



Over-the-Rhine Community Housing
 1227 Vine Street
 Cincinnati, Ohio 45202
 (513) 381-1171 Fax: (513) 381-1314

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

Special Procedures due to COVID-19 Pandemic: Effective June 15, 2020 and until further notice, Preliminary Applications will be accepted for our Tax Credit and Market apartments, all bedroom sizes. Unfortunately, we are not accepting applications for subsidized apartments at this time. While our office is closed to the public, Pre-Applications may be picked up at our office during regular business hours of 9:00 am – 5:00 pm, Mon – Fri; knock on the office door and wait for someone to answer. Pre-Applications are also available to download from our website: www.otrch.org, or you may call and request a Pre-Application be mailed to you. Return Pre-Application through the mail slot to the right of our office door, by email to cbell@otrch.org or by regular mail.

PRELIMINARY APPLICATION FOR HOUSING - Income Restrictions May Apply
PLEASE PRINT THIS FORM, COMPLETE & RETURN TO 1227 VINE ST.,45202

PLEASE PRINT – Must include **ALL** requested information for **ALL** household members who will reside in the apartment, (more than five, use back of this paper)

First Name/Middle Initial/Last 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

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

Current Address: _____
 Street Apt # City State Zip

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

How many bedrooms are you applying for? (multiple choices acceptable; restrictions based on household size): _____

What is the total monthly household income from **ALL sources** (for employment use gross wages, before deductions): \$ _____

Do you have a Section 8 Housing Choice Voucher (HCV) or another form of rental subsidy? **YES NO** If yes type: _____

Is any household member subject to lifetime sex offender registration in any state? **YES NO** If yes, where: _____

How did you learn about OTR Community Housing? _____

OTRCH has a variety of affordable housing, all located in the Over-the-Rhine neighborhood of Cincinnati, Ohio. There are minimum income requirements, typically approximately 3 x rent (example – Rent is \$400 monthly, minimum income requirement is approximately \$1,200 gross monthly). Minimum income requirements are exempt if applicant has a housing subsidy voucher. Some housing programs have maximum income restrictions.

Signature and Date

I certify that all information provided on this application is accurate and complete to the best of my knowledge. I understand my responsibility to promptly report any changes to the information I have provided on this application, particularly my contact information, and that failure to do so may jeopardize my place on the wait list or cause my application to be canceled if I can not be contacted.

1. _____
 Head of Household Signature Date Print Name

2. _____
 OTRCH Housing Agent Date Print Name

