

OVER THE RHINE COMMUNITY HOUSING- WWW.OTRCH.ORG

(513 381 1171x103)

Applications Accepted Monday-Tuesday-Wednesday 10:00AM- 3:00 PM

PLEASE DO NOT PUT DATES ON THE APPLICATION UNTIL YOU BRING APPLICATION BACK

APPLICATIONS REQUIREMENTS

NO INCOMPLETE APPLICATIONS WILL BE PROCESSED

You must provide the listed documentation before OTRCH can accept your application for processing.

Please ask if you have questions or concerns before submitting your application for processing.

Personal Identification:

Social Security Card

Certified Birth Certificate

Government Issued Picture Identification

Original Blue Police Report -**Must be an Original Blue-No Copies Accepted**

(can not be any older then 30 days –current)

Additional police report required if resident of Hamilton County of less then 30 days

Utilities (Duke Energy-1 800-544-6900)

Copy of your current Duke Bill

Letter of Credit - fax to 513 381 1314 attn: Leasing Manager/C. Bell

Residential History – For the Past 3 Years:

Full Address of Current/Past Landlords or Mortgage Company

(Telephone or/and Fax Numbers/Email Address of Landlord)

Income Information (Must include all Sources of Income)

3 months of your most current paystubs

*Name-Address-Phone/Fax Numbers of Employer

*Employment history at the same employer for 3 consecutive months

Social Security/SSI award letter(s) for all household members receiving check (current date)

Pension/Retirement award letter(s) for all household members receiving check

TANF/WELFARE/ADC verification for all household members receiving assist

*All public assistance recipients need to go to the SELF SERVICE PORTAL

*<https://odjfsbenefits.ohio.gov>

Child Support printout or receipts for all house members receiving check

Written verification of all other sources of income

Homeless Certificate/Vouchers from Various Agencies

We do business in Accordance with the Federal Fair Housing Laws and do not discriminate bases on a person's race, color national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody o children under the age of 18), and handicap (disability).



Over-the-Rhine Community Housing
 114 W. 14th Street
 Cincinnati, Ohio 45202
 (513) 381-1171
 Fax: (513) 381-1314

Office use only:
 Date: _____
 Time: _____
 #BR: _____

APPLICATION FOR HOUSING

Be sure to answer ALL questions. OTRCH Resident Selection Guidelines are available for your review.

NAME: _____ (Person to be the Head of Household)
 Last First MI

ADDRESS: _____
 Street Apt # City State Zip

Contact Phone #: _____ Message Phone #: _____ Email: _____

How did you learn about OTR Community Housing?: _____

OTRCH manages several types of housing, please check the type of housing you are applying for (multiple choices are acceptable):

- | | |
|---|---|
| <input type="checkbox"/> Market/Conventional (scattered sites)
<small>(no rental subsidy, minimum income requirements)</small> | <input type="checkbox"/> Carl Apartments (128 Findlay Street)
<small>(HUD Project Based Section 8 rental subsidy – income restrictions)</small> |
| <input type="checkbox"/> Low Income Housing Tax Credit (scattered sites)
<small>(no rental subsidy, min. & max. income requirements)</small> | <input type="checkbox"/> Elm Street Senior Housing (1500 Elm Street)
<small>(HUD 202 Elderly–PRAC rental subsidy- age/income restrictions)</small> |

(HUD & LIHTC Housing have income and other restrictions, please refer to OTRCH Resident Selection Guidelines for details)

Do you have Housing Choice Voucher or another form of on-going rental assistance? **YES NO** If yes, explain: _____

Will this be your only place of residence? **YES NO** If no, explain: _____

How many bedrooms are you applying for? (multiple choices acceptable; subsidized units have restrictions): _____

Do you have pets? **YES NO** If yes, list type: _____

Are you a former OTR Community Housing resident? **YES NO** If yes, at what address: _____

FAMILY COMPOSITION:

List names of all members who will reside in the apartment (if more than six, use blank piece of paper)

Name	Relationship	Sex	Age	Date of Birth	Social Security #	Student?
1. _____	Head of Household	_____	_____	_____	_____	YES NO
2. _____						YES NO
3. _____						YES NO
4. _____						YES NO
5. _____						YES NO
6. _____						YES NO

YOUR MARITAL STATUS: Single Married Separated Divorced Widowed

Any dependents part of a shared parenting custody agreement? **YES NO** If yes, in household more than 50% of the time? **YES NO**



Do you expect any changes in your household size in the next 12 months (ex: pregnancy, marriage, etc)? **YES NO** If yes, describe:

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? **YES NO** If yes, please describe what accommodations are necessary: _____

