

Jefferson Place Apartments

214 N. Fourth St. • Steubenville, OH 43952 • Phone 740-282-4530 • Fax 740-282-5811

Name of Applicant _____ Date of Birth _____
(Last, First, Middle Initial)

Current Address _____ SS # _____

City, State, Zip _____

How long have you lived at this address? _____ years _____ months

Home Phone _____ Cell Phone _____

Present landlord _____ Telephone _____

Previous address _____

City, State, Zip _____

How long did you live at this address? _____ years _____ months

Has any landlord ever sued you for rent or possession? _____

Present employer _____ Telephone _____

Address _____ City/State/Zip _____

Your email address: _____ (required for screening process)

Please list *all* individuals (including yourself) who will be living in this home:

Name	SS#	Date of Birth
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Emergency Contact Information:

Name: _____ Phone: _____

Please note: Federal regulations provide for special consideration for applicants with a handicap or disability. Examples of this could include eligibility for special consideration for persons with mobility handicaps when mobility handicap suites are available or hearing or sight disability when sensory suites are available. If you believe that you or someone who will be living in the home has a handicap or disability that would qualify you for special treatment under Federal regulations, you may indicate this here. You are not required to give this information. _____ I believe that I (or a member of my household) have (has) a handicap or disability which should be considered. This handicap or disability is: _____.

Signature of Applicant: _____ Date _____

Signature of Spouse/Co-applicant: _____ Date _____

Signature of Property Manager: _____ Date _____

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LOW-INCOME HOUSING TAX CREDIT APPLICANT/RESIDENT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my Section 42 application and related forms, and certify that the information shown is true and correct.

Annual Recertification Requirements

I know I am required to be recertified on an annual basis and that I must cooperate on a timely basis with management to complete this annual recertification.

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 certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence of Assistance

I certify that the apartment will be my principal residence. I will not live anywhere else without notifying management immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility or verify my true circumstances. This cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or eviction. I understand the conditions set forth in Section 42 of the Internal Revenue Service Code and know that I must meet with management to supply the required information for my regularly scheduled annual recertification. I also know and understand that I am responsible for my household members and guests.

I further acknowledge that I understand that tampering with, or modification of, the smoke alarms is a violation of the Law and that I could be evicted for tampering with or modifying the smoke alarm(s) in my home.

Resident Selection Policies

I hereby acknowledge that I have been given the opportunity to read and the opportunity to ask questions about the Jefferson Place Apartments Resident Selection Policies.

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.

Signature of Household Adults:

Date:

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AUTHORIZATION FOR THE RELEASE OF INFORMATION—LIHTC

Purpose: Jefferson Place Apartments may use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental of property owned and or managed by the above-named organization.

Authorization: I authorize the above-named organization to obtain information about me or my family that is pertinent to the rental of property owned and/or managed by the organization.

Information Covered—Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Residences and Rental History
- Employment/Income/Pensions/Assets
- Federal/State/Tribal/Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers

Computer Matching Notice & Consent: I agree that the above-named organization may conduct computer matching programs with other governmental agencies including Federal, state, tribal, or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property managed by Jefferson Place Apartments.

Head of Household Signature

Date

Spouse/Co-head Signature

Date

Other Adult Signature

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RESIDENT SELECTION POLICIES

Jefferson Place Apartments (CWPM) and its agents are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an 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.

It is the policy of CWPM to take, process, and accept applications for residency without discrimination, from any person wishing to do so. The system by which such applications are approved and rejected will at all times conform to local, state, and Federal laws governing equal housing and equal credit opportunity.

All applications will be reviewed within the rules and guidelines of the Department of Housing and Urban Development for the particular program or programs available. All applications will be reviewed in regards to prior rental history, credit, earnings, and other financial data which reflect on the ability of the applicant to pay the required rent, and adhere to lease requirements.

It is the policy of CWPM to accept only one application at a time for each available apartment on a first-come, first-serve basis. A unit will be considered rented and not available while any application is pending. Only when an application is rejected will the unit then be available for rental on a first-come, first-serve basis. It is the policy of CWPM to place all eligible applicants on a waiting list when no unit of appropriate size is available.

You will be denied housing if:

- You misrepresent any information or fail to supply required information on the application. IF misrepresentation is found after a lease agreement has been executed, management reserves the right to use all administrative remedies at its disposal.
- If at any time you or any prospective household member has ever been convicted for the illegal manufacturing or distribution of a controlled substance.
- If at any time you or any prospective household member has been convicted of a crime involving drug related criminal activity.
- If you or any prospective household member is subject to lifetime registration requirements under a state sex offender registration program.
- If you or any prospective household member is currently engaging in the illegal use of a drug.
- If there is reasonable cause to believe that a household member's illegal use or a pattern of use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- If there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- If at any time you or any prospective household member has been convicted of a crime using a weapon against another individual.
- If at any time you have committed other criminal activity that would threaten the health, safety of the owner, or any employee, contractor, subcontractor, or agent of the owner who is involved in housing operations.
- In the last seven years you have a conviction for any type of crime that would be considered a threat to real property or the health, safety, or the ability of other residents to peacefully enjoy their premises.
- You have a history of violence against other persons.

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RESIDENT SELECTION POLICIES (Page 2 of 2)

- Previous landlords report significant complaint levels of noncompliance activity including but not limited to:
 - Failure to pay rent on time.
 - Repeated disturbance of neighbor's peaceful enjoyment of the area.
 - Reports of gambling, prostitution, illegal drug use, drug dealing, or drug manufacturing.
 - Damage to the property beyond normal wear.
 - Reports of violence or threats to landlords or neighbors.
 - Allowing persons not on the lease to reside on the premises.
 - Previous landlords would be disinclined to rent to you again for any reason pertaining to the behavior of any household member or others allowed on the property during your tenancy.
- Your credit is not satisfactory.
- You are unable to demonstrate that the utilities can be turned on in your name at properties with utility allowances.
- You do not meet the program requirements of the housing which you are applying for.
- Your household must have a gross income greater than two times the monthly rental fee or receiving rental assistance from an outside source (i.e. Section 8 through a local housing authority).

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. By signing below, I acknowledge that I have received 1) the Notice of Occupancy Rights under VAWA Form 5380 outlining the rights afforded residents and applicants that have been a victim of domestic violence, dating violence, sexual assault, or stalking and 2) the VAWA Certification of Domestic Violence Form 5382.

I have read and understand the Jefferson Place Apartments Resident Selection Policies.

Applicant's Signature _____

Date _____

Spouse/Co-applicant's Signature _____

Date _____

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Size of unit you wish to Lease: _____ Bedroom(s)

Is a handicap-accessible unit needed for a household member who has a physical disability? ____yes ____no

If yes, please explain: _____

Current Annual Household Income from **All Sources** – Include Wages, Social Security, Child Support, Etc. for All Household members

Source	\$ Gross Monthly Amount \$
	\$
	\$
	\$
	\$
	\$

Where I currently live:

____ with family ____ own home ____ rental property ____ public housing ____ Section 8

Are you or any member of your family a student at an institution of higher learning?

____ part time ____ full time ____ N/A

How did you hear about our properties or who referred you? _____

I certify that the foregoing information is true, complete and correct. I understand that my submitting this Application is solely to be placed on the Waiting List. I will be contacted once it reaches the top to be processed for a unit.

Signature of Head of Household

Date

FOR MANAGEMENT USE ONLY

Time and Date Received: _____

Maximum Income for This Unit: _____