



We wish to thank you for your interest in Penn Terrace Apartments, located in Independence, Kansas. We are a 99-unit, HUD Section 8 Subsidy Apartment Complex for Seniors 62 and older *or* disabled persons aged 18-49 *or* disabled persons aged 50-61, in that order.

Our apartments are conveniently located just 3 blocks from the downtown area with a private parking lot for residents.

Penn Terrace Apartments is owned by the City of Independence and is managed by the Independence Housing Authority.

Enclosed you will find information about our apartments with floor plans and a brief description of inclusions. Also included is a preliminary application for occupancy and a HUD-92006 Contact form, both of which you will need to fill out and return to Penn Terrace Apartments. After receiving the application your name will be placed on a waiting list for occupancy.

If we may be of further assistance, please contact us at the address and/or telephone number below.

Again, thank you for inquiring about Penn Terrace Apartments and we look forward to serving you.

Kim Stevenson

Penn Terrace Apartments

Things You Should Know



Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined;
- Imprisoned; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application

When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, annuity, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief.

You are committing fraud if you sign a form knowing that it contains false or misleading information.

- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;

- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Items Needed During Application Process:

Current Driver License or Identification Card

We will need to see your current Driver License or Identification Card, Prior to moving into Penn Terrace if you lived in another state you will need to get a license or identification card that is issued by the State of Kansas.

Birth Certificates

You must bring a Certified Birth Certificate, of each person who will be residing in the household. If there is not a Birth Certificate available, you must apply for a Certified Copy of Birth Certificate from the state in which you were born. If your Birth Certificate could not be obtained for various reasons you will need to ask for further instructions.

Social Security Cards

A Social Security card is REQUIRED FOR EVERY MEMBER of the household. We cannot accept a copy of any social security card; we must see the original card. If you have lost your card call Social Security Administration and request an application form to replace the lost card(s). Also we must receive a copy of the application for replacement.

Full Time Students

If any members of the household are 18 years of age or older and still attend school full-time, bring information about where they go to school.

Handicap or Disability

If any member of the household is handicapped or disabled, bring documentation stating handicap or Disability and what accommodation is needed. Also any information about any income the member receives because of his/her handicap.

Income/Assets

Bring information about any of the following Income/Assets:

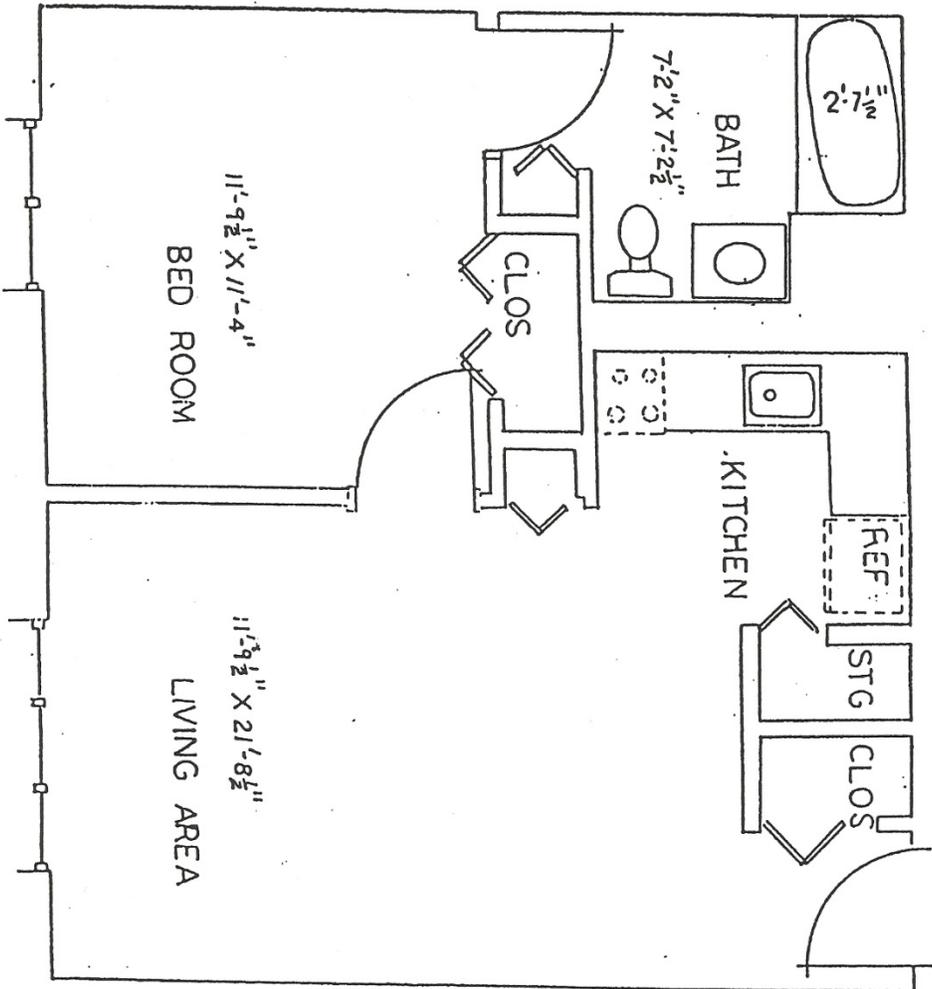
1. 3-6 Statements, 3-6 Pay Check Stubs
2. Addresses and Phone Number of all contacts

