



Rental Program #2

LCHT Accessible Housing Pre-Application Instructions

ATTENTION: This program is HUD funded and is for individuals with physical disabilities. Medical forms are required. Your rent will be greater of 10% of Gross Income, 30% of your Adjusted Gross Income or \$25. You do not need a Section 8 voucher to apply, as HUD already subsidizes these units with Section 8. We have two LCHT properties, one in East Lawrence and one in Central Lawrence. These units are all electric, which is paid by the tenant; water and trash are paid by the landlord. We have one and two-bedroom units in this program.

We will discard pre-applications that do not include all of the following:

The pre-application must be filled out completely.

- The "Case Management Disclaimer" must be read and signed by applicant.
- The "Tenant Release and Consent" form must be signed by applicant.
- The HUD required "Disability Verification" form must be completed by a medical professional. It must be sent in from the medical professional's office either by fax, mail, or e-mail.
- A copy of all Photo IDs and Social Security cards must be submitted for all household members.
- Current Income Verification must be provided:
 - If applicable, the latest two (2) paystubs showing Year to Date gross wages
 - If applicable, Social Security/SSDI benefit letter, Pension/annuity letter, IRA disbursement letter.

THE PRE-APPLICATION and APPROVAL PROCESS:

- There is no application fee. We offer pre-application forms to anyone who requests one. Accepting a pre-application does not indicate the pre-application will be approved.
- Completed pre-applications will be placed on the HUD property waiting list and will not expire.
- We conduct preliminary background checks within the first 2 weeks of receiving the pre-application. Please note that a sex crime will disqualify you for life for any TTH or LCHT program. Evictions within the past 5 years also disqualify you from the program. Felony convictions are evaluated on a case-by-case basis according to our criminal history policy. If any of this information is not disclosed on the pre-application and found in the background check, we will notify you within 2 weeks of receiving the application that you are disqualified. Note: a final background check is completed once applicant name is the next up on the waiting list. This could be one year or more upon initial check, so please be aware the background check is conducted again before move-in.
- Once a unit becomes available, we will contact applicants to request more information, to complete a full rental application, and to verify and document updated income and assets. **Applicants must submit all required verifications within 5 days of being contacted about an available unit.**
- Rent for these accessible properties are based on your income, assets, medical expense deductions and medical mileage deductions for medical appointments. Information gathered will remain confidential and will only be used to verify your eligibility and calculate your rent. If you wish to submit medical expenses and medical mileage deductions, you may do so by consenting to 3rd party verification from the medical provider. These expenses are calculated on an annual basis. First, during your initial move-in and then once per year during your recertification process.

LCHT Accessible Housing, LLC owns this property. This property receives tax credit funding and HUD Section 202/8 project-based subsidy. The nature of the HUD contract limits program eligibility to those with physical disabilities. 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.



TENANTS TO HOMEOWNERS, INC.
TTH CREATING STABILITY
THROUGH PERMANENTLY
AFFORDABLE HOUSING



To Be Completed by Office Staff

Date/Time Rec'd: _____

Staff Initials: _____

Pre-Application for Accessible Housing

Completing this pre-application does not entitle you to a rental unit. Final determination of your eligibility will be completed if/when a unit becomes available. *If a unit becomes available, applicant has 5 days from notification to turn in verification materials and a full application or the unit will be offered to the next applicant.* ALL SECTIONS MUST BE COMPLETED OR THE PRE-APPLICATION WILL NOT BE ACCEPTED.

Head of Household Information

Head of Household Name and Current Address

Social Security Number _____

Date of Birth _____

Telephone _____

Email _____

Sex (circle one): Male / Female / non-binary

Last Name First Name MI

Street Address Apt #

City State Zip

Will this be your only place of residence? Yes ☐ No ☐

Bedrooms needed (based on family composition): _____

Preference

Is anyone in the household currently employed? Yes ☐ No ☐

Are you, your spouse, or co-head of household a person with a disability? Yes ☐ No ☐

If yes, please submit a DISABILITY VERIFICATION FORM FOR SECTION 202/8 PROPERTIES, which is enclosed with the pre-application materials.

Household Family Members

(Please list all persons who will be living with you)

Member's Name	Relationship to Head	Date of Birth	Age	Sex	Full-time student?	Social Security Number (SSN)
	HEAD				Y / N	
					Y / N	
					Y / N	
					Y / N	

**Co Head of Household is defined as an adult member of the family who is treated the same as the head of the household for purposes of determining income, eligibility, and rent. A spouse cannot be listed as a co-head.*

Residential History Please list rental/residence history for the past 3 years

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: _____

Sources of household income Indicate all sources of income for the household; list which member and the Monthly gross amount.

Household member	Type of Income	Monthly GROSS amt.		Household member	Type of Income	Monthly GROSS amt.
	Wages	\$ _____			Social Security/SSI/ SSDI	\$ _____
	Child Support	\$ _____			Pension/Annuity	\$ _____
	Unemployment	\$ _____			Regular gifts or assistance	\$ _____
	Gig income	\$ _____			Other income	\$ _____

Household Assets Check all applicable assets held by any member of the household

- | | |
|---|--|
| <input type="checkbox"/> Checking account(s) | <input type="checkbox"/> Whole Life Insurance |
| <input type="checkbox"/> Savings/money market account(s) | <input type="checkbox"/> Investment account(s) |
| <input type="checkbox"/> IRA/Retirement | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Peer-to-peer account(s) (i.e. Paypal, Venmo, Cash App, etc.) | |

