



<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Driver's License #</b>
<b>Any Other Names You've Used In The Past</b>			<b>Home Phone</b>	<b>Cell Phone</b>	
<b>All Other Proposed Occupants</b>			<b>Birth Date</b>	<b>Relationship to Applicant</b>	
Clear Pointe is a senior property with priority given to individuals or families with physical or mental disabilities. List proposed occupant(s) with disability:					
Clear Pointe is a property with priority given to Veterans. List proposed occupant(s) that are Veterans:					

<b>RENTAL/RESIDENCE HISTORY</b>	<b>Current Residence</b>	<b>Previous Residence</b>	<b>Prior Residence</b>
<b>Street Address</b>			
<b>City</b>			
<b>State &amp; Zip</b>			
<b>Last rent amount paid</b>			
<b>Owner/Manager and phone number</b>			
<b>Is/Was rent paid in full?</b>			
<b>Did you give notice?</b>			
<b>Were you asked to move?</b>			
<b>Name(s) in which your utilities are now billed:</b>			
	<b>From/To</b>	<b>From/To</b>	<b>From/To</b>
<b>Dates of residency</b>			

<b>Employment History</b>	<b>Current Employment</b>	<b>Previous Employment</b>	<b>Prior Employment</b>
<b>Employed By</b>			
<b>Address</b>			
<b>Employers Phone</b>			
<b>Occupation</b>			
<b>Name of Supervisor</b>			
<b>Monthly Gross Pay</b>			
	<b>From/To</b>	<b>From/To</b>	<b>From/To</b>
<b>Dates of Employment</b>			

<b>CREDIT HISTORY</b>	<b>Bank/Institution Name</b>	<b>Balance on Deposit or Balance Owed</b>
<b>Savings Account</b>		
<b>Checking Account</b>		
<b>Credit Card</b>		
<b>Credit Card</b>		
<b>Auto Loan</b>		



Vehicles (Include Vehicles belonging to other proposed occupants also)				
Make	Model	Color	Year	License Plate

REFERENCE & EMERGENCY CONTACTS	Doctor	Lawyer	Nearest relative living elsewhere
<b>Name</b>			
<b>Street Address</b>			
<b>City</b>			
<b>State &amp; Zip</b>			
<b>Phone Number</b>			

By signing the application you grant KPHI permission to communicate with all the contact listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

**GENERAL INFORMATION**

<b>Have you ever been served a late notice?</b>	<b>Do any of the people who would be living in the apartment smoke?</b>	<b>How long do you think you would be renting from KPHI?</b>

<b>Have you ever filed for bankruptcy? If so, when?</b>	<b>When would you be able to move in?</b>	<b>Have you ever been convicted of a felony?</b>

<b>Have you ever been served an eviction notice? If so, when?</b>	<b>How many pets do you have (list Type, Breed, approximate weight &amp; age)?</b>

**Have you had recurring problems with your current apartment or landlord? If so, explain:**

**Why are you moving from your current address?**

**List any verifiable sources and amounts of income you wish to have considered (optional).**

**If you were to run into financial difficulty in the future and couldn't come up with the money to pay rent, do you know someone that would loan you the money? If so, provide person's name, address & phone number so that we can use them as a reference for you.**

**Have you been party to a lawsuit in the past? If yes, please explain why.**

**KPHI may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?**

**Race of Head of Household (as required by HUD 40097)**

<input type="checkbox"/> White	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American & White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native & African American or Black
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other Multi Racial
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> American Indian or Alaskan Native & White	

Hispanic Yes  No

<b>How did you hear about this apartment?</b>	<b>Do you have an email address we can reach you at?</b>

<b>Do you have an AHFC Housing Choice Voucher? If not, are you on the waitlist, list date of application?</b>	

**Agreement & Authorization Signature**

The statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kenai Peninsula Housing Initiatives, Inc. · P.O. Box 1869, Homer, AK 99603 · 235-4357



Return completed Application to KPHI at the address listed above or by Fax: (907)235-4335 or email: [applications@kphi.net](mailto:applications@kphi.net)