

Additional Occupant

For Section 42 (LIHTC)

An application fee of \$35.00 per applicant/guarantor will be collected at time of application and is non-refundable.

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. 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.



| Head of Hou | sehol | d | | | | | | | | | | | | | | | |
|---|---------------|------------|-----------|-------------|----------------|----------|----------------|-----------------------------------|----------|----------------------|----------------------------|-----------------------|----------------|---------|----------------|-----------------|----|
| First Name Last Nam | | ne | | | Unit # F | | Reason | Reason for Additional Occupant(s) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Applicant ☐ Dis | | | | Disabled | | | | | | | | | | | | | |
| First Name Last Name | | | me | e | | | Middle Initial | | | Social Security # | | Ma | Marital Status | | | | |
| | | | | | | | | | | | | | | | | | |
| Date of Birth Driver's Li | | | License N | lumbe | er (Take | e Pho | Photo Copy of | | of ID) | f ID) | | Stat | State Ex | | xpiration Date | | |
| | | | | | _ | | , | | | | | | | | | | |
| Phone Number | □ Hon | ne 🗆 Ce | ell P | hone Nun | nber | □ Cell | □ Work E-mail | | | | | | | | | | |
| Door and Ethnia | | | - 10 - | • | DI. I. | / A C | | • | | | 1 - 1 | | | | | | |
| Race and Ethnic | | ⊔ White | e/Cau | casian 🗌 | віаск/ | African | Amer | ican | <u> </u> | Asian 🗆 I | vat | ive A | merica | an L | Othe | r | |
| Full Name | ors | | Socia | al Security | , # | Sex | Dica | bled | | hate of Rin | th | ٨σ | o Po | lation | nship | Race & Ethinici | tv |
| ruii Name | | | 3001 | ar Security | # | Sex | ү | N | | Date of Birth | | Ag | e ne | iatioi | iisiiip | | , |
| | | | | | | | Y | N | | | | | | | | | _ |
| | | | | | | | Υ | N | | | | | | | | | |
| Current Resider | nt | | | Unit N | lumbe | er | | | Des | sired Unit | Ту | pe (il | unit | chan | ge is r | equested) | |
| | | | | | | | | | | udio D. S | | | 1 Bdrı | | 2 Bdr | • | |
| , | | | | | | | | | | | | | | | | | |
| Rental History for the last 3 years | | | | | | | | | | | | | | | | | |
| Current Address | | | City | | | | | | | State Zip | | | <u>'</u> ip | ip | | | |
| | | | | | | | | | | | | | | | | | |
| Landlord's Name | | | Phone | Numb | oer | | | E- | -mail | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| How Long at Addre | ss? | Move i | n Date | Rent | Rent Payment | | | eriod Reason For Leavin | | | ng | | ls \ | Your R | ent Current? | | |
| Yrs. Mos. / | | | | | | | | | | | | | ☐ Yes ☐ No | | | | |
| Previous Addres | SS (if less t | than 1 yea | r) | City | City | | | | | | | State Zi _l | | | Zip | | |
| Landlord's Nam | P | | | Phone | Phone Number | | | E-Mail | | | | | | | | | |
| Landiora 3 Nam | | | | 1 110110 | THORE IVAINSEL | | | | | | | | | | | | |
| How Long at Addre | ss? | Move i | n Date | Rent | Rent Payment F | | | Period Reason For Leavir | | | ving Was Your Rent Current | | | ? | | | |
| Yrs. N | Лos. | / | | | | | | | | | | □ Yes □ No | | | | | |
| | | | | | | | | | | | | | | | | | |
| Pets* (Dome | stic an | imals s | uch a | s birds, fi | sh an | d cats a | llowe | d w | ith | approval- | - m | ust r | neet r | estri | ictions | s) | |
| Separate appl | | | | | | | | | | | | | | | | , | |
| | | Neight . | • | | | | Name | • | | | Age | | | | | | |
| ,, | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Vehicle Infor | matic | | | | | | | | | | | | | | | | |
| Make | | Mode | | Color | | r | | Year | | | | State/License Plat | | Plate # | | | |
| | | | | | 1 | | | | | | | | | | | | |



| Spouse/ Co-Applicant Applicant Employment History | | | | | | | |
|---|----------|-------------------------------------|---|--|--|--|--|
| | Position | Supervisor's Name | | | | | |
| | | | | | | | |
| | City | State | Zip | | | | |
| | | | | | | | |
| Supervisor's Phone Number Supe | | Employment Dates | Gross Monthly Salary | | | | |
| | | to | | | | | |
|) | Position | Supervisor's Name | | | | | |
| | | | | | | | |
| Address | | State | Zip | | | | |
| | | to | | | | | |
| Supervisor's Phone Number Super | | Employment Dates | Gross Monthly Salary | | | | |
| | | | | | | | |
| | Sup) | Position City Supervisor's E-Mail | Position City State Supervisor's E-Mail Employment Dates to Position Supervisor's Name City State to | | | | |