INCOME INFORMATION

(List ALL income of all household members, including minors)

Check here if you have **NO** source of income _____ How will you pay the rent/utilities? _____

Current Employment Income (if none, please put N/A):				Salary/	# hrs	On Job	Is Job Perm/
Employer	Address	Phone	Address	Hrly wage	Wkly	90 Days?	Temp/Seasonal

1. _____
2. _____

Other Non-Employment Income (list the amount received monthly):

ADC/TANF _____ SSA _____ SSI _____ Pension _____ VA _____ Recurring Gift _____

Unemployment _____ Other: _____, explain: _____

Do you receive child support? **YES NO** Amount _____ How often? _____ Is there a court order? **YES NO**

Total monthly household income from all of the above stated sources (if employed use gross income, before any deductions): _____

ASSET INFORMATION

(Checking, Savings, Certificates of Deposit, Money Market, Mutual Funds, IRA, 401K, Keough, Stock, Bonds, Treasury Bills, Other)

Type of Account	Institution Account is Held	Current Balance	Annual Earnings
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If you are applying for HUD or LIHTC Housing:

Have you disposed of any assets for less than fair market value in the past 2 years? **YES NO** If yes, describe: _____

Date disposed of: _____ Amount received: _____ Market value at time disposed: _____

Do you now or have you ever owned real estate or assets/property held for investment? **YES NO** If yes, describe: _____

Do you or any household member have any life insurance policies with permanent cash value? (May be called "whole life", "universal" or "paid up") **YES NO** If yes, describe: _____

EXPENSE INFORMATION

(Only those applying for HUD Housing need to fill out this Section on Expense Information)

Medical Expenses (only those applying for HUD Housing who are **Elderly/Disabled** need to fill out Medical Expenses section):

Are you, or your spouse disabled, handicapped, age 62 yrs or older? (used to determine eligibility for designated housing) **YES NO**

If yes, please list any of the following expenses that your family has:

Out of pocket medical expenses (ex: prescriptions, Medicare, deductibles, etc... that you pay yourself that you are not reimbursed) _____

Expenses accrued by the use of handicap apparatus: _____



Child or Dependent Care Expenses (only those applying for HUD Housing need to fill out this section):

Do you pay out of pocket for child or dependent care? **YES NO** If yes, please list the following information:

Name(s) and age(s) of person or children that are in dependent care _____

Amount paid \$ _____ per _____ Is any of this amount reimbursed or paid by an outside agency? **YES NO** If yes, please list the agency and the amount you are reimbursed: _____

Child Care Provider: _____
Name Address Zip Code Phone #

MISCELLANEOUS/CRIMINAL BACKGROUND

Have you ever been arrested for, or convicted of any drug charge, whether a misdemeanor or felony? **YES NO**

Any current charges pending? **YES NO**

Have you ever been convicted of a felony? **YES NO**

Ever been evicted from subsidized housing for drug violations? **YES NO**

Are you or any household member subject to lifetime sex offender registration in any state? **YES NO**

If yes to any of the above, please describe: _____

Please list all states lived in: _____

RESIDENTIAL HISTORY AND REFERENCES

(You **MUST** provide a complete address history **FOR THE LAST 3 CONSECUTIVE YEARS.**

If you did not rent, list whom you resided with and if you need additional space, ask for a blank piece of paper)

CURRENT ADDRESS

Address (where you currently live): _____

Do you: ____ Own ____ Rent (you are on the lease) ____ Live with Relative/Friend ____ Never rented in own name

Dates of Occupancy: From: _____ To: _____ Rent Amount? _____

Landlord's Name: _____ Relative? **YES NO** If yes, who? _____

Landlord's Address, City, State, and Zip: _____

Landlord's Phone #: _____ Is this a subsidized unit? **YES NO**

PREVIOUS ADDRESS:

Address (prior to your current address): _____

Did you: ____ Own ____ Rent (you are on the lease) ____ Live with Relative/Friend ____ Never rented in own name

Dates of Occupancy: From: _____ To: _____ Rent Amount? _____

Landlord's Name: _____ Relative? **YES NO** If yes, who? _____

Landlord's Address, City, State, and Zip: _____

Landlord's Phone #: _____ Is this a subsidized unit? **YES NO**

PREVIOUS ADDRESS:

Address (prior to previous listed above): _____

Did you: ____ Own ____ Rent (you are on the lease) ____ Live with Relative/Friend ____ Never rented in own name

