

**We Support Healthy Lifestyles And Therefore
We Are A NON Smoking Community!**

Central Parkway Place Apartments
1111 Elm Street
Cincinnati, OH 45202

Date/Time Rec'd _____

A Community of Episcopal Retirement Services



Application for Lease

If you need assistance in completing this application and/or you need an application in a different language, please contact our office at 513-381-4193 or for TDD: 1-800-750-0750.

The eligibility criteria includes one person in the household who is at least 55 years old. You also will be asked to sign authorizations so that we may obtain and review credit and criminal history. A Tenant Selection Policy is available on request, which contains information explaining all of the eligibility requirements and screening procedures. **PLEASE COMPLETE THE ENTIRE APPLICATION.**

Head of Household			Other		
Name: First	Middle Initial	Last	Name: First	Middle Initial	Last
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Current Address:			Current Address:		
City:	State:	Zip:	City:	State:	Zip:
Previous Address:			Previous Address:		
City:	State:	Zip:	City:	State:	Zip:
Email Address:			Email Address:		
Social Security #		OR	Social Security #:		OR
Alien Registration #:			Alien Registration #		
Date of Birth:		Birth Place:	Date of Birth:		Birth Place:
Sex:	Marital Status:		Sex:	Marital Status:	
Please list every state where you have lived as an adult.			Please list every state where you have lived as an adult.		
Please circle what type of unit you are applying for: 1 Bedroom OR 2 Bedroom OR 1 Bedroom Accessible* OR 2BR Accessible*			(If there are more persons applying with you please provide the information on another sheet of paper)		

*If you are applying for an accessible unit, is the head or co-head physically disabled and in need of the design features of an accessible unit? (Circle) **Yes OR No**

Does any member of your household require a reasonable accommodation (an exception to our usual rule or policy) or structural modification because of a disability? (Circle) Yes or No

How did you hear about us? _____

Please provide information for 2 other persons who would know how to contact you if our attempts to contact you are unsuccessful:

Name:	Relationship:	Name:	Relationship	
Address:		Address:		
City	State	Zip	City	
State		Zip	State	
Zip		City		
Email Address:		Email Address:		
Home #:	Work #	Home#	Work #	
Cell#		Cell #		

Source(s) of Income and Amounts:

Who Receives the Income Source of Income Annual Gross Amount

Asset Information/checking/savings/CD's etc.

Who owns the asset Name of Bank Current Balance Annual Earnings

List value of all stocks, bonds, trusts, or other assets including real estate: _____

Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "whole life", "universal" or "paid up" coverage)

_____ Yes _____ No If yes, please list policies below:

Name of Company Policy # Face Value Current Cash Value

_____ _____ _____ _____

_____ _____ _____ _____

Have you ever been evicted or had your rent subsidy terminated due to your failure to cooperate with the recertification process? (Circle) Yes or No

Do you, or anyone in your household, have a pattern of alcohol abuse that has or would interfere with the health, safety and right to peaceful enjoyment by other residents? (Circle) Yes or No

Are any household members listed subject to a lifetime registration requirement under a state sex offender registration program? (Circle) Yes or No If yes, who _____ and what county/state_____.

Have you ever lived in subsidized housing? (Circle) Yes or No
If yes, where _____ and when _____.

Protections for Victims of Domestic Violence, Dating Violence or Stalking.

An Applicant's or program participant's status as a victim of domestic violence, dating violence or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance for admission.

Do you have a pet? (Circle) Yes or No If yes, what kind of pet?_____

Are you a veteran? (Circle) Yes or No

Are you being evicted? (Circle) Yes or No If yes, please explain: _____

THIS COMMUNITY IS NON SMOKING. You and your guests may not smoke anywhere inside the building or apartments. If this policy is broken we will proceed with eviction based on our non-smoking policy. Please initial here _____ that you understand the no smoking policy and agree to not smoke anywhere in the building, including your apartment.

Is anyone in the household a full or part time student, enrolled in an institution of higher learning? (Circle) Yes or No If yes, Central Parkway Place will provide an additional form to complete to determine your eligibility.

For the public housing units, if you are 62 or older, the following preferences will have priority admissions. Please circle any of the preferences that apply to you:

1. Involuntary displacement by a government agency or natural disaster
2. A victim of domestic violence referred by a third party social service agency
3. A victim of domestic violence – self certified

Continued on next page

4. A referral from the local homeless coalition
5. A Veteran of the armed forces
6. A full-time (head/co-head) of household with 3rd party verification from school
7. A "Working Family" (Head/ Co-Head working 20 hours per week continuously for the last 6 months)
8. Completed CMHA's Good Neighbor Program

We are pledged to the letter and the spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

All questions asked on the application or during the application process must be answered honestly. Failure to disclose information or falsification of information is grounds for denial of application or eviction after you move in.

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and criminal verification information which may be released to appropriate Federal, State or Local agencies. I/we do hereby release all individuals connected therewith from all liability. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signatures:

_____ Date: _____
Head of Household

_____ Date: _____
Spouse or Co-Head

_____ Date: _____
Other Household Member

_____ Date: _____
Community Manager or other Owner Representative

(Continued)

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for 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. Section **408 (a) (6), (7) and (8).**