## **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.

erso	n No. 1.		
	n No. 1	Address	Phone
1	Date of Birth	Gender	Marital Status
erso	n No.2.		
CISO	Name	Address	Phone
	Date of Birth	Gender	Marital Status
Bedro	om Size Requested:	Studio	One Bedroom
	•	Two Bedroom	Handicap bedroom
Race:	American Indian/Alaska N Asian Black or African America		Ethnicity: Hispanic or Latino Not Hispanic or Latino
	Native Hawaiian or other I White Il persons who will live	in the apartment. List	
	Native Hawaiian or other I White Il persons who will live	in the apartment. List	head of household first:  Birthdate Social Security
Nam	Native Hawaiian or other I White Il persons who will live Relat	in the apartment. List	
Nam	Native Hawaiian or other I White Il persons who will live e Relat	in the apartment. List	Birthdate Social Security
Nam.	Native Hawaiian or other I White Il persons who will live e Relat	in the apartment. List tionship	Birthdate Social Security
Nam	Native Hawaiian or other I White Il persons who will live e Relat	in the apartment. List tionship	Birthdate Social Security
Nam.	Native Hawaiian or other I White Il persons who will live e Relat	Pacific Islander  in the apartment. List itionship	Birthdate Social Security
Nam	Native Hawaiian or other I White  Il persons who will live  Relate  come: List all sources of  a. Social security	in the apartment. List tionship  income as requested be	Birthdate Social Security  ow, for those residing in the apartmen
Nam	Native Hawaiian or other I White  Il persons who will live Relate  Come: List all sources of a. Social securityb. Social security	in the apartment. List in the apartment. List in the apartment. List in the apartment. Monthly amount Monthly amount	Birthdate Social Security  ow, for those residing in the apartmen
Nam	Native Hawaiian or other I White  Il persons who will live  Relate  Come: List all sources of a. Social securityb. Social securityc. Pension	in the apartment. List in the apartment in the apartment. List in the apartment in the apartment. List in the apartment in the apartment. List in the apartment in the apartment. List in the apartment in the	Birthdate Social Security  ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Come: List all sources of  a. Social security b. Social security c. Pension d. Pension	in the apartment. List in the apartment in the apartment. List in the apartment in the	Ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Come: List all sources of  a. Social security b. Social security c. Pension d. Pension e. Veterans Benefit	in the apartment. List tionship  Monthly amount	Birthdate Social Security  ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Come: List all sources of  a. Social security b. Social security c. Pension d. Pension e. Veterans Benefit f. Veterans Benefit	in the apartment. List tionship  Monthly amount	ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Come: List all sources of  a. Social security b. Social security c. Pension d. Pension e. Veterans Benefit f. Veterans Benefit g. SSI Benefit	in the apartment. List itionship  Monthly amount	ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Relate  A. Social security  b. Social security  c. Pension  d. Pension  e. Veterans Benefit  f. Veterans Benefit  g. SSI Benefit  h. SSI Benefit	in the apartment. List itionship  Income as requested below the Monthly amount	ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Relate  A Social security  b. Social security  c. Pension  d. Pension  e. Veterans Benefit  f. Veterans Benefit  g. SSI Benefit  h. SSI Benefit  I. Unemployment Co	in the apartment. List itionship  Income as requested below the Monthly amount	Ow, for those residing in the apartmen
Nam.	Native Hawaiian or other I White  Il persons who will live  Relate  Relate  a. Social security b. Social security c. Pension d. Pension e. Veterans Benefit f. Veterans Benefit g. SSI Benefit h. SSI Benefit I. Unemployment Co. j. Unemployment Co.	in the apartment. List itionship  Income as requested below the mount of the mount	ow, for those residing in the apartmen
Nam	Native Hawaiian or other I White  Il persons who will live  Relate  Relate  A Social security  b. Social security  c. Pension  d. Pension  e. Veterans Benefit  f. Veterans Benefit  g. SSI Benefit  h. SSI Benefit  I. Unemployment Co	in the apartment. List itionship  Income as requested below the Monthly amount	ow, for those residing in the apartme

Monthly amount \_\_\_\_\_

m. Other Income

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# B. Wages:

