

**We Support Healthy Lifestyles And Therefore
We Are **A NON Smoking Community****

Mailing Address: Prairie Oaks Village, 290 Prairie Ave. Wilmington Ohio 45177

- Prairie View 360 Prairie Ave.
- Prairie Gardens 236 Prairie Ave. through 306 Prairie Ave.
- Mulberry Place 445 S. Mulberry St.

(Circle the property you are interested in)

Date/Time Rec'd _____

A Community of Episcopal Retirement Services



Application for Lease

If you need assistance in completing this application and/or you need an application in a different language, please contact our office at 937-382-4569 or for TDD 800-750-0750.

The eligibility criteria includes persons who are at least 62 or persons who are at least 18 years of age, physically disabled and in need of the design features of our accessible units. You also will sign authorizations so that we may obtain and review credit and criminal history. A Tenant Selection Policy is available upon request, which contains information explaining the eligibility requirements and screening procedures for each property.

Head of Household			Other		
Name: First	Middle Initial	Last	Name: First	Middle Initial	Last
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Current Address:			Current Address:		
City:	State:	Zip:	City:	State:	Zip:
Previous Address:			Previous Address:		
City:	State	Zip:	City:	State	Zip:
Email Address:			Email Address:		
Social Security # OR			Social Security #: OR		
Alien Registration #:			Alien Registration #		
Date of Birth:		Birth Place:	Date of Birth:		Birth Place:
Sex:	Marital Status:		Sex:	Marital Status:	
Please list every state where you have lived.			Please list every state where you have lived.		
Please circle what type of unit you are applying for: Efficiency OR 1 Bedroom OR 2 Bedroom			(If there are more persons applying with you please provide the information on another sheet of paper)		

*If you are applying for an accessible unit, is the head or co-head physically disabled and in need of the design features of an accessible unit? **(Circle) Yes or No**

Does any member of your household require a reasonable accommodation (an exception to our usual rule or policy) or structural modification because of a disability? **(Circle) Yes or No**

How did you hear about us? _____

Please provide information for 2 other persons who would know how to contact you if our attempts to contact you are unsuccessful:

Name:	Relationship:	Name:	Relationship:
Address:		Address:	
City	State Zip	City	State Zip
Email Address:		Email Address:	
Home #:	Work #	Home#	Work #
Cell#		Cell #	

Source(s) of Income and Amounts:

Who Receives the Income	Source of Income	Annual Gross Amount

Asset Information:

Who owns the asset	Name of Bank	Current Balance	Annual Earnings

List value of all stocks, bonds, trusts, or other assets including real estate: _____

Do you or any members of your household have any **life insurance policies** with permanent cash value? (May be called “whole life”, “universal” or “paid up” coverage)

_____ Yes _____ No If yes, please list policies below:

Name of Company	Policy #	Face Value	Current Cash Value
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been evicted or had your rent subsidy terminated due to your failure to cooperate with the recertification process? **(Circle) Yes or No**

Do you, or anyone in your household, have a pattern of alcohol abuse that has or would interfere with the health, safety and right to peaceful enjoyment by other residents? **(Circle) Yes or No**

Are any household members listed subject to a lifetime registration requirement under a state sex offender registration program? **(Circle) Yes or No** If yes, who _____ and what county/state _____.

Have you ever lived in subsidized housing? **(Circle) Yes or No**
If yes, where _____ and when _____.

Protections for Victims of Domestic Violence, Dating Violence or Stalking.

An Applicant's or program participant's status as a victim of domestic violence, dating violence or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance for admission.

Do you have a pet? **(Circle) Yes or No** If yes, what kind of pet? _____

Are you a veteran? **(Circle) Yes or No**

Are you being evicted? **(Circle) Yes or No** If yes, please explain: _____

Are you currently homeless? **(Circle) Yes or No**

THIS COMMUNITY IS NON SMOKING. You and your guests may not smoke anywhere inside the building or apartments. If this policy is broken we will proceed with eviction based on our non-smoking policy. **Please initial here** _____ that you understand the no smoking policy and agree to not smoke anywhere in the building, including your apartment.

We are pledged to the letter and the spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

All questions asked on the application or during the application process must be answered honestly. Failure to disclose information or falsification of information is grounds for denial of application or eviction after you move in.

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and criminal verification information which may be released to appropriate Federal, State or Local agencies. I/we do hereby release all individuals connected therewith from all liability. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signatures:

_____ Date: _____

Head of Household

_____ Date: _____

Spouse or Co-Head

_____ Date: _____

Community Manager or other Owner Representative