General Questionnaire

1. Are you or any members of your household currently receiving or have received housing assistance? Yes ☐ No ☐
If yes, list source of assistance: _____ City/State: _____
2. Are you or any members of your household a full-time student? Yes ☐ No ☐
3. Have you ever been convicted of a criminal offense? Yes ☐ No ☐
If yes, Offense: _____ City/State: _____

4. Have you or any members of your household ever been evicted? Yes ☐ No ☐

If yes, Property/Landlord Name: _____ City/State: _____ Year: _____

5. Are you or any members of your household currently using an illegal substance or drug? Yes ☐ No ☐

6. 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: _____

7. Do you or any other household member listed on this pre-application owe any money to any other landlord? Yes ☐ No ☐

If yes, provide the Landlord's name and the complete address for which you owe:

Landlord: _____ Address: _____

8. Do you have any pets, support animals, or service animals in your household, or do you plan to have one in the future?

Yes ☐ No ☐

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

This pre-application must be signed by all adults who will occupy the unit before it can be considered. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this pre-application and my/our signature is our consent to obtain such verification. 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.

I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

Head of Household Date

Co-head of Household Date

Household Member Date

Household Member Date

If you have any changes in physical address, phone number, or email address, it is your responsibility to contact Tenants to Homeowners in order to update your information.

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

TTH, Inc. owns and/or operates these properties. We are 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.



Tenants to Homeowners, Inc.
2518 Ridge Court, Suite 103, Lawrence, Kansas 66046
P: 785-842-5494 / F: 785-842-7570
lawrencelandtrust@yahoo.com / www.tenants-to-homeowners.org

Case Management Disclaimer

LCHT Accessible Housing, LLC is the owner, TTH, Inc. is the property manager of the (20) properties at 2218, 2222, 2226 Yale and 1401 and 1405 East 21st Terrace. TTH, Inc. acts solely as the property manager and does not provide or claim to provide any case management or additional supportive housing services for the tenants or prospective tenants of said properties.

If you are not capable of living independently, need assisted living or supportive housing arrangements please notify staff and we will provide you with a list assisted and supportive living facilities in Lawrence. If you are currently working with case management representatives, staff is willing to communicate with your case management representatives to contribute to your independent living success. However, it is not the responsibility of TTH staff to ensure your success. Please make certain you are working diligently with your case managers to ensure that you can fulfill your tenant's responsibilities without additional case management from the landlord.

If you do not have case management and think you might need case management to help with various life functions, staff can provide you with a list of local social service agencies in Lawrence. Tenants are responsible for following all HUD Lease and LCHT House rules, including paying rent on time and maintaining a clean unit. If the tenant is not capable of maintaining a clean unit on their own, the tenant is responsible at the tenant's cost for hiring cleaning services as necessary to ensure the unit can pass HUD inspections. Tenants are responsible for their actions and the actions of their caregivers, caseworkers, guests, etc. TTH, Inc. is a not-for-profit organization and does not currently staff a case manager or counselor and does not have the capacity to do so. If we determine the tenant is not fulfilling their responsibilities as required in their lease (for example: taking care of the property, keeping the unit clean, and not disturbing the peaceful enjoyment of other tenants, etc.) or we determine that the tenant requires an above average amount of the landlord's time and limited resources to understand and follow the rules of their lease, this is a cause for lease termination.

I have read the case management disclaimer provided to me and understand my responsibilities as a tenant of LCHT Accessible Housing, LLC properties.

Applicant signature: _____

Date: _____

Case Manger signature (if applicable): _____

Date: _____

Property Manager Signature: _____

Date: _____

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** 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
Veterans Administration
State Unemployment Agencies
Retirement Systems
Banks/Other Financial Institutions
Medical and Child Care Providers

Welfare Agencies
Previous Landlords (including public housing agencies)
Social Security Administration
Support and Alimony Providers
Law Enforcement Agencies

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

Management Signature Date

EXPLANATION TO THE APPLICANT
REQUIRED TO BE GIVEN TO EACH APPLICANT BEFORE SIGNING THE
VERIFICATION FORM.

HUD permits owners to verify that you have a disability only if:

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).

DO NOT TAKE THIS FORM TO YOUR PROVIDER. You must submit the signed form back to the TTH Rental Office with contact information for the medical provider or office. TTH Rental Staff will fax the form directly to the provider or provider's office for verification.

DISABILITY VERIFICATION FORM FOR SECTION 202/8 PROPERTIES**Name of Medical Professional:** _____**Address:** _____

PLEASE RETURN FORM TO:

Tenants to Homeowners
 2518 Ridge Court, Suite 103
 Lawrence, KS 66046
 FAX: (785)842-7570

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____**ADDRESS:** _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by a Medical Professional

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ____ YES ____ NO Has a physical impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. ____ YES ____ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. ____ YES ____ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. ____ YES ____ NO Is a person whose sole impairment is alcoholism or drug addiction.

Name and Title of Person Supplying the Information

Firm/Organization Name

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____**Date** _____

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 U.S.C. 408 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.





TENANTS TO HOMEOWNERS, INC

TTH

CREATING STABILITY
THROUGH PERMANENTLY
AFFORDABLE HOUSING

Additional application information required by HUD:

1. List all states where the applicant and members of the applicant's household have resided.

Applicant 1: _____

Applicant 2: _____

Applicant 3: _____

Applicant 4: _____

Use additional space here if necessary:

2. Is the applicant or any member of the applicant's household subject to a State Lifetime Sex Offender Registration in any state?

Yes _____ (If yes, explain: _____)

No _____

3. Social Security numbers are required for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status. *Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, prior to admission, all applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

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.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.