



## Tenants to Homeowners, Inc.

2518 Ridge Court, Suite 103, Lawrence, Kansas 66046

To Be Completed by Office Staff

Date Rec'd: \_\_\_\_\_

Time Rec'd: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### Rental Program #1

## General Rental Housing Program Requirements

**ATTENTION: This program is open to anyone who makes less than 80% of the median income in Lawrence for the year. The rents in this program are set below Fair Market Rent BUT do not vary based on your specific income. However, we do accept Section 8 vouchers. All units in this program are FOR RENT only. Potential tenants would be responsible for paying all utilities including electric, gas (if applicable), and water/trash.**

- ☐ **ALL PAGES OF THE APPLICATION PACKET MUST BE FULLY COMPLETED OR YOUR IT WILL NOT BE PROCESSED.** This includes name and current contact information for any previous landlord(s).
- ☐ Tenant Release and Consent must be signed
- ☐ A copy of all Photo IDs must be provided for all household members
- ☐ Copy of Social Security cards or proof of legal residency for all members of the household
- ☐ 3 Months of the most recent checking account statements and the latest statement for any savings or investment accounts for all adults in the household. All pages of the bank statements must be provided, and statements must have the bank logo and the account holders name and address. *Printed screen shots of bank accounts will be rejected.*
- ☐ The most recent statement for peer-to-peer accounts (Pay Pal/Cash App/Venmo/etc.). *Screenshots from phone apps will not be accepted.*
- ☐ Current Income Verification documents must be provided. Acceptable forms include:  
If applicable, 3 months of consecutive pay stubs for each job. Pay stub must show gross wages.  
If applicable, Social Security/SSDI letter  
If self-employed, 6 months of bank statements showing deposits, as well as the previous year's tax return.

#### **THE APPLICATION PROCESS:**

- There is no application fee. We offer application forms to anyone who requests one.
- Accepting an application does not indicate that we have a unit available or that your application is approved.
- We do not review the applications in full until a unit becomes available.

#### **THE APPROVAL PROCESS: WHAT DO WE LOOK AT?**

- Sufficient income/resources to pay rent
- Income verification must be clearly verified as listed above.
- Income Eligibility (income restrictions apply to subsidized housing and may vary by unit)
- Prior Rental History- Evictions within the past 5 years disqualify the applicant from the program.
- Criminal History – Applicants with sex offense history will be immediately denied. Other criminal history is evaluated on a case-by-case basis according to our policy.
- Ability to get utilities switched to applicant's name upon availability of a unit.

# Tenants to Homeowners Rental Application

Please print legibly. We will not accept incomplete applications.

Full Name of Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to find a place by (Date): \_\_\_\_\_

If you are interested in a specific location, please note. \_\_\_\_\_

Please keep my application on file, no matter how long it takes: Yes ☐ No ☐

## Household Composition & Characteristics

Member's Name	Relationship to Head	Date of Birth	Age	Sex	Social Security Number (SSN)
	HEAD				

**Residential History (The more information, the better. Required: Past 3 years of residential history and at least one previous landlord who is not a relative.)**

1. Present Landlord/Property Name: \_\_\_\_\_  
Present address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
2. Previous Landlord/Property Name: \_\_\_\_\_  
Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
3. Previous Landlord/Property Name: \_\_\_\_\_  
Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
4. Previous Landlord/Property Name: \_\_\_\_\_  
Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

## General Questionnaire

1. Are you or any members of your household currently receiving housing assistance? Yes ☐ No ☐  
If yes, list source of assistance: \_\_\_\_\_ City/State: \_\_\_\_\_
2. Have you ever been convicted of a criminal offense? Yes ☐ No ☐  
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Have you or any members of your household ever been evicted? Yes ☐ No ☐  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
4. Are you or any members of your household currently using an illegal substance or drug? Yes ☐ No ☐
5. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes ☐ No ☐  
If yes, list the State where the offence occurred: \_\_\_\_\_
6. Will the apartment for which you are applying be the family's only residence? Yes ☐ No ☐
7. Do you or any members of your household need an accessible unit? Yes ☐ No ☐

## INCOME AND ASSET INFORMATION

Employment Income (Please list the last three years of employment history):

Applicant Name	Employer	State Date	End Date	Position	Monthly Gross Income

Other Household Income (SSI, child support, pension, benefits, etc.)

Applicant Name	Source of Income	Monthly Gross Income

Asset & Bank Account information (bank accounts, peer-to-peer accounts, real estate, etc.)

Applicant Name	Name of Financial Institution	Asset type (i.e. checking)	Current Balance

**Vehicles:**

Make	Model	Color	License Number

**Pets (if any):**

Species(dog, cat, reptile, etc)	Breed	Age	Weight

**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION**

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions.

Additionally, I authorize all corporations, companies, creditors, landlords, law enforcement agencies, financial institutions, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

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Head of Household
Date

Co-head of Household \_\_\_\_\_ Date \_\_\_\_\_

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Household Member	Date
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Household Member
Date

**It is the policy of Tenants to Homeowners to provide services without regard to race, color, national origin, ancestry, age, sex, sexual orientation, gender identity, familial status, physical handicap or disability.**

TTH, Inc. owns and/or operates these properties. Our mission is to create affordable housing opportunities in Lawrence. For this reason, we aim to keep these rentals below fair market rent. We are also pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, national origin, or sexual orientation. TTH, Inc. complies with and bases its policies on the Kansas Landlord Tenant Law.



## TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Tenants to Homeowners, Inc., for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Welfare Agencies  
Veterans Administration  
Previous Landlords (including public housing agencies)  
State Unemployment Agencies  
Retirement Systems  
Social Security Administration  
Banks/Other Financial Institutions  
Support and Alimony Providers  
Medical and Child Care Providers

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

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