

# SENIOR HOUSING

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.

Applications are currently being accepted for:

<p>Community Commons 116 Community Drive ----- Senior Housing for ages 62+ Current Rent 2 Bedroom \$500 3 Bedroom \$550</p> <p>Each have one bath, garage and washer/dryer hook-up</p> <p>Income Limit: Household of 1 - \$30,300 Household of 2 - \$34,620</p> <p><b>Minimum Monthly Income</b> <b>2 Bedroom - \$1,000</b> <b>3 Bedroom - \$1,100</b> *Unless applicant has a voucher</p>	<p>Clinton Commons I 100 Commons Lane ----- Senior Housing for age 55+ Current Rent 3 Bedroom \$575</p> <p>Each have two full baths, one with tub, one with step in shower; garage and washer/dryer hook-up</p> <p>Community Room available for resident use.</p> <p>Income Limit: Household of 1 - \$30,300 Household of 2 - \$34,620</p> <p><b>Minimum Monthly Income</b> <b>3 Bedroom - \$1,150</b> *Unless applicant has a voucher</p>	<p>Clinton Commons II 202 Jeanie Wilson Way ----- Senior Housing for age 55+ Current Rent 2 Bedroom \$575</p> <p>Each have two full baths, one with tub, one with step in shower; garage and washer/dryer hook-up.</p> <p>Community Room available for resident use.</p> <p>Income Limit: Household of 1 - \$27,900 Household of 2 - \$31,920</p> <p><b>Minimum Monthly Income</b> <b>2 Bedroom - \$1,150</b> *Unless applicant has a voucher</p>
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<p>Blanchester Senior Villa's 100 Madalyn Loftin Drive, Formerly 344 Pansy Pike ----- Senior Housing for age 55+</p> <p>Each have two bathrooms, garage and washer/dryer hook-up</p> <p>Income Limit: Household of 1 - \$27,900 Household of 2 - \$31,920</p> <p><b>Minimum Monthly Income 2 Bedroom - \$1,150</b> *Unless applicant has a voucher</p>	<p>Current Rent - 2 Bedroom \$575</p> <p>Community Room available for resident use.</p>
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**For more information, please contact Carol or Amanda.**

Clinton County Community Action - (937) 382 - 8886 or TDD 1-800-750-7050

"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

1.	Name <u>ALL</u> People to Occupy Apt. LAST NAME      FIRST      MI	*Social Security	Date of Birth	Relation to Head	Sex	Full-time Student?
				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 IV. EMPLOYMENT HISTORY

- 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 \_\_\_\_\_

PART IV. LANDLORD REFERENCES

- 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