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| Lease Application |
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| For Section 42 (LIHTC) |
|  |
| **Directions to Applicants** |
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An application fee of $35.00 per applicant/guarantor will be collected at time of application and is non-refundable.

**\* A FULL DEPOSIT IS REQUIRED TO HOLD ANY APARTMENT \***

**In order to qualify for approval, each APPLICANT and/or each GUARANTOR must:**

Be 18 years or older to sign a rental agreement. Owner/Management will not discriminate against any applicant by reason of their color, status, physical handicap, or any discrimination prohibited by law.

**Rent Guarantee** may be required if income or job history requirements are not met. A **Guarantor** must have signature **Notarized** OR **Witnessed** by an LFR Ohio Properties’ employee. Guarantor must meet same requirements as prospective residents, but cannot be unemployed or retired. Guarantor agreements are for duration of residency and can only be canceled with written approval from the owner or overall property manager. They will have to submit a Guarantor Application to have their credit and background checked.

**Submit a completed application** package, including this signed Rental Application, and if required, a Rent Guarantee. We will not process applications until all information is provided.

**Expectations of Continuing Residents:**

**A.** Have a payment history with all charges paid in full and no more than three late payments. We may reconsider this item on proof of hardship with the provision that a guarantor agrees to pay us directly.

**B.** Have no written record of violating community policies or default of lease terms. We will reconsider rejected lease applications on written request except those apartments with damage exceeding reasonable wear and tear, apartments with pets, or apartments which violated Federal, State, County or City statutes or laws.

**C.** Not have a revocation of a Guarantor

**Family Composition:** Please include all members of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full time attendance by that institution. Five calendar months need not be consecutive. By definition, all residents of elementary or high school are not considered full time students.

**Pets:** We welcome the following pets with an additional application and deposit required: birds, fish, cats, and dogs under 30 lbs. No more than 2 pets per rental unit. Dogs must be on a leash in all common areas and owners are responsible for cleaning up after their pet.

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Your interview appointment has been scheduled for:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please bring the following items for your interview appointment with a leasing agent. You must have all documentation for your appointment.

All household members 18 or older will need to be present for the interview appointment

* Birth certificates for all household members
* Social Security cards for all household members, (if they are 18 or older they must be signed)
* Photo ID for all household members 18 or older
* List of landlord name, address and phone number for the last 5 years.
* If currently employed, last 6 weeks consecutive paystubs
* If receiving SS/SSI/SSDI – current benefit letter –
	+ It cannot be more than 3 months old, so you may need to call the Social Security office to have them send an updated letter. This can take up to 2 weeks. If you have an online SS Account, you can print an updated letter.
	+ If you receive multiple benefits, need all letters SSI, SSDI, State SSI (SSP)
* If you have a pension, 401K/403b or other retirement fund, a copy of latest statement
* If you receive Cash Assistance, you need to bring an updated benefit letter (within last 3 months)
* If you receive Child Support, you need to bring a print out of payments received for the last year. You can print from the website.
* If you own real estate – you need a Fair Market Assessment valuation from a local realtor, copy of tax bill, and assessor statement.
* Car Registration, if applicable
* Pet Application, and Current Vet Documentation and dog license, if applicable
* **Check or money order for application fee - $35.00/pp 18 years or older. Make Payable to LFR Ohio Properties and make sure Applicant name is on the money order/check in the memo.**

**We do check credit and criminal backgrounds, and check current and previous landlord reference for all household members 18 or older.**

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| **Property Location/Building**  | **Date of Application** | **Desired Unit Type (circle one)** |
| Sidney Wapakoneta |  |  Studio (Sidney) 1 Bdrm. 2 Bdrm. 3 Bdrm. (Wapak) |

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| How did you hear about us? Referral Sign Brochure Internet (website) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| Primary Applicant Disabled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name | Last Name  | Middle Initial | Social Security # | Marital Status |
|  |  |  |  |  |
| Date of Birth | Student Status | Driver’s License Number  | Sex | State | Expiration Date |
|  |  N/A PT FT |  |  |  |  |
| Phone Number Home Cell | Phone Number Cell Work | E-mail |
|  |  |  |
| Race and Ethnicity |  White/Caucasian Black/African American Asian/Pacific Islander Native American Other Hispanic Not Hispanic |

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| Primary Applicant Rental History |
| **Current Address**  | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number  | E-mail |
|  |  |  |
| How Long at Address? | Move in Date | Rent  | Payment Period | Reason For Leaving | Is Your Rent Current? |
|  Yrs. Mos. |  / / |  |  |   |  Yes No |
| **Previous Address** | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number | E-Mail |
|  |  |  |
| How Long at Address? | Move In Date | Move Out Date | Rent | Reason for Leaving | Was Your Rent Current? |
|  Yrs. Mos. |  / / |  / / | $ |  |  Yes No |
| **Previous Address** | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number | E-Mail |
|  |  |  |
| How Long at Address? | Move In Date | Move Out Date | Rent | Reason for Leaving | Was Your Rent Current? |
|  Yrs. Mos. |  / / |  / / | $ |  |  Yes No |