Expenses

Bring information about any of the following expenses:

1. Medical expenses not covered by insurance (age 62 & over families only)
2. Medical insurance premiums or amounts deducted from your pay for medical insurance. (Age 62 & over families only)
3. Child care expenses to care for your child (ren) while you work.
4. Expenses to care for a handicapped or disabled family member while you work.
5. Addresses and Phone Number of all contacts





ONE BEDROOM
 HIGH RISE FOR THE ELDERLY
 DATE 2-28-77
 SCALE 1/4" = 1'-0"

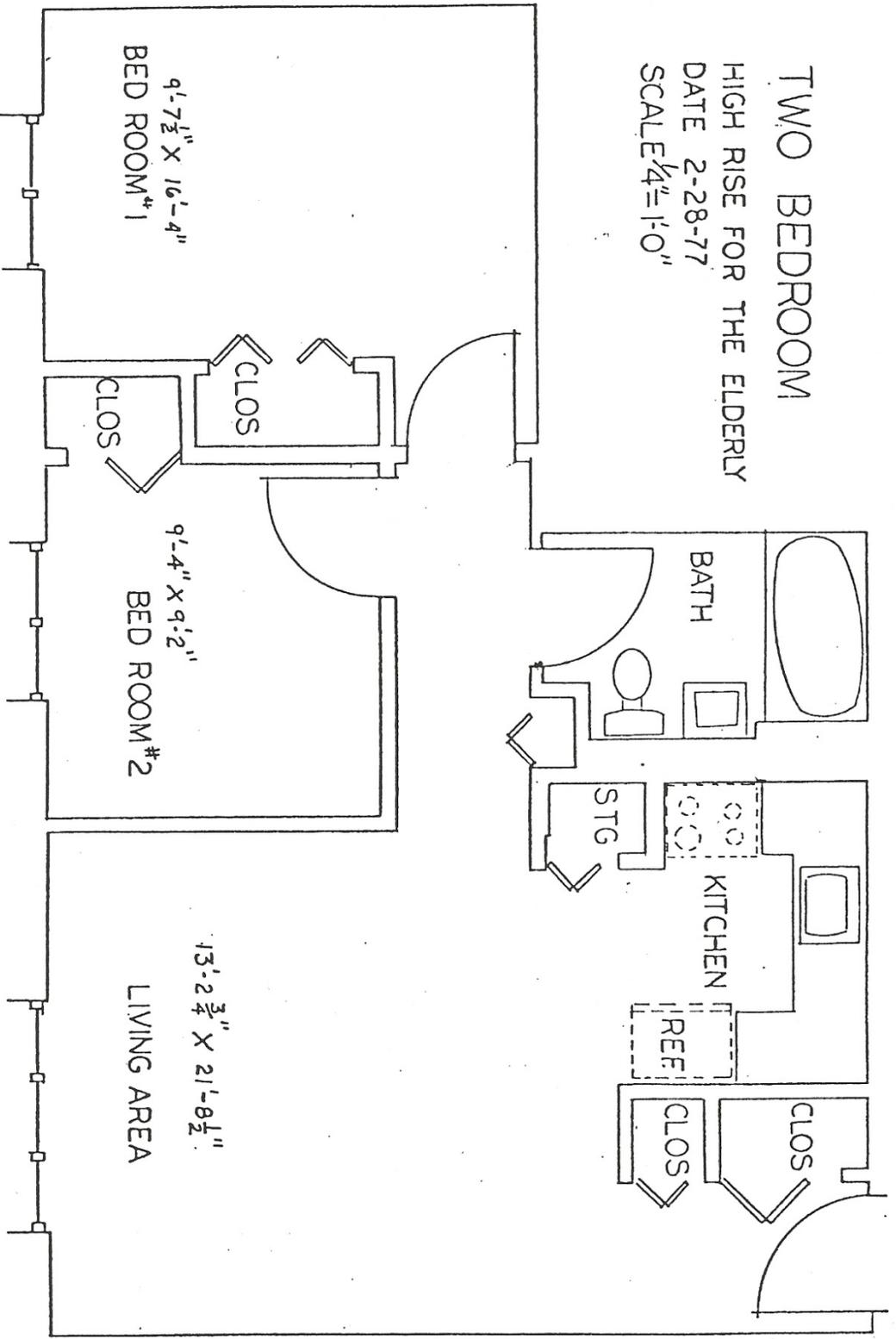


TWO BEDROOM

HIGH RISE FOR THE ELDERLY

DATE 2-28-77

SCALE 1/4" = 1'-0"





