

FAIRLAWN APARTMENTS

407 E. Lutz Road, Archbold, OH 43502



Rental Apartment Application

Please Print

Please complete this application and return to Fairlawn Apartments, (*agent for management*) at the address listed at the top of this page. Applications are placed in order of date, time received, and income level. An Applicant may be interviewed only after Fairlawn Apartments receives the tenant application.

I (we) submit the following biographical information:

Person No. 1. _____

Name	Address	Phone
Date of Birth	Gender	Marital Status

Person No.2. _____

Name	Address	Phone
Date of Birth	Gender	Marital Status

Bedroom Size Requested:	Studio _____	One Bedroom _____
	Two Bedroom _____	Handicap bedroom _____

Race:	American Indian/Alaska Native _____	Ethnicity: Hispanic or Latino _____
	Asian _____	Not Hispanic or Latino _____
	Black or African American _____	
	Native Hawaiian or other Pacific Islander _____	
	White _____	

List all persons who will live in the apartment. List head of household first:

Name	Relationship	Birthdate	Social Security Number
1. _____			
2. _____			
3. _____			

A. Income: List all sources of income as requested below, for those residing in the apartment.

_____ a. Social security	Monthly amount _____
_____ b. Social security	Monthly amount _____
_____ c. Pension	Monthly amount _____
_____ d. Pension	Monthly amount _____
_____ e. Veterans Benefit	Monthly amount _____
_____ f. Veterans Benefit	Monthly amount _____
_____ g. SSI Benefit	Monthly amount _____
_____ h. SSI Benefit	Monthly amount _____
_____ i. Unemployment Comp.	Monthly amount _____
_____ j. Unemployment Comp.	Monthly amount _____
_____ k. Interest Income	Monthly amount _____
_____ l. Interest Income	Monthly amount _____
_____ m. Other Income	Monthly amount _____

B. Wages:

Employer _____
Position Held _____ How long employed _____
Gross Wages _____ Monthly amount _____

Employer _____
Position Held _____ How Long employed _____
Gross Wages _____ Monthly amount _____

Total Gross Annual Income (Base this on the monthly amount listed above and multiply by 12)
\$ _____.

Do you anticipate any changes in this income in the next 12 months?

Yes _____ No _____ If YES, explain _____

C. Assets:

Checking Account	# _____	Bank _____	Balance \$ _____
Checking Account	# _____	Bank _____	Balance \$ _____
Saving Account	# _____	Bank _____	Balance \$ _____
Saving Account	# _____	Bank _____	Balance \$ _____
Trust Account Cert.	# _____	Bank _____	Balance \$ _____
Other Accounts	# _____	Bank _____	Balance \$ _____
Other Accounts	# _____	Bank _____	Balance \$ _____
Saving Bonds	# _____	Maturity date _____	Value \$ _____
Saving Bonds	# _____	Maturity date _____	Value \$ _____
Whole Life Insurance Policy	# _____		Face Value \$ _____
Credit Unions	# _____	Name _____	Balance \$ _____
Credit Union	# _____	Name _____	

Real Property: Do you own property? YES _____ NO _____

If yes, type of property _____

Location: _____

Appraised market value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/dispensed of any property in the last 2 years? YES _____ NO _____

If yes, type of property _____

Market Value when sold/dispensed \$ _____

Date of transaction _____

Have you disposed of any other assets in the last 2 years (example: given away money to Relative; set up irrevocable trust accounts?) Yes _____ No _____

If yes, describe asset _____

Date of disposition _____ Amount disposed _____

Do you have other assets not listed above (excluding personal property)? Yes _____ No _____

If yes, list _____

D. MEDICAL – HANDICAP ASSISTANCE EXPENSES:

Medical Costs: Complete this part **ONLY** if head or spouse is 62 or older, disabled or handicapped.

