

Bethel Greencastle

An Embrace Living Community

4100 N Brighton Ave | Kansas City MO 64117-2000

O 816.453.9235 | F 816.453.9367 | TTY 711 | betheln@embraceliving.org

Dear Applicant:

In response to your inquiry, enclosed is an application packet for Bethel Greencastle. This packet includes eligibility requirements and application papers. **Please read all this information.**

Please complete, sign and date the application papers. Any section left blank will deem the application "incomplete" and be returned to you. If any question on the forms does not apply to you, please mark it with an "n/a" or cross-through it.

Once a complete application is received, it is reviewed for preliminary eligibility according to HUD requirements. If preliminary eligibility is met, your name will be placed on the waiting list. Your name on the waiting list does not guarantee eligibility nor does it ensure housing.

This property maintains a substantial waiting list. Management cannot guarantee housing within your time frame. The waiting list is maintained in chronological order based on date and time of your application. Preference is given to extremely low income applicants or applicants displaced by government or natural disaster.

The waiting list is updated at least annually with written notification to applicants on the list. You are required to respond by returning the updated form. It is your responsibility to notify the facility office should your address, phone, or family composition change.

A thorough screening for eligibility and suitability is not done until your name is at the top or near the top of the list and you are being considered for admission. Please refer to the enclosed "Tenancy Requirement and Screening".

Sincerely,

Manager





Bethel Greencastle
4100 N. Brighton Avenue
Kansas City, MO 64117
816-453-9235 TTY: 711

APPLICATION FOR TENANCY

The apartment you have applied for has been designed for those persons aged 62 and over and/or those persons 18 and over who have a physical condition that has resulted in a mobility impairment requiring the special design features of a “barrier-free” apartment.

This application will be used only to determine your preliminary eligibility for this program which is subsidized by the Department of Housing and Urban Development (HUD). If eligible, your name will be placed on our Active Wait List. When an apartment becomes available, you will be contacted for an interview to determine if you/your household meets the established criteria of eligibility and suitability.

The undersigned hereby makes application for an apartment in the above referenced housing community as indicated below.

PLEASE PRINT

GENERAL INFORMATION

Applicant Name: _____
Last First Middle

Current Address: Street: _____

City/State/Zip: _____

Daytime Telephone #: _____ Evening Telephone #: _____

ELIGIBILITY

Eligibility for admission requires that the applicant be an “**Elderly Family**” or have a “**Mobility Impairment**”, requiring the special amenities of a barrier-free unit. Refer to the above statement for the definition of eligibility. I am eligible for admission based on the definition of:

[☐] Elderly or Elderly Family

[☐] Mobility Impairment requiring the special features of a barrier-free unit. If checked, please explain: _____

Type of Unit Requested: (Check all that apply.)

☐ One Bedroom

☐ Barrier-Free Unit

☐ Hearing Impairment Unit

Does the applicant or any household member need reasonable accommodation for a mobility accessible or hearing impairment unit? ☐ Yes ☐ No

If yes, please indicate the type of reasonable accommodation needed. _____

Have you or any household member lived or are currently living in a government subsidized community? ☐ Yes ☐ No

Explain: _____

Reason for moving from current residency: _____

How did you hear of our community? _____

List each household member who would be living in the unit:

Name	Relationship to Head of Household	Date of Birth	Gender (Optional Disclosure)	Social Security Number	Occupation

Were any applicants age 62 or older as of January 31, 2010, and who do not have a Social Security Number, receiving HUD rental assistance at another location on January 30, 2010?

☐ Yes ☐ No If yes, community information needed _____

Have you or any household member ever applied and/or lived at this community?

☐ Yes ☐ No If yes, explain _____

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

If yes, explain _____

Do you plan to have anyone living with you in the future who is not listed above?

☐ Yes ☐ No If yes, explain _____

Will any of the household members live anywhere else except in the unit applied for?

☐ Yes ☐ No If yes, explain _____

Will any of the household members who will live in the unit on less than a full time basis?
[] Yes [] No If yes, explain _____

Do any of the above mentioned applicants attend an institution of higher learning?

[] Yes [] No

If Yes, please answer the following:

Name(s) of applicants: _____

Name of institution(s): _____

Please indicate status: [] Full time [] Part time

CURRENT HOUSING

[] Rental [] Home Owner [] Other (Explain): _____

Present Landlord: _____

Name Address City State Zip

Phone: _____ Occupancy Since: _____ Lease Expires: _____

Monthly Rent: \$ _____ Utilities: \$ _____ Total \$ _____

Have you or any member of your family ever been evicted from a residence or have any
eviction proceedings ever been instituted? [] Yes [] No

If yes, please describe the circumstances: _____

Please list landlord and address for residences within last 5 years if different than current
address listed on the application:

Name	Address	City, State, Zip	Phone #	Date of Residency

TYPE OF AUTO(S)

Make / Model: _____ License Plate #: _____ State: _____

Make / Model: _____ License Plate #: _____ State: _____

PETS Do you own a Pet? [] Yes [] No

If, yes, type and size: _____

ASSETS

List value of all assets held by those expected to reside in unit. (If you have additional accounts, please place the information on a separate sheet of paper and attach it to the application.):

