

CANTERBURY HOUSE APARTMENTS

926 Ravine Circle
Southgate, KY 41071
859-442-8800

When submitting an application: we will need a copy of all persons 18 or older Government issued photo ID. Screening fee is \$12.00 per adult. A link will be sent to you after hading in the completed application.

| | | | |
|--------------------------|-------------------------------|----------------|------------|
| Tentative MI date: _____ | APT #: _____ | Rent: _____ | Pet: _____ |
| Deposit: _____ | Pet non-refundable fee: _____ | App Fee: _____ | |

WHAT SIZE APARTMENT ARE YOU APPLYING FOR _____ BR

PLEASE PRINT

TODAY'S DATE: _____ TIME: _____ EXPECTED MOVE IN DATE: _____

NAME: _____ PHONE: (_____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the apartment.

| Full Name | Relationship to Head of Household | M / F | Social Security # | DOB |
|-----------|-----------------------------------|-------|-------------------|-----|
| | HOH | | | |
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EMERGENCY CONTACT:

In case of an emergency, notify _____ Relationship: _____

Cell #: _____ Work #: _____

Canterbury House Apartments does not discriminate on the basis of handicapped Status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I do hereby authorize Canterbury House Apartments and its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

Furthermore, I hereby release and hold harmless any agent of Canterbury House Apartments, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to Canterbury House Apartments upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit. Applicant hereby acknowledges that if the application is cancelled for any reason that the holding fee is non-refundable. The holding fee is only refundable if the application is rejected and the applicant did not give false or misleading information or neglect to tell pertinent information on the application.

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD AND ANY OWNER (OR ANY EMPLOYEE OF HUD OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLINGLY REQUESTS, OBTAINS, OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT **208 (A) (6), (7) AND (8).** VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC **408 (A) (6), (7) AND (8).**

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
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| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |



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