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# APARTMENT INFORMATION

Properties are Section 42/Tax Credit which are required to follow restrictions: Income guidelines, 2 individuals per bedroom, No full time students- unless an eligible criteria is met.

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## WILMINGTON APARTMENTS

501 Howard Street  
2 Bedroom - \$500/ month  
3 Bedroom - \$550/month

## CLINTON GLEN

505 Vine Street  
2 Bedroom - \$500/month  
3 Bedroom - \$550/month

**We do a credit check and police check on all applicants 18 and over. Evictions are looked at, but cannot guarantee acceptance. Pets are permitted, \$100 Pet Deposit and Signed Pet Policy with strict requirements.**

**Rent Includes:** Water, Trash and Sewage

**Move in Special:** \$100 Security Deposit and the month you move in, the rent is free!

**Each unit has:** Washer and dryer hook-up, 1 1/2 baths, storage shed, large rooms, lots of closet space, refrigerator, stove and garbage disposal.

### MUST BRING WITH YOU:

- Driver's license (for any drivers in household)
- Birth certificates (for everyone in household)
- Social Security cards (for everyone in household)
- Bank account information (if any), including bank name, account number and approximate balance
- Addresses of prior landlords
- Character references (excluding friends and relatives)
- Divorce decree (if anyone in household has been divorced)

*There are income guidelines for the apartments.*

**Maximum Income Limits:** (1) \$30,300 (2) \$34,620 (3) \$38,940 (4) \$43,260 (5) \$46,740 (6) \$50,220

**Minimum Income Limits:** Wilmington Apts. - 2 Bedroom - **\$1,000/mo.** 3 Bedroom - **\$1,100/mo.**  
Clinton Glen Apts. - 2 Bedroom - **\$1,000/mo.** 3 Bedroom - **\$1,100/mo**

**UNLESS APPLICANT HAS A VOUCHER**

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**To apply, please contact Carol or Amanda.**  
(937) 382 - 8886

"This institution is an equal opportunity provider, employer, and lender."



To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax: (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



MOVE-IN SECURITY DEPOSIT REPORT

Community: \_\_\_\_\_ Unit #: \_\_\_\_\_ #Bdr: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Full Rent: \_\_\_\_\_ Util Allowance \_\_\_\_\_

Rental Assistance: \_\_\_\_\_ 1<sup>st</sup> Month's Rent: \_\_\_\_\_ Sec. Dep.: \_\_\_\_\_

Amount paid with lease signing: \_\_\_\_\_

**HEAD OF HOUSEHOLD**

Can you read and write English? \_\_\_\_\_ If not did you bring someone with you to interpret? \_\_\_\_\_

Interpreter's Name: \_\_\_\_\_ If you did not bring someone we recommend it.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

# in Household: \_\_\_\_\_ Allowable Limit: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Full-Time Student? \_\_\_\_\_ Expl: \_\_\_\_\_ Single Parent? \_\_\_\_\_ Disabled? \_\_\_\_\_

Homeless? \_\_\_\_\_ On PHA List? \_\_\_\_\_ Married Couple? \_\_\_\_\_ Children in HH? \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Income: Empl? \_\_\_\_\_ SS/Pension? \_\_\_\_\_ Public Asst? \_\_\_\_\_ Other? \_\_\_\_\_ Assets? \_\_\_\_\_

Head of Household Race: (please circle one) 1. *White/Caucasian* 2. *African American*  
3. *American Indian* 4. *Alaska Native* 5. *Asian* 6. *Native Hawaiian* 7. *Pacific Islander*  
8. *Other* 9. *Prefer not to answer*

Ethnicity: (please circle one) 1. *Hispanic/Latino* 2. *Non-Hispanic /Non Latino* 3. *Prefer not to answer*

