

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

Leasing Agent: \_\_\_\_\_

## Rental Application

**Development Name:** Beechwood Villa Apartments  
**Development Address:** 4700 Beechwood Road, Cincinnati, OH 45244

Name of Applicant: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

PRICE OF UNIT: \_\_\_\_\_  
MOVE-IN SPECIALS: \_\_\_\_\_  
OFFER EXPIRES: \_\_\_\_\_

Size of Unit Needed: \_\_\_\_\_ Date Housing Requested: \_\_\_\_\_

### Instructions for Applicant

- Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you.** For instance, if a section asks for a driver's license and you do not have a driver's license, enter "None" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
- Each adult applicant of the household (18 years of age or older) who are not related by marriage must complete a separate application form. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months.
- All household members 18 years of age or older must complete a separate Sworn Income & Assets Statement.
- It is important that all information on this application and the Sworn Income & Asset Statement be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
- For financial information, please provide the names and addresses of people who can verify the information you provide. Use the backs of the pages to record any additional information.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
- After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan posted in the management office.

**Warning: "Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**



## Family Composition

List all persons, including your self, who will reside in the apartment.

Full Name	Relation To Head	Sex	Age	Date of Birth	Social Security Number	Driver's License #	Student Y or N

Is any household member enrolled as a student at an institution of Higher Education?    Yes     No

If all of the occupants of the unit are full-time students, has any student formerly received foster care assistance?  
 Yes     No

Current Martial Status:    Never Married     Divorced     Separated     Married     Widowed

1.    Yes     No     Do you or any member of your family have a condition that will require special housing needs?

**SPECIAL UNIT:**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical modification to a typical apartment | <input type="checkbox"/> One level unit             |
| <input type="checkbox"/> A separate bedroom                           | <input type="checkbox"/> A unit for vision impaired |
| <input type="checkbox"/> A unit for hearing impaired                  |   |

2.    Yes     No     Please indicate whether you are requesting a need for a handicap/disability adjustment to income

3.    Yes     No     Have you or your spouse/co-applicant ever used different names from the names shown above? If yes, please list names used and date when such names were in use: \_\_\_\_\_  
 \_\_\_\_\_

4.    Yes     No     Are there any temporarily absent family members? If so, provide name and date of return  
 \_\_\_\_\_

5.    Yes     No     Do you own any pets? If yes, what kind \_\_\_\_\_

6.    Please list all vehicles below:

Vehicle 1 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_  
 Vehicle 2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_

7.    In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment History

Please enter the information requested for your present employer and/or Military including Reserves, and previous employer.

A. **APPLICANT EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary\* \$ \_\_\_\_\_ per hour week month year  
hours \_\_\_\_\_ per week bi-weekly month other \_\_\_\_\_

**Do you have a second job?** YES NO If yes, where: \_\_\_\_\_

Salary \* \$ \_\_\_\_\_ per hour week month year / hours \_\_\_\_\_ per week bi-weekly month

B. **PREVIOUS EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary\* \$ \_\_\_\_\_ per hour week month year  
hours \_\_\_\_\_ per week bi-weekly month other \_\_\_\_\_

C. **SPOUSE EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary\* \$ \_\_\_\_\_ per hour week month year  
hours \_\_\_\_\_ per week bi-weekly month other \_\_\_\_\_

**Do you have a second job?** YES NO If yes, where: \_\_\_\_\_

Salary \* \$ \_\_\_\_\_ per hour week month year / hours \_\_\_\_\_ per week bi-weekly month

D. **PREVIOUS EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary\* \$ \_\_\_\_\_ per hour week month year  
hours \_\_\_\_\_ per week bi-weekly month other \_\_\_\_\_

## Rental History

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name.

**Applicant:**

**Current Address:** \_\_\_\_\_

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

Do you:  RENT  OWN Month & Year Moved IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Monthly Rent/Mortgage:\$ \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Previous Address:** \_\_\_\_\_

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

Do you:  RENT  OWN Month & Year Moved IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Monthly Rent/Mortgage:\$ \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Previous Address:** \_\_\_\_\_

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

Do you:  RENT  OWN Month & Year Moved IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Monthly Rent/Mortgage:\$ \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Spouse:**

**Current Address:** \_\_\_\_\_

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

Do you:  RENT  OWN Month & Year Moved IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Monthly Rent/Mortgage:\$ \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Previous Address:** \_\_\_\_\_

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

Do you:  RENT  OWN Month & Year Moved IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Monthly Rent/Mortgage:\$ \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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



**General Information**

1. Yes  No  Have you or your spouse/co-applicant ever been evicted? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Yes  No  Have you or your spouse/co-applicant ever filed for bankruptcy? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Yes  No  Have you or your spouse/co-applicant ever received rental assistance? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Yes  No  Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? \_\_\_\_\_  
\_\_\_\_\_
5. Yes  No  Will you or any member of your household live anywhere except the apartment? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
6. Yes  No  Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, nonpayment of rent, failure to cooperate with recertification procedures, or for any other reason? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Yes  No  Have you or any member of your household ever been convicted of the illegal possession, distribution, trafficking or manufacturing of an illegal drug or other illegal controlled substance? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. Yes  No  Have you or any member of your household ever been convicted of a felony? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
9. Yes  No  Have you or any member of your household ever been arrested? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
10. Yes  No  Do you live or have you or your spouse/co-applicant ever lived in government subsidized housing? If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_
11. Yes  No  Is your household involuntarily displaced through no fault of anyone in the household? \_\_\_\_\_  
\_\_\_\_\_
12. Yes  No  Is your household currently homeless or living at a shelter?
13. What is the condition of your current housing? (Check all that apply)  
Standard  Unsafe or Unhealthy  Living with Parents   
No Indoor Plumbing/Kitchen  Currently without Housing

14. Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? Yes  No  If Yes, please explain and name household member: \_\_\_\_\_

\_\_\_\_\_

List all states that you have lived in: \_\_\_\_\_

\_\_\_\_\_

### **Statements by All Adult Household Members**

We certify that all information given in this application is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment; that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read, and understand, the information in this application, in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We have been notified that the Resident Selection Plan which summarizes the procedures for processing applications is posted in the management office.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

\_\_\_\_\_  
Date Signature of Head of Household

\_\_\_\_\_  
Date Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date Signature of Co-Applicant

Acceptance of completed application by Management

\_\_\_\_\_  
Date Signature of Management Representative

**Race and Ethnicity of Head of Household**

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing. However, if you choose not to furnish it, the owner is required to note the race/ethnicity of individual applicants on the basis of visual observation or surname.

Race of Head of Household Please check one:

- White/Caucasian
- African-American
- American Indian
- Alaskan Native
- Asian
- Pacific-Islander
- Other
- Hispanic