



APPLICATION PACKET

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at GK Management Co., Inc.

All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable.

This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the errors and put your initial. Please do not use white-out to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- 1) Subsidized Rental Application for Housing
- 2) Supplement to Application for Federal Assisted Housing HUD-92006

When your application is received at the complex, your name will be placed on the waitlist based on the date and time application is received at the property.

It is your responsibility to contact us with any new information or change of address. We will send you a Periodic Assessment on an annual basis. If you do not respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

Apartments are offered as they become available. When your name reaches the top of the wait list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms that allow our staff to further verify income, assets, allowances, criminal history, sex offender status, credit history, and landlord references.

If you have any questions, please refer to the attached complex listing, to contact the community manager.

**Affordable Division
GK Management Co., Inc.**



SUBSIDIZED RENTAL APPLICATION

COMPLEX _____

Please complete ALL sections. Enter "None" or "N/A" for those questions which do not apply.

| | | | | | | | |
|------------------------|---------------------|-------|----------------------|---------|--------------------|------------------|-----|
| LAST NAME OF APPLICANT | | FIRST | | INITIAL | | DAY PHONE () | |
| CURRENT ADDRESS | | | | APT# | CITY | STATE | ZIP |
| DATE OF BIRTH | SOCIAL SECURITY NO. | | DRIVER'S LICENSE NO. | | CELL/MESSAGE PHONE | | |

ALL APPLICANTS APPLYING FOR RENTAL ASSISTANCE WILL BE REQUIRED TO EITHER SUBMIT (A) EVIDENCE OF CITIZENSHIP, (B) ELIGIBLE IMMIGRATION STATUS, OR (C) CHOOSE NOT TO CLAIM ELIGIBLE STATUS AT THE TIME OF THE INTERVIEW FOR THIS COMPLEX.

HOUSEHOLD INFO

List ALL household members who will live in the unit, including yourself. Apartment to be occupied by _____ # of people.

| NAME | RELATIONSHIP TO APPLICANT | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NUMBER | STUDENT |
|------|---------------------------|------------|-----|---|------------------------|--|
| 1 | SELF | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8 | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Do you or any member of your household require a unit with accessibility features? Yes No
If yes, describe:

PREFERENCE ELIGIBILITY The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government action, or as a result of a disaster determined by the President to be a major disaster.
- I am 62 years or older. I am handicapped or disabled. I do not think I am eligible for the displaced preference at this time.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager requests that I do so. If my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL _____ DATE _____

HOUSEHOLD INCOME LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.

| | | | |
|---|--|---|--------------------|
| Soc. Sec./SSI \$ _____ /per _____ | VA/Pension/Annuity \$ _____ /per _____ | AFDC/TANF/GR \$ _____ /per _____ | Other (Type) _____ |
| Alimony/Child Support \$ _____ /per _____ | Unemployment \$ _____ /per _____ | Family Support/Contribution \$ _____ /per _____ | |
| Disability \$ _____ /per _____ | Educational Grants/Scholarship \$ _____ /per _____ | Other (Type) \$ _____ /per _____ | |

| EMPLOYMENT | NAME OF EMPLOYER | NAME OF HOUSEHOLD MEMBER | SALARY \$ _____ per _____ | DATE OF EMPLOYMENT FROM: _____ TO: _____ |
|---------------|------------------|--------------------------|---------------------------|--|
| ADDRESS _____ | | PHONE () _____ | | |

| EMPLOYMENT | NAME OF EMPLOYER | NAME OF HOUSEHOLD MEMBER | SALARY \$ _____ per _____ | DATE OF EMPLOYMENT FROM: _____ TO: _____ |
|---------------|------------------|--------------------------|---------------------------|--|
| ADDRESS _____ | | PHONE () _____ | | |

HOUSEHOLD ASSETS List all sources of assets for you and your household.

| | |
|--|---|
| Checking Acct No. _____ Balance _____ | Savings Acct No. _____ Balance _____ |
| Name of Bank _____ | Name of Bank _____ |
| Stocks/Bonds/Mutual Funds Acct No. _____ Cash Value _____ | CD/Money Market Acct No. _____ Cash Value _____ |
| Name of Institution _____ | Name of Institution _____ |
| Real Estate/Property Acct No. _____ Cash Value _____ | 401k/IRAS Acct No. _____ Cash Value _____ |
| Name of Institution _____ | Name of Institution _____ |
| Whole/Universal Life Insurance Acct No. _____ Cash Value _____ | Cash on Hand _____ Cash Value _____ |
| Name of Institution _____ | |

TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES AND SIGNED.



THIS PAGE MUST BE FILLED OUT COMPLETELY. SIGNATURE AND DATE IS REQUIRED BELOW.

| | | | | | |
|--|---|--|------------------------------|----------------------|--|
| PRESENT LANDLORD | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OF RESIDENCE FROM: |
| ADDRESS | | | | | TO: |
| PREVIOUS LANDLORD | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OF RESIDENCE FROM: |
| ADDRESS | | | | | TO: |
| PREVIOUS LANDLORD | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OF RESIDENCE FROM: |
| ADDRESS | | | | | TO: |
| OUT OF STATE RESIDENTIAL HISTORY | HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER. | | | | |
| NAME OF HOUSEHOLD MEMBER | | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP | |
| NAME OF HOUSEHOLD MEMBER | | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP | |
| NAME OF HOUSEHOLD MEMBER | | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP | |
| PRIOR TENANCY | Has your family's assistance or tenancy in a subsidized housing program ever been terminated for: | | | | |
| Fraud <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain _____ | | | | | |
| Nonpayment of rent <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain _____ | | | | | |
| Failure to cooperate with recertification procedures <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain _____ | | | | | |
| CRIMINAL CONVICTION | Have you or any member of your household ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, which family member | | <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony | If yes, which family member | | <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony |
| WHEN | WHERE - CITY & STATE | | WHEN | WHERE - CITY & STATE | |
| EXPLAIN DETAILS | | | EXPLAIN DETAILS | | |
| LIFETIME SEX OFFENDER | Are you, or is any member of your household, subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If yes, which family member? | | WHICH STATE? | If yes, which family member? | | WHICH STATE? |
| EXPLAIN DETAILS | | | EXPLAIN DETAILS | | |
| HOW DID YOU HEAR ABOUT US? | <input type="checkbox"/> walk/drive by <input type="checkbox"/> Internet <input type="checkbox"/> newspaper <input type="checkbox"/> referred by <input type="checkbox"/> other (please specify) _____ | | | | |
| We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. | | | | | |
| Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. | | | | | |
| Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages. | | | | | |
| APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIRIES OF ANY STATEMENT MADE HEREIN. | | | | | |
| NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION. | | | | | |
| APPLICANT SIGNATURE | | DATE | CO-APPLICANT SIGNATURE | | DATE |
| X | | | X | | |
| CO-APPLICANT SIGNATURE | | DATE | CO-APPLICANT SIGNATURE | | DATE |
| X | | | X | | |
| AUTHORIZED G&K MANAGEMENT CO., INC. REPRESENTATIVE SIGNATURE | | | | | DATE |

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.

| | |
|--|--|
| | |
|--|--|

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.