



450 Kristina Drive - #2C
Bellefontaine, OH 43311
(937) 592-8000 Phone
(937) 592-8001 Fax

Email: www.deercreek@earthlink.net
Website: www.deercreekapartments.net

Tips For Filling Out the DeerCreek Application

Thank you for taking the time to complete and forward us your application. You can return the attached application to us by e-mail (scan) or fax (937) 592-8001 or postal mail or you can drop the application at our offices anytime day or night in the lock box in front of the office.

We will contact you to confirm we have received your application!

- ◆ If any other adults (18 yrs. or older) will be residing in the household and they are *not* related to you, they must fill out their own separate application and Income & Asset Statement
(Relation is considered to be: spouse, mother, father, sister, brother, aunt, or uncle)
- ◆ ALL individuals residing in the household that are 18 yrs. of age or older each must fill out an Income & Asset Statement in their own handwriting whether they are related to the head-of-household or not..
- ◆ Please make sure that social security numbers for all members listed on the application are provided. Many times this item is left blank and the state requires that all blanks are filled in completely and accurately.

Thank you for joining us at DeerCreek Village Apartments...



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Application for Residency

** Please answer all questions and leave nothing blank.

** If the question does not apply to you, please fill in "N/A" or "None".

** Do not use any "white-out" on the forms. If you make a mistake, please cross it out and initial your change.

** Please be careful to sign both the Application for Residency and the Authorization for Release of Information.

Date of Application: _____

FOR OFFICE USE ONLY:
Application Rec'd: _____

Size of Unit Requested: _____

Date Housing is Needed: _____

FAMILY COMPOSITION

LAST NAME	FIRST NAME	MIDDLE INITIAL	Social Security Number	Date of Birth	Relationship to Head	Sex	Full-time Student? (over 18 ONLY) Yes or No?
					HEAD		

Do you expect a change in family size in the near future? YES _____ NO _____

If YES, please explain: _____

Are there any temporarily absent family members: YES _____ NO _____

If YES, provide name and date of return: _____

Current Marital Status of HEAD OF HOUSEHOLD:

NEVER MARRIED _____ DIVORCED _____ SEPARATED _____

MARRIED _____ WIDOWED _____

Would you or any members of your household benefit from a handicapped-accessible unit?

YES _____ NO _____ If YES, please explain: _____

INCOME

Please list all sources of income, including employment, Social Security, child/spousal support, etc.

TYPE OF INCOME	PERSON RECEIVING INCOME	NAME OF SOURCE	ADDRESS (street, city, state, zip)	PHONE

ASSETS

TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF FINANCIAL INSTITUTION	ADDRESS (street, city, state, zip)	ACCT. NUMBER

EMPLOYMENT HISTORY

Applicant #1:

- a. Current Employer: _____ How long? _____
 Supervisor: _____ Phone: _____
- b. Current Employer (2nd job) _____ How long? _____
 Supervisor: _____ Phone: _____
- c. Previous Employer: _____ How long? _____
 Supervisor: _____ Phone: _____

Applicant #2:

- a. Current Employer: _____ How long? _____
 Supervisor: _____ Phone: _____
- b. Current Employer (2nd job) _____ How long? _____
 Supervisor: _____ Phone: _____
- c. Previous Employer: _____ How long? _____
 Supervisor: _____ Phone: _____

LANDLORD REFERENCES

If you have a current or previous landlord, please list their information below:

Current Landlord Name		From/To:	
Landlord Address		Phone:	
City, State, Zip		Rental Address:	
Previous Landlord Name		From/To:	
Landlord Address		Phone:	
City, State, Zip		Rental Address:	
Previous Landlord Name		From/To:	
Landlord Address		Phone:	
City, State, Zip		Rental Address:	

Please check all that apply:

- _____ I currently own my home.
 _____ I currently live with friends/family.
 _____ I have never rented anywhere and therefore cannot provide any landlord references.

GENERAL INFORMATION

a. Have you ever been evicted? YES _____ NO _____
 If yes, please explain: _____

b. Have you ever been convicted of a felony? YES _____ NO _____
 If yes, please explain: _____

c. Have you ever filed for bankruptcy? YES _____ NO _____
 If yes, please explain: _____

d. Have you ever received rental assistance? YES _____ NO _____
 If yes, please explain: _____
 Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? YES _____ NO _____
 If yes, please explain: _____

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

f. Do you or have you ever lived in subsidized housing? YES _____ NO _____
 If yes, where? _____ When? _____

g. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? YES _____ NO _____
 If yes, please explain: _____

h. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? YES _____ NO _____
 If yes, please explain: _____

i. Do you have any pets? YES _____ NO _____



j. Are you currently homeless or living in a shelter?

YES _____

NO _____

CURRENT PLACE OF RESIDENCE // EMERGENCY CONTACT INFORMATION

Current Address:

Street Address City State Zip

Current Telephone:

Home Work Cell

Emergency Contact:

Name Relation to Head

Street Address City State Zip

Telephone #1 Telephone #2

I/We, the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the household who are to occupy the unit in the above Section 42 rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process, my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my/our eligibility for the Low Income Housing Tax Credit Program.

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use or obtaining of federal funds.

ALL household members 18 years of age and older must sign and date below.

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Applicant Signature (Other) Date

Applicant Signature (Other) Date

Applicant Signature (Other) Date

Applicant Signature (Other) Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Management of DeerCreek Village Apartments may use this authorization and the information obtained with it, to administer and enforce rules and policies related to the rental 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 | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment/Income/Pensions/Assets | Residences and Rental History |
| Federal/State/Tribal/Local Benefits | |

Individuals/Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- | | |
|---------------------------------------|------------------------|
| Banks or Other Financial Institutions | Providers of: |
| Courts | Alimony |
| Law Enforcement Agencies | Child Care |
| Credit Bureaus | Child Support |
| Employers, Past and Present | Credit |
| Landlords | Handicapped Assistance |
| Schools and Colleges | Medical Care |
| U.S. Social Security Administration | Pensions/Annuities |
| U.S. Department of Veterans Affairs | |
| Utility Companies | |
| Welfare Agencies | |

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 that I may be denied occupancy of rental property owned and/or managed by DeerCreek Village Apartments.

Signature, Head of Household

Date

Signature, Spouse/Co-Applicant

Date