



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: _____

PRELIMINARY APPLICATION FOR HOUSING
Market Rate and Low-Income Housing Tax Credit
Income Restrictions May Apply

Thank you for your interest in renting from Over-the-Rhine Community Housing (OTRCH). Please complete this short application so that your name can be placed on a waitlist for properties managed by OTRCH. A current photo ID for the Head of Household must be presented at the time of this application. OTRCH **Resident Selection Guidelines** detail the required criteria to secure housing with OTRCH as well as our procedures for processing applications and are available for review at the front desk. **Applications will only be accepted at the OTRCH Service Center, 114 W. 14th St, Cinti OH, no fax or emailed application will be accepted. Incomplete applications or those without an ID will not be accepted.**

PLEASE PRINT – Must include **ALL** requested information for **EVERY** household member who will reside in the apartment.
 (If more than five members, 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

