



Received By: _____
 Date Received: _____
 Time Received: _____

RENTAL APPLICATION

This is an application for housing at the **Westerly Apartments**, 14300 Detroit Ave Suite 110, Lakewood, Ohio 44107

Please complete this form and return it to our office at the above-mentioned address.

Requested lease start date: _____ **Bedroom Size:** _____ **Studio/Efficiency** _____ **1 Bedroom** _____
 _____ **2 Bedroom** _____ **no preference** _____

APPLICANT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____
 SSN#: _____ DOB: _____ Age _____ License or ID# & State Issued: _____
 Phone number: _____ Secondary Number: _____ Email: _____

APPLICANT RENTAL HISTORY: (Please provide most recent 3 years - attach additional page if needed)

Current Address: (Note that you must provide your current address, whether it's a rental or not.)

Address: _____ City: _____ State: _____ Zip: _____

Rent: _____ Utilities Included: _____ Dates of Residency: _____

Reason for Moving: _____

Current Landlord: _____ Daytime Phone #: _____

Previous Address:

Address: _____ City: _____ State: _____ Zip: _____

Rent: _____ Utilities Included: _____ Dates of Residency: _____

Reason for Moving: _____

Previous Landlord: _____ Email & Daytime Phone #: _____

A. Household information

1. List all members of the household. ***Anyone over the age of 18 must fill out a separate application***

Name (first and last name)	Relationship	Date of birth	Social security number
1.			
2.			
3.			
4.			

2. Additional household information

	Yes	No
Are any household members temporarily/permanently (circle one) absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your household a student (full or part-time)? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Assets Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches, parents, friends, etc. (includes rent, utilities, groceries, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you work for someone who pays you cash?	<input type="checkbox"/>	<input type="checkbox"/>	
*Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
*Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
*Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
*Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
*Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
*Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any lump sum payments such as:	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
*Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
*Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have money in:	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit? (CDs)	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	

Continued... 3. Do you have money in:	Yes	No	Value
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:			
Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets: _____			

GENERAL QUESTIONS:

Do you have housing assistance? : *Yes No* If so, which agency? _____

Pets? : *Yes No* Description (type, size, age): _____

Do you smoke? : *Yes No*

Have you ever been evicted? : *Yes No* Explain: _____

Have you ever been convicted of a felony? : *Yes No* Explain: _____

How did you hear about us? : Craigslist / MaineToday.com / Press Herald / Other: _____

A PPM Resident (list name): _____

IN CASE OF AN EMERGENCY: Name: _____ Phone: _____

I understand that approval/eligibility of my application for a HUD and/or LIHTC program apartment is based on first an approval of my application based on the attached rental policy requirements and then income/asset guidelines established by HUD and Maine State Housing. If this application is denied based on rental criteria requirements or deposits and/or surety bonds or (if needed) an eligible guarantor requirements are not able to be met, I can re-apply again at a later date.

I authorize PPM, any of its staff and/or an authorized representative to contact any prior employers, companies, credit bureaus, law enforcement agencies, and/or consumer reporting bureaus, including but not limited to RealPage.

I do hereby certify that that the information on this application is correct and complete and is needed to prove my households eligibility for HUD and/or LIHTC Program. I certify that all the information and answers to the above questions are true and complete. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application and/or that such actions punishable under federal law.

Printed Name

Date

Signature

Date

AUTHORIZATION AND RELEASE OF INFORMATION

I/We do hereby authorize LSC Service Corp dba Barton Communities, its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials, including credit/criminal background checks that are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

**The Dept. of Housing and Urban Development
Rural Development (USDA)**

**Low Income Tax Credit Housing
(IRS)
State of Local Housing Agencies**

ONLY SOURCES FOR DETERMINING ELIGIBILITY/ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION
OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK

RELEASE: I/We hereby authorize the release of the requested information. Information obtained under their consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me/us on a separate consent attached to a copy of this consent.

Resident Printed Name

Resident Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant may be subject to a misdemeanor and action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for the misusing the social security number are contained in the ****Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

LSC Service Corp. dba Barton Communities does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

THIS FORM MAY BE PHOTOCOPIED

EQUAL HOUSING OPPORTUNITY

