
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.

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

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) \$32,220 (2) \$36,780 (3) \$41,400 (4) \$45,960 (5) \$49,680 (6) \$53,340

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

**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, 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.



Effective 4/12/2022

MOVE-IN SECURITY DEPOSIT REPORT

Community: _____ Unit #: _____ #Bdr: _____

Move-In Date: _____ Full Rent: _____ Util Allowance _____

Rental Assistance: _____ 1st 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 ALL People to Occupy Apt. LAST NAME FIRST MI	*Social Security	Date of Birth	Relation to Head	Sex	Full-time Student?
				HEAD		
1.						
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 _____

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