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| Spouse/Co-Applicant Disabled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name | Last Name  | Middle Initial | Social Security # | Marital Status |
|  |  |  |  |  |
| Date of Birth | Student Status | Driver’s License Number  | Sex | State | Expiration Date |
|  |  N/A PT FT |  |  |  |  |
| Phone Number Home Cell | Phone Number Cell Work | E-mail |
|  |  |  |
| Race and Ethnicity |  White/Caucasian Black/African American Asian/Pacific Islander Native American Other Hispanic Not Hispanic |

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| Spouse/Co-Applicant Rental History |
| **Current Address**  | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number  | E-mail |
|  |  |  |
| How Long at Address? | Move in Date | Rent  | Payment Period | Reason For Leaving | Is Your Rent Current? |
|  Yrs. Mos. |  / / |  |  |   |  Yes No |
| **Previous Address** | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number | E-Mail |
|  |  |  |
| How Long at Address? | Move In Date | Move Out Date | Rent | Reason for Leaving | Was Your Rent Current? |
|  Yrs. Mos. |  / / |  / / | $ |  |  Yes No |
| **Previous Address** | City | State | Zip |
|  |  |  |  |
| Landlord’s Name | Phone Number | E-Mail |
|  |  |  |
| How Long at Address? | Move In Date | Move Out Date | Rent | Reason for Leaving | Was Your Rent Current? |
|  Yrs. Mos. |  / / |  / / | $ |  |  Yes No |

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| **Additional Occupants That Will Live In The Property besides those list above.**  |
| Full Name | Social Security Number | Student Status | Sex | Disabled | D.O.B | Age | Race -Ethinciy | Relationship |
|  |  | NA FT PT |  |  Y N |  |  |  |  |
|  |  | NA FT PT |  |  Y N |  |  |  |  |
|  |  | NA FT PT |  |  Y N |  |  |  |  |
|  |  | NA FT PT |  |  Y N |  |  |  |  |
|  |  | NA FT PT |  |  Y N |  |  |  |  |

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| Primary Applicant Employment History Unemployed Retired Disabled |
| Current Employer | Position | Supervisor’s Name |
|  |  |  |
| Address | City | State | Zip |
|  |  |  |  |
| Supervisor’s Phone Number | Supervisor’s E-Mail | Employment Dates | Gross Monthly Salary |
|  |  | to | $  |
| Previous Employer (if less than 1 year) | Position | Supervisor’s Name |
|  |  |  |
| Address | City | State | Zip |
|  |  |  |  |
| Supervisor’s Phone Number | Supervisor’s E-Mail | Employment Dates | Gross Monthly Salary |
|  |  | to | $  |

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| **Primary Applicant Income Information** - \*PLEASE WRITE ZERO IF NO INCOME RECEIVED FOR EACH |
| **Wages/Salary from Job** | **Child Support Received** | **Alimony Received** | **Pension and/or Retirement fund** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **SS/ISSI/SSDI** – If yes, please provide a copy of benefit letter | **State SSI** – if yes please, provide a copy of benefit letter | **Public Assistance** – if yes, please provide copy of benefit letter | **VA Benefits, Pension, Retirement or Annuities** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Unemployment Benefits** | **Income from Insurance Policies** | **Disability, Death Benefits, and /or Life Insurance Dividends** | **Worker’s Compensation – Provide copy of benefit lettter** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Self-Employment Wages** – provide Profit and Loss Statement | **Net Income from a Business** (including rental property, land or other real estate) | **Interest, Dividends & other income from Net Family Assets/Bank Accounts** | **Regula/Reoccurring Contributions** and/or **Gifts** from Persons not residing in unit |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Lottery Winnings or Inheritances** (paid as an annuity) | **Annuities** | **Education Grants, Scholarships, and Other Student Benefits** | **Severance Pay** |
| $ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ | $ per \_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Spouse/Co-Applicant Employment History Unemployed Retired Disabled |
| Current Employer | Position | Supervisor’s Name |
|  |  |  |
| Address | City | State | Zip |
|  |  |  |  |
| Supervisor’s Phone Number | Supervisor’s E-Mail | Employment Dates | Gross Monthly Salary |
|  |  | to |  $  |
| Previous Employer (if less than 1 year) | Position | Supervisor’s Name |
|  |  |  |
| Address | City | State | Zip |
|  |  |  |  |
| Supervisor’s Phone Number | Supervisor’s E-Mail | Employment Dates | Gross Monthly Salary |
|  |  | to |  $  |

