



Beattyville Housing & Development Inc., 65 East Main Street, Beattyville, Kentucky 41311
Phone 606-464-3633 or 606-464-5031 Fax: 606-464-3634 TDD 1-800-648-6056

Please Follow these Instructions When Completing Your West Place Duplex Application

Please circle the number of bedrooms you need

1, 2, 3

Please be aware that BHDC Has a No Pet Policy

1. Complete all parts of the application.
2. Must bring Photo ID for all adults in household.
3. Bring Social Security Card for all occupants in household.
4. Must have Birth certificate or Legal Guardianship
4. List mailing address and phone number.
5. Must have mailing addresses for all employers, landlords, and previous landlords.
6. Bring verification of Income, SSI, Social Security, K-tap, Child Support, etc. to the office when returning application.
7. Fill out the Background Check Form completely for each adult household member. There is a \$27.50 fee for each adult in household.
8. Read and Sign Release of information, Non-Discrimination and Conflict of Interest forms.

Call Amanda Voyles at 606-464-5031 if you have questions or comments about the completion of this application.

After processing of application is complete and background check is returned BHDC will contact you to set up an appointment. At that time we will need the following:

- A. **Certification of Assets- Checking or Savings account- Six consecutive months**
- B. **Proof of Income-Six consecutive pay periods**
- C. **Three Previous housing references**





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Preliminary Rental Application

Please fill out all sections accurately and completely. A BHDC staff member will gladly assist you upon request.

DATE- _____

Head of Household _____ Date of Birth _____ Age _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone# _____ Social Sec # _____

List all persons who will live in the unit beginning with Head of Household.

Name	Sex (F) or (M)	Relationship to Applicant	Date of Birth	Social Security Number	Race	

Referral Source: _____ U.S. Military Veteran Yes ___ No ___

You are not required to answer if someone in your household is disabled. Is anyone in your household disabled? Yes ___ No ___

Is there a full time student in the household age 18 and above? _____

Household Income: Please provide all income received for all household members.

Name of household member receiving Income	Employer	Weekly Income/ Monthly	Social Security/ SSI Monthly benefits	K-Tap Monthly Income	Child Support Income- Name of Provider	Other income list type and provider





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Housing Assets

Do you have a checking account? Yes___ No___ Balance_____ Bank Name_____

Do you have a savings account? Yes___ No___ Balance_____ Bank Name_____

Do you own any real estate/property? Yes___ No___ Type_____ Value_____ Address_____

Do you have any of the following: **Money Market Account?** Yes___ No___ **Certificate of deposit?**

Yes___ No___ **IRA Account?** Yes___ No___ **Stocks?** Yes___ No___ **Bond?** Yes___ No___

Other_____

Have you disposed of any assets for less than Fair Market Value during the two preceding years?

Yes___ No___ If yes Please explain:

Present and Previous Residence Information from the past 3 years (Landlord References)

Current Address_____ City_____ State___ Zip_____

Landlord Name_____ Landlord Address_____ City_____

State___ Zip_____ Landlord Phone_____ Move in Date_____

Move out Date_____

Do you currently owe any money for unpaid rent and/or damages? Please

Explain_____

Previous Residence Address_____ City_____ State___

Zip_____

Landlord Name_____ Landlord Address_____ City_____

State___ Zip_____ Landlord Phone_____

Move In Date_____ Move out Date_____

Do you currently owe any money for unpaid rent and/or damages? Please

Explain_____





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Personal References:

Name _____

Name: _____

Phone _____

Phone _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Housing Preferences:

Please check all of the following that apply to your situation

___ Need to live near the downtown area due to health problems (must provide doctor's statement)

___ Single working parent with a least one minor child (Must work a minimum of 20 hours a week)

___ Paying more than fifty percent of family gross income for rent and utilities

___ Vacated or occupy a unit where physical violence is present. Name of offender? _____

___ Homeless, including ___ substandard housing, ___ overcrowded housing, ___ streets or _____

Shelter. _____

General Information:

- 1.) Have you or any member of your family been convicted of a crime? _____
- 2.) Have you or any member of your family ever been convicted from a rental property? _____
- 3.) Are you or any member of your family currently delinquent on federal loan? _____
- 4.) What other states have you lived in? _____

By signing below I (we) hereby state that all of the information on this application is true and correct to the best of my knowledge. I also give BRAT the right to check personal rental and credit histories. I further agree that if any of the information provided on this application will become null and void.

Head of Household- _____

Date _____

Adult Member - _____

Date _____

Adult Member - _____

Date _____





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AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, local agency, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Rehabilitation, HOME program, Supportive Housing, Affordable Housing Trust Fund, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing & Urban Development, KHC, Beattyville Rental Assistance Team, and/or Beattyville Housing & Development Corporation, Inc. in administering and enforcing program rules and policies. I also consent for HUD, KHC, BRAT, BHDC, or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, future landlords, and/or other service agencies. This includes records on my payment history, and any violations of my lease or occupancy policies. I also consent for HUD, KHC, BRAT or BHDC to release information from my file to any Federal, State or local government agency.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including public housing agencies)	Past and Present Employers
Courts and Post Offices	Welfare Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical and Child Care Providers	Support and Alimony
Providers	
Retirement Systems	Veterans Administration
Utility Companies	Credit Providers and Credit Bureau
Banks and other Financial Institutions	

CONDITIONS

I agree a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information I can prove is incorrect.





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SIGNATURES:

Head of Household	(Print Name)	Date
<hr/>		
Spouse	(Print Name)	Date
<hr/>		
Adult Member	(Print Name)	Date
<hr/>		
Adult Member	(Print Name)	Date
<hr/>		

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.





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FAIR HOUSING

I understand that Beattyville Housing & Development Inc. supports Fair Housing and Equal Housing Opportunity. Beattyville Housing & Development Corporation provides housing opportunities regardless of age, race, color, national origin, religion, sex, disability, familial status, sexual orientation, or gender identity or any other classification protected by applicable federal, state or local law.

Signature of Applicant _____ Date _____

Signature of Co- Applicant: _____ Date _____

Our Mission at Beattyville Housing & Development Inc., is to promote the opportunity of affordable homeownership regardless of income.

CERTIFICATE OF RECEIPT

I have received and reviewed the **Tenant Selection Plan** and the **Violence against Women Act** notice.

Initial _____

Initial _____





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DRUG FREE CERTIFICATION

We, the undersigned, certify that neither the head of household nor any other member of this family, within the last year have engaged in any drug-related criminal activity. Criminal activity to be described as follows:

- **The felonious manufacture, sale, or distribution, or the possession with Intent to manufacture, sell, or distribute, a controlled substance.**
- **The felonious use or possession must have occurred within one year before the date of the certification. This certification also provides notice to participants and applicants that Beattyville Rental Assistance Team (BRAT) may deny admission or terminate assistance if a preponderance of the evidence indicates a family member has been arrested or convicted.**

We further understand staff may deny or terminate assistance based on the preponderance of evidence regardless of whether the family member has been arrested or convicted.

We further understand if we are denied assistance we have the right to an informal review or hearing. Rules governing the hearing process as well as the authority for this policy are contained in our Administrative Plan and based on the following Federal Regulations:

24 CFR 882.118-Obligations of the Family

24 CFR 882.210- Grounds for denial or termination of assistance

24 CFR 882.413- Responsibility of the Family

Copies of the Administrative Plan and any or all of the above regulations are available upon request.

Signatures of all Participants age 18 and Older:

Date: _____

