

Date: _____ Time: _____

Leasing Agent: _____

Rental Application

Development Name: MacArthur Park Apartments
Development Address: 665 Park Avenue, Suite K-1, Loveland, OH 45140

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