| Credit History (Plea | se provide last 6 months of ban | k statements) |) | | |
|----------------------|---------------------------------|---------------|--------------------|---------|--|
| Bank Name | Savings Account # | Balance | Checking Account # | Balance | |
| Bank Name | Savings Account # | Balance | Checking Account # | Balance | |
| | S | | | | |
| Applicant Reference | ces | | | | |
| Full Name | Relationship | E-Mail | | Phone | |
| | | | | | |
| Full Name | Relationship | E-Mail | | Phone | |
| | | | | | |
| Full Name | Relationship | E-Mail | | Phone | |
| | | | | | |

| Household Income Information *PLEASE WRITE ZERO IF NO INCOME RECEIVED FOR EACH | | | | | | | |
|--|---|---|--|--|--|--|--|
| Wages/Salary Child Support | | Alimony | Social Security | | | | |
| SSI | Public Assistance | VA Benefits, Pension, Retirement or Annuities | Pension and/or Retirement funds | | | | |
| Unemployment Benefits | Income from Insurance Policies | Disability, Death Benefits, and /or Life Insurance Dividends | Worker's Compensation | | | | |
| Severance Pay | Net Income From a Business (including rental property, land or other real estate) | Interest, Dividends & other income from Net Family Assets | Regular Contributions and/or Gifts from Persons not residing in unit | | | | |
| Lottery Winnings or Inheritances (paid as an annuity) | Annuities | Education Grants, Scholarships, and Other Student Benefits | Self-Employment Wages | | | | |



| Other Income Information *PLEASE WRITE ZERO 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 of Universal Life Insurance | Other: | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Please answer all of the following | question | ıs | | | | Yes | No |
|---|------------------------|-----------------------------|----------------------|--------------------------|----------------|---------|------|
| 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? | | | | | | | |
| Is applicant or occupants named in the application obligated to pay alimony, child support, or separate maintenance? | | | | | | | |
| Do you have full custody of children who will be living | ng with you at | this residence? | | | | | |
| Is there an expected change in the family/household | | | | | | | |
| Have you or the applicants named in this application | n ever held as a | an investment (inclu | ding paintings, artw | ork, collector or show | cars, | | |
| jewelry, coin or stamp collections, antiques, etc.? If | f yes, cash valu | ıe | | - | | | |
| Do you or any of the applicants named in the applica | ation own equ | ity in real estate, lan | d, contracts for dec | ed or other real estate | : | | |
| holdings, or other capital investments (including pe | | • | | | | | |
| property, etc.) | | | | | | | |
| If yes, Market Value | Balance on Loa | ans | | | | | |
| Reasonable costs incurred in selling the as | | | | | | | |
| Have you or applicants named in this application received any lump sum receipts , including inheritances, capital gains, lottery | | | | | | | |
| winnings, insurance settlements or other claims? | | | | | | | |
| If yes, When Value Where are the funds held | | | | | | | |
| Do you own a vacuum cleaner? | | | | | | | |
| Would you or any applicants named in this application | on benefit from | m a handicapped acc | essible unit? | | | | |
| If yes, explain | | а папаларров во | | | | | |
| • | is a smalla fra | a building and smale | na is anly narmitted | Loutside the building | | | |
| Does anyone living in your household smoke ? (this | is a smoke free | e building and smoki | ng is only permitted | i outside the building) | | | |
| Will you or any applicants named in this application | be receiving S | ection 8 rental assist | ance at the time of | move-in | | | |
| If yes, explain | | | | | | | |
| Have you or any applicants named in this application ever received rental assistance? | | | | | | | |
| If yes, explain | | | | | | | |
| | | | . 16 6 1 | | | | - |
| Have you or any applicants named in this application | n ever had ren | tal assistance termir | nated for fraud, non | i-payment of rent, or fa | ailure | | |
| to recertify? | | | | | | | |
| If yes, explain | | | | | | | |
| What is the condition of your current | Standard | Living with | Unsafe or | No Plumbing | 1 Curre | ently | |
| housing? | | Parents | Unhealthy | or Kitchen | With | out Hou | sing |
| Are you or any applicants named in this application | enrolled as a f | ull or part-time stud | ent? | | | | |
| Do you or any other applicant named on this applica | ation anticipate | e enrolling in college | /job training in the | next 12 months as a | | | |
| student? | | | | | | | |
| If yes, Who Name of School | | | | | | | |
| | | | | | | | |
| School Address | | | | | | | |



| Please answer all of the following questions | 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) or Felony that were disposed of other than by acquittal or a finding of not guilty? If yes, are you required to register as a sex offender? | | |
| 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) that were disposed of other than by acquittal or a finding of not guilty? | | |
| 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 | | |
| 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? | | |

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 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 will result in the forfeit of the deposit. If the application is approved, the partial deposit will be applied to the total security deposit required. Providing false or inaccurate information on the application will result in forfeiture of <u>ALL</u> monies paid and rejection of this application

| Current Resident's Signature | Date |
|------------------------------|------|
| Co-Applicant's Signature | Date |

If the additional occupant does not meet application criteria, they will not be able to move into the current unit or any other unit requested.