Dates of Occupancy: From: _____ To: _____ Rent Amount? _____

Landlord's Name: _____ Relative? **YES NO** If yes, who? _____

Landlord's Address, City, State, and Zip: _____

Landlord's Phone #: _____ Is this a subsidized unit? **YES NO**



Are you CURRENTLY under eviction? **YES NO** Have you EVER been evicted or had an eviction filed against you? **YES NO**

If yes, from whom, what address, when, and why: (False or omitted information may be reason for rejection of application): _____

CONTACT PERSONS

(List 2 people who would know how to contact you if our attempts to contact you are unsuccessful)

First Contact Name: _____ Relationship: _____

Address, City, State, and Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

Second Contact Name: _____ Relationship: _____

Address, City, State, and Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

OTR COMMUNITY HOUSING APPLICANT/TENANT CERTIFICATION

Giving True And Complete Information

I certify that all information provided on this application regarding household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I acknowledge that I have received, read and understand the HUD flyer- Is Fraud Worth It? I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I understand that if I rent from OTRCH that I am not permitted to allow anyone to live with me without first obtaining permission from OTRCH and that any additional adult members are subject to the Resident Selection Guidelines. I understand that if I rent an apartment with HUD Housing assistance that I am required to report immediately in writing ANY changes in income and household size. I understand the rules regarding guests/visitors and when I must report anyone whom is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I understand that I am responsible for repayment of any duplicate housing assistance payments made on my behalf. I will not sublease my assisted residence.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Household Adults Signature and Date

1. _____
Head of Household Signature Date Print Name

2. _____
OTRCH Housing Agent Date Print Name



**ACKNOWLEDGEMENT OF OTR COMMUNITY HOUSING POLICIES AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

Please read and initial each separate policy and consent on this page.

OTR COMMUNITY HOUSING PLACEMENT POLICY

Upon complete processing and approval of your application, you will be notified and your name will be added to the waiting lists you have selected in the order received. When your name nears the top of the waiting list, you will be contacted to schedule an appointment to view available units that are appropriate for your family size. Please be advised that OTR Community Housing will only show units that are available on the day of your appointment(s). If you choose not to select a unit during your first showing, you may be given the opportunity stay on the waiting list for another showing. If you reject the units shown or fail to set or keep scheduled appointments, the application may be cancelled. _____ (Initials)

OTR COMMUNITY HOUSING TRANSFER POLICY

Once an applicant accepts and moves into a unit, we do not routinely allow transfers to other units or properties. OTR Community Housing assumes that an applicant is satisfied with their selection and has a strict policy that only allows transfers under certain conditions. The only situations that will be viewed as reasonable accommodation requests are as follows: 1) A verified medical condition /disability exists that requires a specific type of unit (for example, a resident needs a first floor or a wheelchair accessible unit or building, etc...) or 2) A change in family size (increase OR decrease) that requires a larger or smaller unit to keep maintain compliance with HUD rules and regulations, and our tenant selection criteria. Transfers are only permitted within the same project. If your project cannot accommodate your transfer request, you may have to find housing elsewhere. _____ (Initials)

OTR COMMUNITY HOUSING RESIDENT SELECTION POLICY

I have been offered the opportunity to read the Tenant Selection Criteria currently in place at OTR Community Housing. I understand that if it is determined that I do not meet all of the criteria described in the Resident Selection Criteria and any HUD required criteria, that my application will be rejected. I understand that I must continue to meet the selection criteria at move-in and during residency. In accordance with Title VI, OTR Community Housing does not discriminate on the basis of race, religion, creed, color, sex, disability, or familial status. _____ (Initials)

AUTHORIZATION FOR RELEASE OF INFORMATION TO OTR COMMUNITY HOUSING

Consent:

I authorize and direct any agency, organization, or individual to release to and verify any information necessary to process my application for eligibility and participation in and/ or to maintain my assistance under the Section 8, Section 42 Tax Credit and/or any other public housing assistance programs. I understand and agree that this authorization and/or the information obtained with its use may be given to and used by the Dept. of HUD for the purpose of administering and enforcing program rules and regulations. I also consent for HUD or OTR Community Housing to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of lease or occupancy policies.

Information covered:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include, but are not limited to: Identity and Marital status, Employment, Income, Assets, and Expenses, Credit and Criminal Activity, Residence and Rental Activity (including County information available on the Internet), and Medical and/ or childcare allowances. This information may be obtained from any group, organization, agency, or individual deemed necessary for verification

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect. _____ (Initials)

SIGNATURES

I agree that I have read, understand, and consent to the OTR Community Housing Placement Policy, Transfer Policy, Resident Selection Guidelines Policy, and the Authorization for Release of Information as stated above.

Head of Household

Date

Printed Name

OTR Community Housing Agent

Date

Printed Name