|  |
| --- |
| **Spouse/Co-Applicant Income Information** - \*PLEASE WRITE ZERO IF NO INCOME RECEIVED FOR EACH |
| **Wages/Salary from Job** | **Child Support Received** | **Alimony Received** | **Pension and/or Retirement fund** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **SS/ISSI/SSDI** – If yes, please provide a copy of benefit letter | **State SSI** – if yes please, provide a copy of benefit letter | **Public Assistance** – if yes, please provide copy of benefit letter | **VA Benefits, Pension, Retirement or Annuities** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Unemployment Benefits** | **Income from Insurance Policies** | **Disability, Death Benefits, and /or Life Insurance Dividends** | **Worker’s Compensation – Provide copy of benefit lettter** |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Self-Employment Wages** – provide Profit and Loss Statement | **Net Income from a Business** (including rental property, land or other real estate) | **Interest, Dividends & other income from Net Family Assets/Bank Accounts** | **Regula/Reoccurring Contributions** and/or **Gifts** from Persons not residing in unit |
| $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ per \_\_\_\_\_\_\_\_\_\_\_ |
| **Lottery Winnings or Inheritances** (paid as an annuity) | **Annuities** | **Education Grants, Scholarships, and Other Student Benefits** | **Severance Pay** |
| $ | $ per \_\_\_\_\_\_\_\_\_\_\_ | $ | $ per \_\_\_\_\_\_\_\_\_\_\_ |

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| Asset Account History *(Please provide last 6 months of full bank statements – not online transaction record)* |
| Bank Name |  | Account Type | [ ]  checking [ ]  savings [ ]  other \_\_\_\_\_\_\_\_\_\_ [ ]  Joint  |
| Bank Name |  | Account Type | [ ]  checking [ ]  savings [ ]  other \_\_\_\_\_\_\_\_\_\_ [ ]  Joint  |
| Bank Name |  | Account Type | [ ]  checking [ ]  savings [ ]  other \_\_\_\_\_\_\_\_\_\_ [ ]  Joint  |
| Bank Name |  | Account Type | [ ]  checking [ ]  savings [ ]  other \_\_\_\_\_\_\_\_\_\_ [ ]  Joint  |

|  |
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| Total Other Asset Information – \*PLEASE WRITE ZERO (0) IF NO INCOME RECEIVED FOR EACH |
| Certificates of Deposit | Money Market Accounts | Christmas Club | Safety Deposit Box |
| $ | $ | $ | $ |
| Money Held in Trust | Stocks, Bonds or Securities | Treasury Bills | Retirement Fund |
| $ | $ | $ | $ |
| Pension | Cash on Hand: | Whole or Universal Life Insurance | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| $ | $ | Type: | $ | $ |

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| Pets\* *Domestic animals such as birds, fish and cats allowed with approved* **Separate pet application** complete |
| Type | Breed | Weight | Indoor/Outdoor | Name | Age |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Vehicle Information |
| Make | Model | Color | Year | State/License Plate # |
|  |  |  |  |  |
| Make | Model | Color | Year | State/License Plate # |
|  |  |  |  |  |

