

# ST. JAMES PLACE II (VETERAN'S PROGRAM)

SRO PHASE, II, LLC  
169 Deweese St.  
Lexington, KY 40507  
Phone (859) 252-6642  
FAX (859) 252-3162

Name: \_\_\_\_\_

## Application Processing Checklist

The following items must be completed for residency consideration.

- Complete and submit application.
- 2 forms of identification - (One MUST be a government-issued photo ID).
- Application "Date and Time Received" logged on application.
- Copy of DD-214 or VA verification of service and discharge status – awaiting DD-214.
- Meet homelessness and income requirements - based on application.
- Confirmation of VA eligibility from Stephanie Gibson, Program Liaison (VAMC).
- Receive program approval – Lisa Patterson, Program Coordinator (859-388-9260).
- Receive signed VAGPD/program approval form.
- Recent negative COVID-19 test results.
- Homeless verification.
- Verification of income - (Must attach current (dated within 120 days) award letter if SS, SSI, or retirement, or third party verification from your employer- last 6 paycheck stubs) Cannot make more than \$29,550.00 annually.
- Verification of bank account. (Last 6 bank statements or current ATM receipt showing account balance of a direct deposit card).
- Homeless referral.
- Criminal background check completed – performed by Housing Management.
- Submit TB skin test - (Dated no more than 30 days prior to move in date) (Health Dept., VA or your personal physician).
- Meet all requirements of Resident Selection Policy – based on documentation.
- Receive Housing approval – Housing Management.
- Pass a drug test - (Performed on-site immediately prior to move-in.)
- Rent – Mandatory Savings Plan in lieu of rent – at least 30% of gross monthly income, less-out-of pocket medical costs and court-ordered child support. Deductions must be supported by official documentation.
- Sign lease (day of move-in)

Term: Initial from move-in date to the end of the following month. Month-to-month thereafter.



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**APPLICATION FOR HOUSING**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time Received: \_\_\_\_:\_\_\_\_ AM\_\_ PM\_\_

**ANY QUESTIONS NOT APPLICABLE TO YOU, PLEASE MARK "NA", LEAVE NO BLANK LINES**

CHECK ONE:

RACE: White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Other (Specify) \_\_\_\_\_

How Did You Hear About Us: Hope Center Catholic Action Salvation Army

Parole Officer Case Worker Other \_\_\_\_\_  
(Circle One)

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SUFFIX

DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL-TIME STUDENT? Yes [ ] No [ ]

ARE YOU A VETERAN? Yes [ ] No [ ]

PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ - \_\_\_\_\_

WORK: ( ) \_\_\_\_\_ - \_\_\_\_\_ OTHER:( ) \_\_\_\_\_ - \_\_\_\_\_

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**LANDLORD/OWNERSHIP HISTORY:**

Homeless: \_\_\_\_ Yes \_\_\_\_ No

Most Recent Address: (Circle One)

Hope Center Street Friend Relative Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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Why Do You Want/Need To Move?: \_\_\_\_\_

Are You Being Evicted? If so, why?: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Landlords Name: \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Yrs at Previous Residence: \_\_\_\_\_

Why Did You Move? \_\_\_\_\_

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**EMPLOYMENT & INCOME SOURCES:**

Your Employer; \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

How Long Employed? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax (    ) \_\_\_\_\_ - \_\_\_\_\_

Gross Monthly Income (before any deductions) \$ \_\_\_\_\_

(If you have a second employer, please provide same information asked for above for second employer.)

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**OTHER SOURCES OF MONTHLY INCOME:**

SOURCE:	MONTHLY AMOUNT:
_____	\$ _____
_____	\$ _____



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**CREDIT REFERENCES: (LIST ALL MONTHLY PAYMENTS):**

Car Loan \$ \_\_\_\_\_ Visa \$ \_\_\_\_\_ MasterCard \$ \_\_\_\_\_ Furniture \$ \_\_\_\_\_

Other (Type): \_\_\_\_\_ \$ \_\_\_\_\_

Other (Type): \_\_\_\_\_ \$ \_\_\_\_\_

Have you filed Bankruptcy in the last seven (7) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes When & Type \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Why: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

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**ASSETS: (Note: We must have copies of your most recent statements for any accounts.)**

Checking Account? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where: \_\_\_\_\_ Acct No. \_\_\_\_\_ Average Bal. \$ \_\_\_\_\_

Savings Account? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where: \_\_\_\_\_ Acct No. \_\_\_\_\_ Average Bal. \$ \_\_\_\_\_

Stocks or Bonds? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where: \_\_\_\_\_ Acct No. \_\_\_\_\_ Average Bal. \$ \_\_\_\_\_

Certificates of Deposit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where: \_\_\_\_\_ Acct No. \_\_\_\_\_ Average Bal. \$ \_\_\_\_\_

Other forms of Capital Investment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, type?: \_\_\_\_\_ Value? \$ \_\_\_\_\_

Do you own real estate\*? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Complete Address of Property: \_\_\_\_\_

\*This includes mobile home, house that you own with spouse, etc.



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**ASSETS (CONT.)**

Have you sold any Real Estate in the past two (2) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you disposed of any other asset within the past two (2) years? ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do not include if involved in foreclosure, bankruptcy, or if disposed of for less than market value.

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**EMERGENCY CONTACT: In case of emergency, contact:**

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      SUFFIX

Relationship to You: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_                      CELL: (     ) \_\_\_\_\_ - \_\_\_\_\_

WORK: (     ) \_\_\_\_\_ - \_\_\_\_\_                      OTHER: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**CRIMINAL HISTORY:**

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, What and When? \_\_\_\_\_

Have you been convicted of a drug related offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, What and When: \_\_\_\_\_

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**OTHER INFORMATION:**

**Vehicles That Will Be Kept on Premises:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No: \_\_\_\_\_ Registration Expiration Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insurance Expiration: \_\_\_\_\_

Insurance Company Phone No.: (     ) \_\_\_\_\_ - \_\_\_\_\_

Drivers License No: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Please provide copies of your registration and insurance card. We may contact your insurance company to confirm insurance.**

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St. James Place has a “no pets” policy, with the exception of reasonable accommodation for a certified “service” animal, which performs a “service” for a handicapped person and is prescribed by a physician.

Have you been prescribed a “service” animal by a physician for a disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type: \_\_\_\_\_

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I hereby affirm that the answers to the foregoing questions are true and correct, and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect this application unfavorably. I hereby specifically authorize St. James Place Apartments to complete both a credit check and police check and make any other inquiries necessary to verify the information given in this application.

\_\_\_\_\_  
Applicant Signature





## BANKING VERIFICATION

Client: \_\_\_\_\_ SSN: \_\_\_\_\_

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

To Whom It May Concern:

The person referenced above is a participant in our HOME Investment Partnerships (HOME) and/or Affordable Housing Trust Fund (AHTF) programs. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

<b>THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION</b>
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	Last 6 months Average Balance	Last 6 months Interest Income	Date Account Opened
Checking Account: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	_____ _____
Savings Account: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	_____ _____
Other Accounts (list): _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	_____ _____

*I certify that this information is accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**WARNING:** *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. government or to any matter within its jurisdiction.*