state where this person has lived →					
Alternate Contact Person: Name of person we may contact in case we are unable to contact you.		Name: _____		Phone Number: _____	



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Is the head-of household or co-head/spouse 62 years of age or 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 or any member of household 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 or any member of household 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:

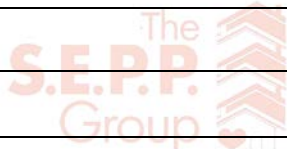
	Applicant	Co-Applicant
Current Landlord		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address?		
Reason for leaving?		
Were you or any member of household ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you or any 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 or any member of household given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any lease violation notices from your prior landlord? If so what was the alleged violations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or co-applicant currently receive any rental subsidy? (Section 8 Voucher, Rental Assistance, etc.) Please indicate type of assistance:	<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;

Applicant- 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-Applicant- 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			



How much do you expect to receive in other income in the next 12 months? <u>Please write in 0.00, NA or None if you will receive no income from these sources.</u> <i>THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</i>			
<u>Income</u>	<u>PLEASE LIST GROSS AMOUNTS</u>	Applicant	Co-Applicant
Employment Income: Please note frequency, hours and rate of pay. \$ _____ X _____ (Hours) = _____ (Weekly, Biweekly, Monthly)		\$	\$
Monthly Social Security before any deductions?		\$	\$
Monthly SSI?		\$	\$
Monthly SSP?		\$	\$
Monthly Retirement Benefits?		\$	\$
Monthly VA Benefits?		\$	\$
Monthly Unemployment Benefits?		\$	\$
Monthly Alimony Amount?		\$	\$
Monthly Public assistance?		\$	\$
Monthly Income from a pension or annuity or other asset?		\$	\$
Regular contributions from organizations or from individuals not living in the unit? Please specify frequency:		\$	\$



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Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits? Please specify frequency:	\$	\$
Contributions from family for rent, child care or other bills?	\$	\$
Do you or any member of household 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 Monthly/ Quarterly/ Yearly 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 Prepaid Card account? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example Direct Express card) 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 Estimated Market value, amount owed on Mortgage	Market Value \$	Mortgage amount owed \$
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 <u>Current Cash Value</u> - 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** medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

<u>Medical Expenses</u>	<u>Applicant</u>	<u>Co-Applicant</u>
Monthly Medicare Health Insurance Premium	\$	\$
Monthly Health Insurance Premium (AARP, EPIC, BCBS etc.)	\$	\$
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.

<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 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) _____

How did you hear about us? _____

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**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.