**Other household Members**

Name: \_\_\_\_\_ Race #: \_\_\_\_\_ Ethnicity #: \_\_\_\_\_ HC: \_\_\_\_\_

Name: \_\_\_\_\_ Race #: \_\_\_\_\_ Ethnicity #: \_\_\_\_\_ HC: \_\_\_\_\_

Name: \_\_\_\_\_ Race #: \_\_\_\_\_ Ethnicity #: \_\_\_\_\_ HC: \_\_\_\_\_

Name: \_\_\_\_\_ Race #: \_\_\_\_\_ Ethnicity #: \_\_\_\_\_ HC: \_\_\_\_\_

Name: \_\_\_\_\_ Race #: \_\_\_\_\_ Ethnicity #: \_\_\_\_\_ HC: \_\_\_\_\_

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

***In Accordance with Federal Law and U.S. Department of Agriculture policy, this institute is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.***

INFORMATION IS GATHERED FOR  
STATISTICAL PURPOSES  
ONLY

**LIST ANY ADDRESSES YOU HAVE HAD WITHIN THE LAST 5 YEARS:**

**IF YOU HAVE HAD ADDRESSES PAST THE 5 YEARS WHERE YOU HAVE HAD A LANDLORD LIST THEM AS WELL: YOU NEED TO LIST ANY LANDLORD YOU HAVE EVER HAD.**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU EVER HAD A LANDLORD? \_\_\_\_\_ YES \_\_\_\_\_ NO**

# INITIAL TENANT APPLICATION

Development Name: \_\_\_\_\_

Development Address: \_\_\_\_\_

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

*Directions to Applicant: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry. Proof of identity and social security cards must be provided for all household members. All adults must sign/date the application.*

## PART I. FAMILY COMPOSITION

	Name <u>ALL</u> People to Occupy Apt.			*Social Security	Date of Birth	Relation to Head	Sex	Full-time Student?
	LAST NAME	FIRST	MI					
1.						HEAD		
2.								
3.								
4.								
5.								
6.								

\*If benefits are drawn under a different Social Security #, please provide \_\_\_\_\_.

Do you expect a change in family size in the future? Yes \_\_\_ No \_\_\_ If so, explain change and provide expected date of change. \_\_\_\_\_

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

Current Marital Status: Never Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Married \_\_\_ Widowed \_\_\_

Would you or any members of your household benefit from a handicapped-accessible unit?  
 Yes \_\_\_ No \_\_\_

**PART II. INCOME**

Type of Income	Person Receiving Income	Name of Source	Address (St, City, State, Zip)	Area Code & Phone Number

**PART III. ASSETS**

Type of Account	Name on Account	Name of Financial Institution	Address (St, City, State, Zip)	Account Number

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**PART IV. EMPLOYMENT HISTORY**

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- a. Applicant Employed By: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant (2nd Job): \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_
- b. Co-Applicant Employed By: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Co-Applicant (2nd Job): \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_
- c. Other Adult Employed By: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Other Adult (2nd Job): \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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**PART IV. LANDLORD REFERENCES**

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- a. Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- b. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- c. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART V. GENERAL INFORMATION

- a. Have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- b. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- c. Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- d. Have you ever received rental assistance? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
  - a. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes \_\_\_ No \_\_\_If yes, explain: \_\_\_\_\_
- e. Will this be your only place of residence? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- f. Do you live or have you lived in subsidized housing? Yes \_\_\_ No \_\_\_  
If yes, where? \_\_\_\_\_ when? \_\_\_\_\_
- g. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- h. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
- i. Have you or anyone in your home been or currently are registered as a sex offender?  
Yes \_\_\_ No \_\_\_
- j. Do you have any pets? Yes \_\_\_ No \_\_\_
- k. Are you currently homeless or living at a shelter? Yes \_\_\_ No \_\_\_
- l. 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 \_\_\_

CURRENT PLACE OF RESIDENCY/EMERGENCY CONTACT

Current Address: \_\_\_\_\_  
Street Address City State Zip

Current Telephone #: \_\_\_\_\_  
Home Work Message

Emergency Contact: \_\_\_\_\_  
Street Address City State Zip

Telephone #: \_\_\_\_\_  
Home Work

I/We, the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above Section 42 rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility for the Low Income Housing Tax Credit Program.

**WARNING:** Section 1001 of Title 18 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.

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date