Employer			
Position Held		How long employed	
Gross Wages		Monthly amount	
Employer			
Position Held		How Long employed	
Gross Wages		Monthly amount	
2			
Total Gross Annual Incom	e (Base this on the	monthly amount listed above and	d multiply by 12)
\$			
Do you anticipate any char			
Yes	No	If YES, explain	
C. Assets:			
Checking Account	#	Bank	Balance \$
Checking Account  Checking Account	#	Doule	Balance \$
Saving Account	#		Balance \$Balance \$
Saving Account	#	Bank	Balance \$
Trust Account Cert.	#	Bank	Balance \$
Other Accounts	#	D 1	Balance \$
Other Accounts	#	Bank	Balance\$
Saving Bonds	#`	N.C	Value \$
Saving Bonds	#	3.6 1 1 1 1	Value \$
Whole Life Insurance Policy	#		Face Value \$
Credit Unions	#	Name	Balance \$
Credit Union	#	Name	
Real Property: Do you ow			
If yes, type of property			
Location:			
Appraised market value \$			
Mortgage or outstanding lo	oans balance due	\$	
Amount of annual insurance		\$	
Amount of most recent tax	•	\$ \$	
annount of most recent tax	OIII	Ψ	
Have you sold/disposed of	any property in	the last 2 years? VES	NO
Have you sold/disposed of	any property in	the last 2 years? YES	NO
Have you sold/disposed of If yes, type of property	any property in	the last 2 years? YES	NO
If yes, type of property Market Value when sold/di	isposed \$		
If yes, type of property Market Value when sold/di	isposed \$	the last 2 years? YES	
If yes, type of property Market Value when sold/di Date of transaction	isposed \$		
If yes, type of property Market Value when sold/di Date of transaction	isposed \$		
If yes, type of property Market Value when sold/di Date of transaction Have you disposed of any o	isposed \$other assets in the	ne last 2 years (example: giv	ven away money to
If yes, type of property	isposed \$other assets in the trust accounts?	ne last 2 years (example: giv	ven away money to
If yes, type of property	isposed \$other assets in the trust accounts?	ne last 2 years (example: giv	ven away money to
If yes, type of property	isposed \$other assets in the trust accounts?	ne last 2 years (example: giv	ven away money to
If yes, type of property	other assets in the trust accounts?	ne last 2 years (example: give) Yes No Amount disposed Excluding personal property)? Y	ven away money to

## **D. MEDICAL – HANDICAP ASSISTANCE EXPENSES:**

Medical Costs: Co	mplete this part <b>ONLY</b> if head: Monthly amount \$	l or spouse is 62 or older, disa	abled or handicapped.
Medicare Fremiums	Monthly amount \$		
Medical Insurance	Coverage: Name of Insurance C		
Wiedicai ilisuranee e			
	Monthly Amount: \$		
Anticipated Medical	/Drug/Prescription cost NOT c		
-	Monthly amount \$		
Medical bill or outst	anding costs you are making m		
	Monthly payments \$		
	ysician regularly?		
	Address		
Projected costs not c	covered by insurance nor reimb	ursed for the next 12 months:	\$
Any other medical e	xpenses: List type and amounts	S.	\$
ing concentrations of	xpenses: List type and amounts		\$
E. PROGRAM IN	FORMATION		Ψ
	ars old, are you eligible for occi		s an individual
with handicaps or di	sabilities? Yes	_ No	
	priority for an apartment with		dividuals with a
handicap?	Yes No	_	
Do you wish to clair	n a \$400 deduction from your i		or disabling condition?
	Yes No	_	
Are you a veteran?	Yes No	_ If yes, dates of service	
Have you ever reside	ed in a project financed and/or	subsidized by the governmen	t?
Yes No _	If yes, name & addr	ess	
F. REFERENCE I	<u>NFORMATION</u>		
~			
Current Landlord:	Name		
	Address		
	Home Ph:	Business Ph:	
Previous Rental Info			
rievious Kentai inio			
	Duion londland		
	A dance		
C I' D C	Address		
Credit References:	A 11-		
	Address		e
	Address		e
Name	Address	Phon	e