PRE-APPLICATION/WAITING LIST

Please complete & return to:

Penn Terrace Apartments

401 S Penn Ave Independence, KS 67301

P: 620-331-1678 | E: pennterrace@independenceks.gov

OFFICE USE ONLY

Date: _____ Time: _____

Rec'd by: _____

This pre-application is used to request placement on the waiting list for Penn Terrace Apartments: high-rise apartments, subsidized with Section 8, for person(s) 62 years and older OR non-elderly disabled persons who are 18-49 years of age OR near-elderly disabled persons who are 50-61 years of age, in that order. **Income requirements apply.** To apply, **completely fill out each section** of this application. **Do not leave any question blank.**

1. Household Composition. List the Head of Household and all other members living in the unit. If your mailing address or phone number changes, please notify the Penn Terrace office immediately.

Full Name (First, Middle, Last)	Relation to H.O.H.	SSN	DOB	Age	Sex	Marital Status
	Self					

Mailing Address _____ City _____ State _____ Zip _____

Address where you are currently living _____ City _____ State _____ Zip _____
(if different from mailing address from above)

Home phone _____ Cell Phone _____ Email _____

1b. Pets. Do you have a pet? No OR Cat Dog Breed: _____ Weight: _____

2. Current Living Situation & Accessibility. Answer the following in regards to your current living & housing situation.

2b. Which of the following best describes your *current* living situation:

- I own my place of residence. I rent my place of residence.
 I am living with friends or family. Other: _____

2c. Do you need a handicap-accessible unit: Yes No

3. Income.

3a. What is the household's total monthly income? Include gross income from *all* household members *before* any deductions (such as Medicare).
\$ _____

3b. Household income source(s). Check all that apply.
 Wages Social Security/SSI Child Support Alimony
 Disability Public Assistance Unemployment Pension
 Annuity Income Someone pays my bills/gives me money
 Self Employment Other: _____

3c. If employed, name of employer: _____

4. Assets.

4a. What is the household's total value of all allowable assets? Include cash value of *all* household member's assets.

\$ _____

4b. Household assets. Check all that apply.

- | | | | |
|--|---|------------------------------|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> CDs | <input type="checkbox"/> Money Market Funds |
| <input type="checkbox"/> IRA, 401(k) or retirement accounts | <input type="checkbox"/> Annuities | | |
| <input type="checkbox"/> Stocks, Savings Bonds or Treasury Bills | <input type="checkbox"/> Trust Funds | | |
| <input type="checkbox"/> Whole of Universal Life Insurance | <input type="checkbox"/> Real Estate | | |
| <input type="checkbox"/> Cash on hand or in safety deposit box | <input type="checkbox"/> Prepaid debit card | | |
| <input type="checkbox"/> Assets held in another state or foreign country | | | |
| <input type="checkbox"/> Other: _____ | | | |

5. Medical Expenses- for Seniors 62 and older ONLY.

Only medical expenses that have *recurring monthly payments* are allowable.

5b. What is the household's TOTAL monthly medical expenses?

\$ _____

5c. Household Medical expenses. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicare supplement (Medigap) |
| <input type="checkbox"/> Medicare Part D (Prescription drug coverage) | |
| <input type="checkbox"/> Prescription drug copays | <input type="checkbox"/> Public Assistance (HCBS, etc.) |
| <input type="checkbox"/> Long-term care insurance | <input type="checkbox"/> Medical bills on a payment plan |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

6. Background Information. Please check yes or not to all questions. You may provide an explanation for any or all of your answers by attaching it to this application.

- | | |
|--|--|
| Have you or any household members been convicted of a felony in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or any household members currently have an outstanding felony charge that has not been settled in a court of law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or any members of your household currently subject to a state sex-offender registration law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any household members ever filed bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any household members ever been evicted from another rental unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any household members ever left a rental unit still owing rent or money for damages? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CERTIFICATION OF APPLICANT: I hereby certify that the information provided in this application is true & accurate. I understand that providing false information may result in my application being cancelled or denied. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept the responsibility for keeping Penn Terrace Apartments informed of my current address and I understand that my application may be cancelled if I fail to do so.

Signature of Head of Household

Date

Signature of Spouse or Co-H.O.H.

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.

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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.