

**APPLICATION FOR RESIDENCY**  
**THE FIRST APARTMENTS**  
3805 SW 18TH STREET  
TOPEKA, KS 66604-3369  
(785) 272-6700

This application does not place legal obligation on the applicant but indicates an interest in residency at The First Apartments. No deposit is necessary at the time the application is submitted. This is a preliminary application and gives no lease or rent rights.

When eligibility of the applicant has been approved and the applicant desires the available apartment, a one year lease and appropriate forms will be presented for signature. At that time a deposit, which is equivalent to one month's rent, will be required.

**SCHEDULE OF RENTAL RATES**

Efficiency Apartments	\$387 per month
One Bedroom Apartments	\$501 per month
Expanded One Bedroom	\$581 per month

The rent includes all utilities except telephone and cable television. Rental rates are subject to change as operational costs change. A rent subsidy may be available for those who have limited incomes and resources.

**ELIGIBILITY FOR OCCUPANCY**

Applicants who meet the following requirements are eligible regardless of religious preference, race, color, creed, national or ethnic origin:

1. Single persons 62 years of age or older
2. Couples, provided one of them is 62 years of age or older
3. Occupancy shall be limited to those whose annual income, at the time of admission, does not exceed \$34,350 for a single person, and \$39,250 annually for two person families.
4. Must demonstrate ability to pay rent on time
5. References from three former landlords from whom endorsement of at least two might be requested
6. Credit references, if available, are required
7. Residents are expected to be neat and orderly in their housekeeping habits and conduct
8. Applicants' ability and willingness to abide by the lease will be assessed
9. Applicants must tour the facilities and be interviewed by a member of the Administrative Staff
10. Applicants must provide proof of citizenship. Required documentation includes birth certificate and social security card, or proof of noncitizen with eligible immigration status.

TFA must target 40% of the population to be of very low income. The apartments will be rented, other things being equal, with preference being given to applicants in the order they are received. Study the application packet setting forth the facilities that are offered and not offered. Please answer all questions on the application as completely as possible. All information contained in the application is held in strict confidence. Applications will only be kept on file for one year.

# APPLICATION

Rev. 5-29-08

**HEAD OF HOUSEHOLD:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**MARITAL STATUS:** (check one)                      **GENDER**  
( ) Married                      ( ) Divorced                      ( ) Female  
( ) Single                      ( ) Widowed                      ( ) Male

**CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

## RESIDENTIAL HISTORY

1. Present Landlord/Property Name: \_\_\_\_\_

Present address: \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Landlord Day Phone: (\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Present Landlord/Property Name: \_\_\_\_\_

Present address: \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Landlord Day Phone: (\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Present Landlord/Property Name: \_\_\_\_\_

Present address: \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Landlord Day Phone: (\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month

Dates Rented/ From: \_\_\_\_\_ To: \_\_\_\_\_

**NAMES:** Beginning with the **Head of Household**, list the legal names, Social Security numbers, birth dates and relationship of each person who will reside in the apartment:

<u>Name</u>	<u>Social Security #</u>	<u>Birthdate</u>	<u>Relationship</u>
-------------	--------------------------	------------------	---------------------

\_\_\_\_\_

\_\_\_\_\_

**PAST EMPLOYMENT:** List your employment for the past three ( 3 ) years:

<u>Name of Employer</u>	<u>Address</u>	<u>Occupation</u>

**HUD INCOME GUIDELINES FOR  
THE FIRST APARTMENTS**

**Annual Income**  
 \$34,350 for one person  
\$39,250 for two persons

**INCOME**

<b>LIST TOTAL ANNUAL INCOME FROM ALL SOURCES:</b>	<u>MONTHLY</u>	<u>ANNUALLY</u>
Social Security . . . . .	\$ _____	\$ _____
Medicare . . . . .	\$ _____	\$ _____
Pensions . . . . .	\$ _____	\$ _____
Interest from Savings, Checking or C.D.'s. . . . .	\$ _____	\$ _____
Net Rental or Property Income. . . . .	\$ _____	\$ _____
Investment Income (Stocks, Bonds, Etc.). . . . .	\$ _____	\$ _____
Other Income. . . . .	\$ _____	\$ _____
Other Income. . . . .	\$ _____	\$ _____
<b>Total Income From All Sources. .</b>	<b>\$ _____</b>	<b>\$ _____</b>

**ASSETS:** List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safety deposit boxes, cash on hand, stocks and bonds, certificates of deposit, real estate, or other capital investments.

<u>Type of Account</u>	<u>Name of Institution</u>	<u>Account #</u>	<u>Amount</u>

**EXPENSES**

**UNUSUAL EXPENSES:**

\_\_\_\_\_

Cost: \$ \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

**MEDICAL EXPENSES:** \_\_\_\_\_

Are you receiving Medical Assistance through SRS? \_\_\_\_\_  
Do you take prescription drugs on a regular basis? \_\_\_\_\_  
Do you have a secondary carrier for health insurance? \_\_\_\_\_

**CREDIT REFERENCES**

Bank: \_\_\_\_\_ Checking Account \_\_\_\_\_

Bank: \_\_\_\_\_ Savings Account # \_\_\_\_\_

Bank: \_\_\_\_\_ Loan # \_\_\_\_\_

Other: \_\_\_\_\_

**ELIGIBILITY**

**YES      NO**

1. I have a family member who is absent from the home due to:  
Employment \_\_\_\_\_  
Temporarily in nursing home or hospital \_\_\_\_\_  
Permanently confined to nursing home \_\_\_\_\_  
Other \_\_\_\_\_

2. I have a live-in attendant \_\_\_\_\_  
Live-in attendant will be subject to the criminal/sex  
offender screening outlined in the Tenant Selection Plan

3. Are any members of the household enrolled as a student at  
an institution of higher education as defines under section 102  
of Higher education Act of 1965 (20U.S.C.1002) \_\_\_\_\_

## PERSONAL REFERENCES

Name	Address	Phone#
Name	Address	Phone#
Name	Address	Phone#

Do you have any friends or relatives living here at TFA? \_\_\_\_\_  
How did you hear about TFA? \_\_\_\_\_ Newspaper \_\_\_\_\_ Section 8 \_\_\_\_\_ Resident  
\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other

## PERSONAL INFORMATION

Where have you lived most of your life?  
\_\_\_\_\_

Do you: \_\_\_\_\_ take a daily walk for exercise, \_\_\_\_\_ read the newspaper, \_\_\_\_\_ watch tv,  
\_\_\_\_\_ listen to radio, \_\_\_\_\_ drive a car, \_\_\_\_\_ cook your own meals?

What group meetings, such as Civic Clubs, Church etc. do you attend? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Felony? \_\_\_\_\_

If yes, briefly explain with appropriate date of conviction and the state charges were filed in.  
\_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

