



Dear Applicant:

Thank you for your interest in our properties at Bluestem Communities. Kidron, Inc. and Hickory Homes are both income-based apartment complexes. Both properties require you to be 62 years or older or mobility impaired. Kidron Inc. is located on the campus of Kidron Bethel Village retirement community and Hickory Homes is located on the campus of Schowalter Villa retirement community. Both Kidron Bethel and Schowalter Villa campuses are tobacco-free properties. Small household pets are allowed; a pet deposit is required. Enclosed are the application you requested, the tenant selection plan and floor plans. Please read the tenant selection plan before completing the application.

Please complete the application as accurately and thoroughly as possible. The financial information you provide will be used to determine an estimated rent amount and prequalify you for eligibility. The maximum income limits at Kidron Inc., effective 04/24/2019, are \$25,550 for a single person; \$29,200 for two persons. The maximum income limits at Hickory Homes, effective 04/24/2019, are \$40,850 for a single person; \$46,650 for two persons.

Your income must be calculated from all sources (Social Security, pensions, employment or self-employment, earnings from savings and investments, life insurance cash value, and real estate) and not exceed the limits. To calculate an estimated rent, the medical expenses you pay out of your pocket are deducted from your gross income, and the net divided by 12 to determine your monthly net income. Approximately 30% of the net is the estimated monthly rent. This amount could change, based on third-party verification of your income and medical expenses, which is required after you accept of an offer of an apartment.

If you have questions as you complete the application, please call me. You may mail the application or deliver it in person. If you wish to visit with me or see an apartment, please call in advance to make an appointment. Once your application is processed, you will receive written notification of the approval or rejection of your application. If approved, your name will be added to the waiting list. Thank you.

Sincerely,

Rebecca McCoskey  
Property Manager at Kidron, Inc./Hickory Homes

Kidron, Inc. 500 W. Bluestem, North Newton KS 67117  
316-284-2900 Fax: 316-284-0173 [www.kidronbethel.org](http://www.kidronbethel.org)

Hickory Homes 175 W. Hickory, Hesston KS 67062  
620-327-3790 Fax: 620-327-3793 [www.svilla.org](http://www.svilla.org)



We Do Business in Accordance With the Federal Fair  
Housing Law  
(The Fair Housing Amendments Act of 1988)

# APPLICATION FOR RESIDENCY

To be completed by office staff:

Date Rec'd \_\_\_\_\_ Time Rec'd \_\_\_\_\_  
 Staff member receiving application \_\_\_\_\_

**Kidron, Inc.**  
**3001 Ivy Drive**  
**North Newton, KS 67117**  
**Phone: (316)284-2900**  
**FAX: (316)836-4250**

**Hickory Homes, Inc.**  
**175 W Hickory St**  
**Hesston KS 67062**  
**Phone: (620)327-3790**  
**Fax: (620)327-3793**

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Household Composition & Characteristics (list each member of household beginning with head of household)

Member's Name	Relationship to Head (Spouse, Co-Head, Child, Other)	Date of Birth	United States Citizen or National	Sex	Social Security #
1.	HEAD		Yes or No		
2.			Yes or No		
3.			Yes or No		
4.			Yes or No		

\*\*All applicant and applicant 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.

## Placement Preference

\_\_\_\_\_ Hickory Homes only      \_\_\_\_\_ Kidron Inc. only      \_\_\_\_\_ Either Property

Main Building: \_\_\_\_\_ 1 bedroom (for 1 or 2 persons)      \_\_\_\_\_ 2 bedrooms (for 2-4 persons) Kidron, Inc. only      \_\_\_\_\_ mobility impaired (For persons w/severe mobility, not limited to those 62+)

4-Plex: \_\_\_\_\_ 1 bedroom (for 1 or 2 persons)