Personal References:			
Name	Address		Phone
Name	Address		Phone
Name	Address	***************************************	Phone
In case of emergency no	otify: Name		
Address		P	hone
G. OTHER REQUIRE	ED INFORMATION		
	ars, trucks or other vehiclents with management wi		n. Parking will be provided for nore than one vehicle.
Type of Vehicle	Year/Make	Color	License Plate #
Type of Vehicle	Year/Make	Color	License Plate #License Plate #
	pets? Yes No		
I/we hereby certify that	/ AUTHORIZATION  I/we will not maintain a this will be my/our perm		rental unit in another location.
and personal interviews misrepresentation or ma	will be treated confident	ially and that said in er any agreement fo	including statements on finances formation is correct and true. Any rental voidable at the option of \$40.
At the time one moves i	o: Fairlawn Apartments into any apartment, there es the apartment without	must be a \$200 secu	rity deposit and this can be eds repaired.
discriminating on the basis o programs). To file a compla		sex, age or disability. (No SDA Director, Office of	ot all prohibited bases apply to all Civil Rights, 1400 Independence
I. SMOKING POLICY Smoking is not permitte	Y: ed inside the apartment un	nit or the community	building.
	check will be done on all onfirmed or rejected at the		before granting an apartment. ent Selection Criteria are the
Signature of Head		Signature of Co-Ter	nant
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.

Signat	ure of Head	Signature of	f Co-T	enant	
Date:		Date:			
to ass discri- status encou you ir	information regarding race, ethnicity, and sex designate the Federal Government, acting through the Rumination against tenant applications on the basis of age, and disability are complied with. You are not araged to do so. This information will not be used an any way. However, if you choose not to furnish if individual applicants on the basis of visual observations.	ural Housing of race, color ot required t in evaluating it, the owner	g Serv , natic o furn g your r is rec	ice that the Federal laws pro- nal origin, religion, sex, fan ish this information, but are application or to discrimina quired to note the race, ethni	hibiting nilial ate against
Race	Ethnic Group			Sex	
Race	Ethnic Group			Sex	
	LAWN APARTMENTS ~ 407 E. LUTZ RD. NE 419-445-8648 or 419-445-3075  CERTIFICATION OF HOUSE (USDA Rural developm	EHOLD I	NC	OME / EXPENSES	
	art of our application process and tenant eligible de evidence as to how basic living expenses an  Please answer each question and	re met. <b>provide ne</b> Y		<b>ry documentation.</b> Monthly No	nts must
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 sour				
7.	Do you receive any other type of assistance Or do you have other sources of income? If		e list t	he source and amount:	
8.	Have you applied for any of the above? If yes, please provide the status of your requ				
9.	Do you have an automobile? If yes, how much is your monthly payment? Monthly Gasoline? \$ Annual Lice	Yes \$ense Fee? \$	M	No onthly Insurance \$	
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	ss? Yes	No_	Monthly Cost \$	

you have any change	s in the above information	ousehold makeup changes or time for re-certification. If n, you are to contact your site manager immediately. he information provided to the above questions and the he date set forth opposite my signature. <b>WARNING:</b>
Any intentional or ne liability and/or crimin	gligent misrepresentation	of the information contained herein may result in civil ut not limited to, fine or imprisonment or both under the
Signature: Tenant/Applica	ant :	Date:
Signature: Co-Tenant/Co-	-Applicant:	Date:
	<b>Household Inco</b>	me/Expenses Worksheet
	Please Con	plete The Following
Item	Monthly Cost	Source for Payment
Food		
Utilities		
Clothing		
Telephone		
Auto		
TV Cable		
Medical		
Rent to Own		
Internet		
Total Monthly Expe Total Expenses paid	enses \$ by other sources \$	
		ld Income/Expenses with the Applicant/Co-Applicant pleting the above monthly expenses from information
Site Manger/Owner		

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#### 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. <u>Application:</u> 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. <u>Selection:</u> 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. <u>Rejection of Applicants:</u> 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. <u>Purging Applicants from the Waiting List:</u> 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

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