

APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Quality Quaker Management, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Quality Quaker is a management company that provides low rent housing to eligible households, elderly households and single people. Quality Quaker Management is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Quality Quaker has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Quality Quaker Management can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

**OUR PHONE NUMBER IS 937-382-8907 CALL BETWEEN
THE HOURS OF 8:00 a.m. AND 4:00 p.m., MONDAY THROUGH FRIDAY.**

**IF YOU HAVE A HEARING IMPAIRMENT, TDD NUMBER THROUGH A RELAY SERVICE IS 1-800-750-0750,
SAME HOURS AND DAYS.**

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

TDD RELAY SERVICE
1-800-750-0750
RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE RECEIVED _____

TIME RECEIVED _____

PERSON RECEIVING _____

DATE _____

Assistance in completing the application will be made available upon request.

Name _____

Last

First

Middle

Address _____

Street

Apt#

City

State

Zip

Home Phone# _____ Business Phone # _____

Date of Birth _____ Social Security # _____

Or Alien Registration # _____

Other Last Names You Have Gone by: _____

Driver's License # or State ID #, Issuing State _____

SPOUSE INFORMATION

If not married, each adult must complete a separate application

Name _____

Last

First

Middle

Business Phone #: _____ Social Security # _____

Date of Birth: _____ or Alien Registration# _____

Other Last Names you have gone by: _____

Driver's License # or State ID #, Issuing State _____

Maximum Occupancy is two (2) Persons per apartment

Applicant's Address for last three years, starting with present address

Address: _____ From _____ To _____

Landlord Name: _____ Phone# _____

Landlord's Address: _____

Address: _____ From _____ To _____

Landlord Name: _____ Phone# _____

Landlord's Address: _____

Address: _____ From _____ To _____

Landlord Name: _____ Phone# _____

Landlord's Address: _____

If you lived in another state at any time, list name used with full address including county.

If more space is needed, use back of page and check here _____

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here? Yes _____

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, allowance from family, etc.)	
		\$
		\$

C. **ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house, etc.) _____

Market value when sold/dispomed \$ _____ Amount recieved when sold/dispomed of

\$ _____ Date of transaction _____

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

Savings Accounts

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

Certificates of Deposit

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal	Maturity Date		

Stocks**IRA's/401-K's**

Name		Bank	
Address		Address	
Name on Account		Name on Account	
Value \$	Div. Rate	Value \$	Div. Rate

<u>Bonds</u>	<u>Trust Accounts</u>
Bank	Bank
Address	Address
Name on Account	Name on Account
Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

C. **ASSETS** (continued):**Real Estate**

Do you own any property? Yes _____ No _____ Name of Owner _____

If yes, type & location of property _____

Parcel ID Number on Tax _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
D. MEDICAL AND CHILD CARE EXPENSES				

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**Medicare**

Monthly Amount \$	Monthly Amount \$
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Medical Insurance

Name	Name
Address	Address
Claim No. Monthly Amt. \$	Claim No. Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes _____ No _____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

1. You have been served a Notice to Quit or been asked to leave by a previous landlord Yes ___ No ___
2. You have been served with lease violations from a previous landlord Yes ___ No ___
3. You have been evicted Yes ___ No ___
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes ___ No ___

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes ___ No ___

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

6. Have you or anyone else named on this application been convicted of a felony? Yes ___ No ___
7. Do you expect any additions to the household within the next twelve months? Yes ___ No ___

If yes please list person and relationship _____

8. Is there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.) If yes List person and explain_____
9. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren will be living with you in unit.)
10. Are you or any other adult household members claiming zero income? Explain_____
11. Is any member of your household a student of higher education during five calender months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes___No___

If you answered YES, complete the following:

- a. Member of household in federal, state or local job training program which is similar to the job Training Partnerships Act Yes___No___
 - b. Any household member received Aid to Families with Dependent Children (AFDC) Yes___No___
 - c. Single Parent (who is a student), with children who are students, none of whom are dependent of a third party Yes___No___
 - d. Married tenants (not necessarily married to each other) who file a joint tax return. Yes___No___
12. Are you homeless?_____Have you been displaced by a Government Action?_____Are you paying more than 50% of income on housing?_____Are you living in substandard housing?_____

G. REFERENCE INFORMATION

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.		2.	
Phone No.	Relationship	Phone No.	Relationship

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes___ No___ If yes, describe_____

Weight of pet_____

All information received Quality Quaker Management during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Please read and sign ALL Black Checkmarks
Application Declarations and Authorization
Please use Ink Pen Only

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application including but not limited to criminal background, illegal drug activity, sexual predators and eviction from or owing monies to a federally assisted housing program. Information pertaining to this application may be obtained through any means, including but not limited to **Straight Arrow Screening P.O. 2470 McKinney, Tx 75070 (877)5423-8966, State of Ohio, E-Sorn, Sexual Predators Web Listing**, and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Authorization

I/we do hereby authorize Quality Quaker Management and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential. Information under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and «mgmt_company»'s resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

(✓) Head _____ (✓) Spouse/Co-Tenant _____

Date _____ Date _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.