A. Checking Account(s):

Location of Bank: _____

Account Number: _____

Current Balance: _____

Location of Bank: _____

Account Number: _____

Current Balance: _____

B. Savings Account(s):

Location of Bank: _____

Account Number: _____

Current Balance: _____

Location of Bank: _____

Account Number: _____

Current Balance: _____

Location of Bank: _____

Account Number: _____

Current Balance: _____

C. Certificates of Deposits (CD's):

Value

Annual Interest

D. Money Market / Treasury Notes / Bonds:

Value

Annual Interest

E. Stocks:

Name	# of Shares	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Real Estate:

Location / Type: _____

Remaining Mortgage: _____

Estimated Value: _____

G. **IRA/ Keogh Account:** Value: _____ Interest: _____

H. **Life Insurance:** Name: _____ Cash Value: _____

I. **Personal Property Being Held as an Investment** (Such as gems, coin or stamp collections, antiques, etc.): _____

J. Other (Such as cash not held in banks, etc.). Please specify.: _____

TOTAL ASSET VALUE: \$ _____

I, or any member of my family, **have** [] **or have not** [] (check one) disposed of any assets in the previous two years. If assets have been disposed of, please list asset and approximate value. _____

INCOME

Income from all those expected to reside in unit should be included in family income:

Annual Income Source (Indicate Gross Monthly Amount)	Head of Household	Family Member #2
A. Social Security Retirement		
B. Supplemental Security Income		
C. Social Security Disability		
D. Public Aid		
E. Pension/Annuities/Insurance Benefits		
F. Wage/Salary/Self-Employment Income (include gratuities)		
G. Interest/Dividends from C.D.'s, Stocks, Bonds, Savings		
H. Income from Real Estate		
I. Other (i.e. educational grants, family support, child support, etc.) Please specify source.		
J. Student Financial Aid/Scholarship		
K. Other		
Total Monthly Income:		

EXPENSES

Type of Expense	List Name of Expense	Monthly Payment Amount	How Often Payment Is Made
A. Credit Card			
B. Loans			
C. Medical Insurance Premium			
D. Medical Insurance Premium			
E. Doctor Visits			
F. Outstanding Medical Bills			
G. Prescriptions			
H. College Tuition			
I. Other: _____			
J. Other: _____			
K. Other: _____			
Total Monthly Expenses:			

REFERENCES

Personal References:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

1. Have you or any household member ever filed for bankruptcy?

[] Yes [] No If yes, explain _____

2. Have you or any household member ever willfully or intentionally refused to pay rent when

due? [] Yes [] No If yes, explain _____

3. Have you or any household member ever been evicted, breached or violated your contract while leasing any type of rental housing?

[] Yes [] No If yes, explain _____

4. Are you or any household member currently under any litigation or other notice regarding loan defaults, late payment of rent, bills, utilities, etc.?
[] Yes [] No If yes, explain _____
5. Have you or any household member ever been convicted of a felony? (Traffic violations not included.) [] Yes [] No If yes, please list dates, crimes, location, time served, parole status: _____
6. Have you or any household member been evicted from a federally assisted site for drug-related criminal activity?
[] Yes [] No If yes, explain _____
7. Are you or any household member a current illegal abuser or addict of a controlled substance?
[] Yes [] No If yes, explain _____
8. Have you or any household member ever been arrested or convicted of the illegal distribution or manufacturing of any controlled substance?
[] Yes [] No If yes, explain _____
9. Do you or any household member abuse or have a pattern of abuse of alcohol that would interfere with the health, safety, or right to peaceful enjoyment of the premises of others?
[] Yes [] No If yes, explain _____
10. Are you or any household member currently subject to a lifetime registration requirement under a state sex offender registration program?
[] Yes [] No If yes, explain _____
11. Have you or any household member been convicted of any crime involving fraud or dishonesty? [] Yes [] No If yes, explain _____
12. Are you currently charged with any of the criminal activities sited in questions 1-11?
[] Yes [] No If yes, explain _____
13. Please list all states in which you or any household member has resided. _____
14. Please list all states in which you or any household member has lived or have held licenses to drive since 1996 (include driver's licenses #). _____
15. Have you or any household member ever used any name(s) or social security number(s) other than the one currently being used?
[] Yes [] No If yes, explain _____

EMERGENCY CONTACTS

Please list three family member or close friends to notify in case of emergency.

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

APPLICANTS CERTIFICATION

I/we certify that if selected to move into this project, 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 for section 8 assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we consent for a criminal background check to be completed. I/we understand that false statements or information are punishable under federal law and is grounds for denial of admission to this community. I/we understand that if my/our address or phone number change, it is my/our responsibility to report this change to the on-site management. All notices from on-site management will be sent by first class mail at the current address listed on this application.

Signature of Head of Household: _____ Date: _____

Signature of Family Member #2: _____ Date: _____

Signature of Family Member #3: _____ Date: _____

Signature of Family Member #4: _____ Date: _____

+++++
MANAGEMENT USE ONLY:

Date & Time Received: _____ Reviewed By: _____

Eligible [] Income Level: _____ Date Acceptance Letter Sent: _____

Ineligible [] Reason: _____

Date Rejection Letter Sent: _____

Revised 01/2017

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.