Medicare Premiums: Monthly amount \$ _____
Monthly amount \$ _____

Medical Insurance Coverage: Name of Insurance Company: _____
Address: _____
Monthly Amount: \$ _____

Anticipated Medical/Drug/Prescription cost NOT covered by insurance nor reimbursed:
Monthly amount \$ _____

Medical bill or outstanding costs you are making monthly payments for:
Balance due \$ _____ Monthly payments \$ _____ Payable to _____

Are you seeing a physician regularly? _____
Name _____ Address _____

Projected costs not covered by insurance nor reimbursed for the next 12 months: \$ _____
Any other medical expenses: List type and amounts: _____ \$ _____
_____ \$ _____

E. PROGRAM INFORMATION

If you are not 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities? Yes _____ No _____

Do you wish to have priority for an apartment with special design features for individuals with a handicap? Yes _____ No _____

Do you wish to claim a \$400 deduction from your income based on a handicap or disabling condition? Yes _____ No _____

Are you a veteran? Yes _____ No _____ If yes, dates of service. _____

Have you ever resided in a project financed and/or subsidized by the government?
Yes _____ No _____ If yes, name & address _____

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Ph: _____ Business Ph: _____

Previous Rental Information:
Prior landlord _____
Address _____
Prior landlord _____
Address _____

Credit References:
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Personal References:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

In case of emergency notify: Name _____

Address _____ Phone _____

G. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles you presently own. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____
Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____

PETS: Do you own any pets? Yes _____ No _____

H. CERTIFICATION / AUTHORIZATION

I/we hereby certify that I/we will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence.

It is understood and agreed all information in this rental application, including statements on finances and personal interviews will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission may render any agreement for rental voidable at the option of the Board of Trustees. Enclosed is the nonrefundable application fee of \$40.

Make check payable to: Fairlawn Apartments

At the time one moves into any apartment, there must be a \$200 security deposit and this can be refunded when one leaves the apartment without any damage that needs repaired.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue. S.W. Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD).”

I. SMOKING POLICY:

Smoking is not permitted inside the apartment unit or the community building.

J. CRIMINAL BACKGROUND CHECK:

A criminal back ground check will be done on all prospective tenants before granting an apartment. An application will be confirmed or rejected at that time. The Resident Selection Criteria are the established guidelines to be followed.

Signature of Head

Signature of Co-Tenant

Date

Date

AUTHORIZATION

I/we do hereby authorize Fairlawn Apartment and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Fairlawn Apartments.

Signature of Head

Signature of Co-Tenant

Date: _____

Date: _____

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Race _____ Ethnic Group _____ Sex _____
Race _____ Ethnic Group _____ Sex _____

FAIRLAWN APARTMENTS ~ 407 E. LUTZ RD., ARCHBOLD, OHIO 43502
PHONE 419-445-8648 or 419-445-3075

CERTIFICATION OF HOUSEHOLD INCOME / EXPENSES

(USDA Rural development, Ohio – Rev. 8/04)

As part of our application process and tenant eligibility determination, all applicants and tenants must provide evidence as to how basic living expenses are met.

Please answer each question and provide necessary documentation.

- | | Yes | Monthly | No |
|--|-----------|----------|-----------------------|
| | _____ | Amount | _____ |
| 1. Do you receive food stamps? | _____ | _____ | _____ |
| 2. Do you receive ADC or TANF Benefits? | _____ | _____ | _____ |
| 3. Do you receive any type of Social Security Benefits? | _____ | _____ | _____ |
| 4. Do you receive unemployment benefits? | _____ | _____ | _____ |
| 5. Do you receive student loans/grants/etc.? | _____ | _____ | _____ |
| 6. Do you receive child support from any source? | _____ | _____ | _____ |
| 7. Do you receive any other type of assistance? | _____ | _____ | _____ |
| Or do you have other sources of income? If yes, please list the source and amount: _____ | | | |
| _____ | | | |
| 8. Have you applied for any of the above? | Yes _____ | | No _____ |
| If yes, please provide the status of your request: _____ | | | |
| _____ | | | |
| 9. Do you have an automobile? | Yes _____ | | No _____ |
| If yes, how much is your monthly payment? \$ _____ Monthly Insurance \$ _____ | | | |
| Monthly Gasoline? \$ _____ Annual License Fee? \$ _____ | | | |
| 10. Do you have or will you have a telephone? | Yes _____ | No _____ | Monthly Cost \$ _____ |
| 11. Do you have or will you have cable TV? | Yes _____ | No _____ | Monthly Cost \$ _____ |
| 12. Do you have or will you have Internet access? | Yes _____ | No _____ | Monthly Cost \$ _____ |