Do you have a pet(s)?    Yes    No    If yes, how many? \_\_\_\_\_

**Residential History**  
**(Past 5 years)**

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Property Name

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Address

Phone Number

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

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Property Name

---

Address

Phone Number

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

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Property Name

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Address

Phone Number

Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

**Credit References**

(licensed business owners, accredited professionals or employee of accredited education facility, 6 months paid utility bills)

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Name

---

Address

Phone Number

---

Name

---

Address

Phone Number

**Character References**

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Name

---

Address

Home & Work Phone Numbers

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Name

---

Address

Home & Work Phone Numbers

## General Questionnaire

1. Have you or any members of your household ever been evicted from a rental property? Yes No

If yes, Property/Landlord Name: \_\_\_\_\_ City/State \_\_\_\_\_

2. Are you or any members of your household currently receiving assistance from HUD? Yes No

If yes, Property/Landlord Name: \_\_\_\_\_ City/State \_\_\_\_\_

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 been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No

If yes, Property/Landlord Name: \_\_\_\_\_ City/State \_\_\_\_\_

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 lifetime sexual offender registration in any state? Yes No

If yes, list the State where the offense occurred: \_\_\_\_\_

7. Will the apartment for which you are applying be the family's only residence? Yes No

8. Do you or any members of your household need an accessible unit? Yes No

9. Are any members of the household enrolled as a student at an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No

10. Does someone other than you administer your finances and/or obligations? Yes No

Name \_\_\_\_\_ Home & Work Phone \_\_\_\_\_

This person is: \_\_\_\_\_ Guardian \_\_\_\_\_ Trust Officer \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Attorney  
\_\_\_\_\_ Durable Power of Attorney \_\_\_\_\_ Relative \_\_\_\_\_ Other

Additional pertinent information you wish included in your records \_\_\_\_\_

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

## Miscellaneous

How did you first hear about us.? \_\_\_\_\_

What most influenced your decision to apply to Hickory Homes / Kidron, Inc.? \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL QUESTIONNAIRE:****Current Balance****Interest Rate****Penalties****ASSETS:**

Checking	\$ _____	_____ %	
Savings Account(s)	\$ _____	_____ %	
Certificates of Deposit	\$ _____	_____ %	\$ _____
IRA(s)	\$ _____	_____ %	\$ _____

**Cash Value****Disposal Costs**

Stocks and Bonds	\$ _____		\$ _____
Funds in Trust	\$ _____		\$ _____
Real Estate-Land/House	\$ _____		\$ _____
Whole Life Insurance	\$ _____		\$ _____
Other Assets (explain) _____	\$ _____		\$ _____
Other Assets (explain) _____	\$ _____		\$ _____

**LIABILITIES:**

Home Mortgage (remaining balance)	\$ _____
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**INCOME:****Monthly  
(Head)****Monthly  
(Co-Head)****Monthly  
(Other Members)**

Social Security (before Medicare deduction)	\$ _____	\$ _____	\$ _____
Private Pension(s)	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Interest Income(s) from Stocks and Bonds	\$ _____	\$ _____	\$ _____
Trust Fund Income(s)	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Rent Income(s)	\$ _____	\$ _____	\$ _____
Other (explain) _____	\$ _____	\$ _____	\$ _____

**MEDICAL EXPENSES:****Monthly  
(Head)****Monthly  
(Co-Head)****Monthly  
(Other Members)**

Medicare premiums	\$ _____	\$ _____	\$ _____
Other medical insurance premiums	\$ _____	\$ _____	\$ _____
Prescription medications	\$ _____	\$ _____	\$ _____
Over-the-counter medications (prescribed)	\$ _____	\$ _____	\$ _____
Physician, dental, healthcare professionals (scheduled payment plan only)	\$ _____	\$ _____	\$ _____
On-going (not one-time): hearing aid batteries, incontinence supplies	\$ _____	\$ _____	\$ _____

<b>Applicant must be able to provide documentation to verify all of the above medical expenses.</b>
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**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 request, 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(1) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility doing so.

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**Head of Household**

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**Date**

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**Spouse, Co-Head of Household**

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**Date**

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.



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