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| Applicant References – Not Family Members who have known you for at least 5 years |
| Full Name | Relationship | E-Mail | Phone |
|  |  |  |  |
| Full Name | Relationship | E-Mail | Phone |
|  |  |  |  |
| Full Name | Relationship | E-Mail | Phone |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Person** | **Relationship** | **Address** | **Phone Number** |
|  |  |  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Please answer all of the following questions for all household members** | **Yes** | **No** |
| Has applicant or occupants named in the application have pending criminal charges or ever been convicted or, plead guilty, or no contest to, any **criminal offense(s) or Felony** other than traffic infractions that were disposed of other than by acquittal or a finding of not guilty? |  |  |
| Has applicant or occupants named in the application have pending criminal charges or ever been convicted or, plead guilty, or no contest to, any **sexual offense(s)**? If yes are they require to register as a sex offender? [ ]  Yes [ ]  No |  |  |
| Has applicant or occupants named in the application have pending criminal charges or ever been convicted or, plead guilty, or no contest to, any **drug related offense(s)**? |  |  |
| Do you or any other applicant named on this application anticipate **enrolling in college/job training** in the next 12 months as a student? If yes, Who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are any of the applicants named as students married and eligible to file a **joint Federal Tax Return** with their spouse? If yes, and all household members are full-time students, attach copy of Federal Tax Return (form 1040) |  |  |
| Are you or any applicants named in this application enrolled in job training program receiving **assistance under the Federal Training Partnership Act** or under similar Federal, State or Local laws? |  |  |
| Are any minor children receiving assistance **under Title IV, of the Social Security Act**, which includes but is not limited to AFDC? |  |  |
| Are any of the students a single parent with minor child(ren) and parent is not a dependent and the minor child(ren) are not dependents on any other third party tax returns, other than a parent of the minor child(ren)?  If yes, and any household members are full time students, a signed copy of your tax return and Divorce Degree will be required |  |  |
| Have any of the minor children received **foster care**?  If yes, verification of Foster Care will be required |  |  |
| Do you own a vacuum cleaner? |  |  |
| Would you or any applicants named in this application benefit from a **handicapped accessible** unit? If yes explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Does anyone live in your household **smoke**? (this is a smoke free building and smoking is only permitted outside the building) Note: smoking in the building is a lease violation and will result in fines and legal action. We consider this a major lease violation. |  |  |
| Will you or any applicants named in this application be receiving **Section 8/Metro** rental assistance at the time of move-in? If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Have you or any applicants named in this application ever **received rental assistance**? Agency who provided assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Have you or any applicants named in this application ever had **rental assistance terminated** for fraud, non-payment of rent, or failure to recertify? **If yes**, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are you or any applicants named in this application enrolled as a **full or part-time student**? |  |  |
| Has applicant or occupants named in application ever filed for **bankruptcy**? If yes: Date Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Discharged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Has the applicant or occupants named in application ever been **evicted** or had **judgment issued** against him/her? If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are there any **outstanding judgments** against applicant or occupants named in the application? |  |  |
| Has applicant or occupants named in this application had **property foreclosed** upon or give title or deed in lieu? |  |  |
| Is the applicant or occupants named in the application party to a **lawsuit**? |  |  |

|  |  |  |
| --- | --- | --- |
| **Please answer all of the following questions for all household members** | **Yes** | **No** |
| Is applicant or occupants named in the application obligated to *receive* **alimony, child support, or separate maintenance**? |  |  |
| Do you have **full custody** of children who will be living with you at this residence? |  |  |
| Is there an expected change in the family/household size in the next 12 months? |  |  |
| Have you or the applicants named in this application ever held as an **investment** (including paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.? If yes, cash value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Do you or any of the applicants named in the application own equity **in real estate, land, contracts for deed or other real estate holdings, or other capital investments** (including personal residences, mobile homes, vacant land, vacation homes, or commercial property, etc.) If yes, Market Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance on Loans/Mortgages $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reasonable costs incurred in selling the asset (broker fees, penalties, etc.) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Have you or applicants named in this application received any **lump sum receipts**, including inheritances, capital gains, lottery winnings, insurance settlement, sale of property, or other claims?  If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where are the funds held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| What is the condition of your current housing?  |  Standard  |  Living with  Parents |  Unsafe or  Unhealthy |  No Plumbing or Home  in home in Disrepair |  Currently  Without Housing |

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| **Agreement and Authorization** |
| Applicant(s) understands that the above statements are true and accurate to the best of our knowledge and belief, is being collected to determine eligibility for residency. Applicant(s) are aware that false statements are punishable under Federal Law. Applicant(s) authorize the owner/manager to verify the information provided on this application and my/our signatures is my/our consent to obtain such verification. Applicant(s) certify that all assets currently being held or previously disposed of have been revealed and I/we have no other assets than those listed on this form (other than personal property). Applicant(s) authorize LFR Ohio Properties to conduct a credit check and applicant knows that this is a rental application and not a lease agreement. Application fee is NON-REFUNDABLE. Cancellation or denial of application will result in the forfeit of the deposit. Providing false or inaccurate information on the application will result in forfeiture of ALL monies paid and rejection of this application |
| Primary Applicant’s Signature | Date |
| Co-Applicant’s Signature | Date |
| Co-Applicant’s Signature | Date |

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent Quoted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check/Debit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SORI Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept Conditional Decline
 Guarantor Needed Letter Sent

**Owner’s Statement:** Based on the representations herein and upon the proof and documentation obtained, the Applicant(s) named on this application is/are eligible under the provisions of Section 42 of the IRS, as amended, to live in a unit the development. Based on the representations herein, and upon the proof and documentation obtained, the household constitutes a low-income resident whose anticipated annual income for the next twelve (12) months does not exceed maximum allowable income set by OHFA.

Required Security Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pet Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Additional Key Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Gate Remote Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
First Month’s Rent Due (Guarantor/Agency) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pet Fee Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Rental Concession -$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Total Due at Move-In Lease signing** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Holding Fee Paid prior to move-in -$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (if holding unit more than 2 weeks) **PMT Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Other Monies Due - pet deposit, parking remote, etc. (Paid Prior to move-In) -$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Balance Due at Move-in** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**