

We support healthy lifestyles and therefore
we are a **NON Smoking Community!**

Shawnee Place Apartments
102 E. Main Street
Springfield, OH 45502

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 937-322-0336 OR FOR TDD, 1-800-750-0750.

THE ELIGIBILITY CRITERIA INCLUDES PERSONS WHO ARE AT LEAST 55 OR OLDER. PLEASE REFER TO THE ENCLOSED TENANT SELECTION POLICY FOR INFORMATION EXPLAINING ALL OF THE ELIGIBILITY REQUIREMENTS. **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*			(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
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:

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: _____

IS ANYONE IN THE HOUSEHOLD A FULL OR PART TIME STUDENT, ENROLLED IN AN INSTITUTION OF HIGHER LEARNING?
(Circle) Yes or No If YES, SHAWNEE PLACE WILL PROVIDE AN ADDITIONAL FORM TO COMPLETE TO DETERMINE YOUR ELIGIBILITY.

THIS COMMUNITY IS NON SMOKING. YOU AND YOUR GUESTS MAY NOT SMOKE ANYWHERE INSIDE THE BUILDING, GROUNDS OR APARTMENTS. IF YOU WANT TO SMOKE YOU MUST LEAVE THE PROPERTY. **PLEASE INITIAL HERE** _____ THAT YOU UNDERSTAND THE NO SMOKING POLICY AND AGREE TO NOT SMOKE ANYWHERE IN THE BUILDING INCLUDING YOUR APARTMENT OR ANYWHERE ON THE ST. PAUL VILLAGE PROPERTY.

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, SEXUAL PREFERENCE, GENDER IDENTITY 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/PHA 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

UPDATED: 11-14-2019

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).**