**Mountain Comprehensive Care Center**

104 South Front Avenue

 Prestonsburg, KY 41653

**606-788-9789**

Fax (606) 886-4433

housing@mtcomp.org

Dear Applicant:

Thank you for your interest in the Dogwood Apartments, a Mountain Comprehensive Care Center Development. Please complete the attached application in its entirety. Failure to submit a complete application will cause delays in processing.

If you do not already have a source of rental assistance, please apply for a Section 8 voucher at the Prestonsburg Housing Authority immediately, as this development does not provide rental assistance. You may also apply for assistance at Big Sandy Community Action Partners, (606) 874-2420.

Your completed application may be deliveredto the Mountain Comprehensive Care Center Office in Prestonsburg or faxed to (606) 886-4433.

Sincerely,

Jacqueline S. Long

Director of Housing and Grants



MOUNTAIN COMPREHENSIVE CAE CENTER

**606-788-9789**

**APPLICATION FOR HOUSING**

**DOGWOOD APARTMENTS,**

**A MOUNTAIN COMPREHENSIVE CARE CENTER DEVELOPMENT**

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

1. Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name

2. Adult Co-Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name

3. Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Phone Number(s) with Area Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List all persons who will live in the unit, including children or live-in aides (if necessary for

 the care of a family member). No one except those listed on this form may live in the unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  **First and Last Nam**e | **Gender** |  **Age** | **Relation to Head of Household** |  **Disabled?** |
| Head |  |  |  |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

6. Please list the source and amount of ALL income expected for the coming 12 months for all

 family members, including but not limited to all earnings and benefits received from gainful

 employment, TANF, pension. Social Security, SSI, SSDI, unemployment, worker’s

 compensation, retirement, child support, self-employment, military pay, cash contributions or

 spousal support.

|  |  |  |  |
| --- | --- | --- | --- |
| Family Member Name | Income Source | Amount | Frequency - Per |
|  |  |  | Week\_\_\_ Month \_\_\_ Year \_\_\_ |
|  |  |  | Week\_\_\_ Month \_\_\_ Year \_\_\_ |
|  |  |  | Week\_\_\_ Month \_\_\_ Year \_\_\_ |
|  |  |  | Week\_\_\_ Month \_\_\_ Year \_\_\_ |
|  |  |  | Week\_\_\_ Month \_\_\_ Year \_\_\_ |

7. Do you have a checking or savings account or own any certificates of deposit, stocks, bonds,

 etc.? Yes\_\_\_ No\_\_\_ If yes, describe the type of asset and value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Do you own real estate? Yes\_\_\_ No \_\_\_ If yes, what is the address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does any family member have any inheritance, lottery winnings, or lump sum payments? If

 yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Current Landlord’s Name and Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Have you ever been evicted from housing? Yes \_\_\_ No \_\_\_

 If yes, why?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Are you homeless? Yes \_\_\_ No \_\_\_, If yes, how long has this episode of homelessness

 lasted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. If currently homeless, where did you sleep last night?

 \_\_\_\_ On a friend or family member’s couch

 \_\_\_\_ In a homeless Shelter

 \_\_\_\_ A place not meant for habitation (outside, in a car, a tent or camper, a shed, etc.)

 \_\_\_\_ In an overcrowded house

 \_\_\_\_ In transitional housing

 \_\_\_\_ In an institution where I had a stay of 90 days or less/was homeless at admission

14. If any member of applicant’s household has a disability or special need, please indicate:

\_\_\_\_ Physically Disabled \_\_\_\_ Physically or emotionally abused

\_\_\_\_ Developmentally Disabled \_\_\_\_ Chemically Dependent

\_\_\_\_ Mentally Disabled \_\_\_\_ Elderly

\_\_\_\_ Co-occurring Disabled \_\_\_\_ Other verifiable special need or limiting factor

15. Is the Head of Household or spouse age 62 or older or a person with a disability?

 Yes \_\_\_ No \_\_\_

16. Driver’s License or State ID #:

 Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Automobile: Year \_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 License Plate No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Will you have a service or therapy animal in your residence? Yes \_\_\_\_ No \_\_\_

 If yes, please describe animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please note that MCCC will ask for verification of need from physician as well as up to date

 records of vaccinations prior to giving approval for animal in residence.

18. Do you have a rental assistance (or Section 8) voucher to assist you with paying your rent?

 Yes \_\_\_ No \_\_\_ If you answered “no”, have you applied for a Section 8 voucher at the

 Prestonsburg Housing Authority? Yes \_\_\_ No \_\_\_

19. Have you been turned down for a Section 8 voucher? If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. If you do not have rental assistance, what is the source of funds for paying the rent amount

 that is over and above 30% of your income?

The undersigned certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. The undersigned further understands that any false statement made on this application will causethe applicant to be disqualified fromadmission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT SIGNATURE DATE

**CERTIFICATION FOR WAIT LIST PREFERENCE**

Please check all that apply:

\_\_\_\_ The Head of Household is age 62 or older.

\_\_\_\_ The Head of Household is disabled.

\_\_\_\_ The Head of Household or spouse is a veteran.

\_\_\_\_ The Head of Household is homeless.

\_\_\_\_ None of the above.

The undersigned hereby certifies that the above statements are true and correct to the best of their knowledge and that they acknowledge that Mountain Comprehensive Care Center will verify accuracy of the statements. It is further acknowledged that verification of the above preferences must be provided at time of assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT DATE

REASONABLE ACCOMODATION REQUEST

As an applicant/resident of a Mountain Comprehensive Care Center property, I understand that I may request reasonable accommodations in order to take full advantage of the programs and services offered by Mountain Comprehensive Care Center. Such accommodations may include interpreting services for the deaf/hearing impaired; wheelchair access; shower bars or exceptions to excessive utilities due to the use of necessary medical equipment. I understand that the accommodation(s) I request must be related to a disability and must be necessary for me (or another household member) to access or use Mountain Comprehensive Care Center services or residential properties. I understand that Mountain Comprehensive Care Center reserves the right to verify the necessity of the accommodation in making determination as to whether or not the request is reasonable and will not create undue financial hardship or administrative burden or alter the fundamental business of Mountain Comprehensive Care Center.

\_\_\_\_\_ Yes, I do need reasonable accommodation as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ No, I do not require any reasonable accommodation at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Household Member Date

Requesting Accommodation

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Mountain Comprehensive Care Center Use Only

Income Verified and Qualified? Yes\_\_\_ No \_\_\_\_

Eligible for Housing? Yes \_\_\_\_ No \_\_\_\_ If not eligible, state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting List: Douglas Park \_\_\_ Shelby Valley \_\_\_ Dogwood \_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MCCC Housing Staff Date