



FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES

Civilian Application for Housing

Questions? Call (913) 682-6300

- ☐ Military Retiree | Rank
- ☐ DOD/DOJ Civilian | GS/GL Rating
- ☐ NAF | GS Rating
- ☐ Civilian Contractor

How did you hear about us? ☐ Web ☐ Housing Office ☐ Sponsor ☐ Current Resident ☐ Other _____

APPLICANT INFORMATION

Applicant Info:

Social Security #:	First Name:	Last Name:	Drivers License #:	DL State:
DOB (MM/DD/YY):	Address:	City:	State:	Zip Code:
Primary Phone #:	Secondary Phone: #	Email:	Date Housing Needed:	

BACKGROUND INFO

Have you ever [Check all that Apply]

- ☐ Filed for Bankruptcy
- ☐ Willfully or intentionally refused to pay rent when due?
- ☐ Been Evicted from tenancy?
- ☐ Been convicted of a crime? If yes, when? _____

HOUSEHOLD DATA (PROOF OF DEPENDENT STATUS AND ELIGIBILITY REQUIRED)

Dependents residing with civilian applicant: Please provide SSN for all applicants 18+

Last Name	First Name	M.I.	Relationship	Gender	Date of Birth	Social Security Number

ADDITIONAL INFORMATION

Pets?: (maximum 4 pets) (CHECK BANNED BREEDS ON OUR WEBSITE)	Status of Applicant:
How Many? Type/Breed(s)	☐ Married ☐ Divorced ☐ Single ☐ Geo Bach
Do you own a plug-in electric vehicle (EV)? ☐ YES ☐ NO	
Do you or your dependents require any special accommodations? ☐ NO ☐ YES _____	
*If yes, please provide management with additional information regarding your special housing needs	

EMPLOYMENT INFORMATION

Employer:	Start Date:	Annual Salary:	DOD/CONT:	Work Phone Number:
Additional Income:	Start Date:	Amount/Frequency		

EMERGENCY CONTACT

Name:	Address:	City, State, ZIP	Phone #

Applicant Signature: _____ **Date:** _____

WAYS TO SUBMIT APPLICATION

Email: fhc@tmo.com
Mail: 220 Hancock Ave., Fort Leavenworth, KS 66027
FAX: (913) 758-1779

FOR OFFICE USE ONLY:

Date of App:	Date Placed on Waitlist:	Size:	Village:
Date Housing Assigned:	Address Assigned:	Coordinators Initials/ Date:	
Notes:			



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Civilian Application for Housing Checklist

Submit the following documents to the FLFHC Leasing team via email to: fhc@tmo.com

☐ **Completed and signed application**

Ensure all of the following fields are complete:

- Email address for all adult occupants
- Phone number for all adult occupants
- Applicants Date of Birth
- SSN for all persons over the age of 18 years

Please note that it is your responsibility to keep all contact information current. If the Resident Specialist is unable to contact you due to failure on your part to update contact information, your name will be removed from the waiting list.

☐ **State Issued Drivers License, for all persons over the age of 18 years**

☐ **\$13.11 Application Fee**

Credit and Background Check per applicant over the age of 18 years

☐ **Proof of Income**

Most recent paystub, 90-day employment history verification and/or other forms of income verification if applicable

☐ **Proof of Dependents**

- Marriage Certificate
- Birth Certificate
- Custody Verification

☐ **Pet Inoculations, deposit and photo(s)**

A maximum of 4 pets (dogs/cats) are allowed. A \$250 refundable deposit is required per pet at the time of move-in, along with a photo of each pet.

Please Note:

- * While **renter's insurance** is not required, it is highly recommended for your protection. We suggest a minimum of \$100,000 in personal liability coverage. If you choose to obtain renter's insurance, please list FLFHC as an "Interested Party" on the policy.
- * Please watch the **Lead Based Paint** video provided in the home offer email.