This certification is good until your income/household makeup changes or time for re-certification. If you have any changes in the above information, you are to contact your site manager immediately.

I, _____ certify the information provided to the above questions and the attached worksheet are true and correct as of the date set forth opposite my signature. **WARNING:** Any intentional or negligent misrepresentation of the information contained herein may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001.

Signature: Tenant/Applicant _____ : _____ Date: _____

Signature: Co-Tenant/Co-Applicant: _____ Date: _____

Household Income/Expenses Worksheet

Please Complete The Following

<u>Item</u>	<u>Monthly Cost</u>	<u>Source for Payment</u>
Food	_____	_____
Utilities	_____	_____
Clothing	_____	_____
Telephone	_____	_____
Auto	_____	_____
TV Cable	_____	_____
Medical	_____	_____
Rent to Own	_____	_____
Internet	_____	_____

Total Monthly Expenses \$ _____

Total Expenses paid by other sources \$ _____

I have discussed this Certification of Household Income/Expenses with the Applicant/Co-Applicant and/or Tenant/Co-Tenant and assisted in completing the above monthly expenses from information they provided.

Site Manger/Owner

Date

FAIRLAWN RENTAL APARTMENTS

Resident Selection Criteria

Adopted 10/1/13

The person or persons given authority by the Management Agent will determine tenant selection as follows:

1. Application: Resident eligibility will be determined from an application that meets USDA Standard Procedure for income and occupancy. A copy of the Resident Selection Criteria will accompany the application and may be kept by the applicant.
 - a. The application should be delivered to:
Fairlawn Haven
407 E Lutz Rd
Archbold OH 43502
 - b. A non-refundable application fee of \$40 must accompany the application to cover the cost of the screening and processing of the application.
 - c. Incomplete applications will be returned to the applicant requesting all information be completed within 10 days. In the meantime, applicant will be put on the waiting list. If requested information is not received within 10 days, the application will be considered withdrawn.
2. Selection: Applicants will be selected on a first come, first serve basis according to the chronological order of each categorized waiting list/income group identified in the following order:
 - a. Very Low Income
 - b. Low Income
 - c. Moderate Income
 - d. Unite Size in which a vacancy exists
 - e. Ineligible

If an applicant cannot accept the unit at the time it is available, the reason for accepting the unit will be documented in the applicant's file. Should the applicant turn down a unit for the fifth time, their name will be removed from the waiting list and informed in writing of this action.

3. Rejection of Applicants: All applicants will undergo a review process where all information will be verified. If any of the following areas are found during this process, the applicant will be rejected and notified in writing.
 - a. History of Criminal Activity
 - b. History of Disruptive, Dangerous or Violent Behavior
 - c. Confirmed Drug or Alcohol Addiction or Abuse.
 - d. Rape, Prostitution, or Sexual Deviation
 - e. Grossly Unsanitary or Hazardous Housekeeping
 - f. Record of Disturbance of Neighbors or Destruction of Property
 - g. Non-compliance with Rental Agreements
 - h. Poor Credit History

Fairlawn Rental Apartments will not discriminate against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

4. Purging Applicants from the Waiting List: At the beginning of each calendar year the waiting list will be reviewed. Any application that is 36 months old or older will be purged from the list. The applicant will be notified in writing of the status and informed that they can reapply