

The Overlook at Elkhorn Creek Apartments

800 square feet 2 bedroom, 1 bathroom apartment:
Floor Plan Price \$605.00

1024 square feet 3 bedroom, 2 bathroom apartment:
Floor Plan Price \$690.00

Section 8 Voucher Accepted

Deposit
\$99.00

Application fees:
\$18.00 per application



Pet policy
30 lb. wt. limit
2 pet limit

Pet Fee (non-refundable)
\$250.00
Cats must be De-clawed
\$25 per month pet rent

Utilities:
Water, Sewer, and Trash
Included in Rent

- Electric-(Kentucky Utilities) 2 Bedroom-\$75 3 Bedroom-\$92
- The tenant also pays Cable, Internet, and any other optional services.

Amenities:

*Dishwashers
*Microwave in every unit
*Ice Makers
*W/D Connections in every unit
*Large closets

*Ceiling Fans in every unit
*Handicap units available
*Self-cleaning Ovens
*Frost-Free refrigerators

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Qualifying Guidelines to Move-In

This property is financed by funds pursuant to Section 42 of the Internal Revenue Code. As such, we are required to follow certain guidelines regarding income and student status.

Must not exceed Annual Income of:

- 1 person household- \$23,900.00
- 2 person household- \$27,300.00
- 3 person household- \$30,700.00
- 4 person household- \$34,100.00
- 5 person household- \$36,850.00
- 6 person household- \$39,600.00

All members of the household cannot be full-time students
Unless, one of the following exceptions apply:

- Married, filing a joint tax return
- Single parent with a dependent child
 - Title IV recipient (AFDC)
- Participant in federally funded job training
 - Participate in Foster Care

RENTAL APPLICATION
(Please Print)

_The Overlook at Elkhorn Creek Apartments_____

Name of Property

Date

Apt. Size Desire: No. of Bedrooms _____

Name of Head of Household (Head)	Spouse Name (if living with the household)

			()	()
Current Address: Street	City	State	Day Phone	Night Phone
Zip				

Circle One:	Single	Married	Divorced	Separated
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Have you ever used another name? Y/N_____. If so, please indicate name:_____

PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A PARTICULAR QUESTION IS NOT APPLICABLE.

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your Social Security number.

2. FAMILY COMPOSITION:

Sex	Full time	Relation to	Date of Birth	Social
Member No.	Name(s)	Head	Mo-Dy-Yr	Security No.
(M/F)	Student (Y/N)			

1.		HEAD				
2.						
3.						
4.						
5.						
6.						

Anticipated change in family size? (Y/N)_____ Anticipated change in number of students? (Y/N)_____

3. ANTICIPATED INCOME: # PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:

Employment

Member No. Source of Income: Indicate Name of Source Position From/To
Gross Income/Monthly

	Name:				\$
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Address:	Phone No.:
Contact:	

	Name:				\$
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Address:	Phone No.:
Contact:	

Are you entitled to child support benefits? Yes No
 If yes, do you receive child support benefits? Yes (Monthly benefit: \$ _____) No
 If no, what attempts are you making to collect the entitled child support benefits?

 (please explain)

Other sources of income not listed above (e.g. Social Security, alimony, stipend, etc): _____
 Contact, address and phone
 No.: _____

Do you have any other income not listed? Yes No
 If yes, please list source: _____

An adult member of the household has no income. List adult members with no income: _____

Does anyone help you pay your bills? Yes No
 If yes, please list: _____

Expenses
 Please list all monthly expenses, not including rent:
 Auto: \$ Child Care: \$ Telephone: \$ Credit Cards: \$
 Medical: \$ Insurance: \$ Cable: \$ Loans: \$
 Food: \$ Other (Please list):

4. ASSETS:

Account No. Describe Type (Stocks, real estate, etc. If property, please indicate location)
Value

		\$
		\$

Has any member of your household sold or otherwise disposed of any asset during the past two years? Yes No

5. CREDIT REFERENCES (credit cards, school loans, car payment, mortgage payments, etc.):

Account No. Company Name (Creditor) Mon. Pmt. Balance Judgments/
Bankruptcy? If yes, describe

6. BANK REFERENCES:

Account No.	Bank Name	Address	Actual Interest	Type of Account
Average Bal.	Earned			(savings, checking)

Do you or any adult member of your household have a direct deposit card? (child support, TANF, SSI, unemployment etc?)

Yes No If Yes, please list:

No member of the household has assets.

7. VEHICLES (including company cars, motorcycles, etc.):

Name	Driver's Lic No.	State	Model	Year	Color	Car Lic No.
State	Mon. Pmt					

8. RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:

** Please list residence history for co-applicant if the co-applicant has not previously resided with the HOH

Current Address	Rent/Mo	Utilities/Mo	Move-in Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone No.
Previous Address	Rent/Mo	From/To	Reason for Leaving	
Landlord Name	Landlord Address			Landlord Phone No.
Previous Address	Rent/Mo	From/To	Reason for Leaving	
Landlord Name	Landlord Address			Landlord Phone No.

9. CHARACTER REFERENCE (Other than Relatives):

Name _____ Address _____
Phone No. _____

10. IN CASE OF EMERGENCY, NOTIFY:

Name _____ Address _____
Phone No. _____

11. SPECIAL NEEDS:

Does anyone in your family have special needs? Yes No Are special living accommodations required? Yes No

Please explain:

I/We authorize The Overlook at Elkhorn Creek Apartments to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to The Overlook at Elkhorn Creek Apartments as to my/our character, general reputation, income, credit and mode of living. I understand that this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon The Overlook at Elkhorn Creek Apartments until this application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. I/We also understand that this application is for occupancy at a Low Income Housing Tax Credit property and will require annual recertification of my/our household.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):

Applicant Signature (HEAD) _____ Date _____
Date

Property Representative

Applicant Signature (OTHER ADULT) _____ Date _____