

Return to: 400 W. Third St. Port Clinton, OH 43452
419-734-7622

Application# _____

OTTAWA RESIDENTIAL SERVICES, INC.
Application for Housing

1. Head of Household:

	_____	_____	_____	_____
	Date of Birth	Sex	Driver's License #	Social Security #
Address	Street	City	State	Zip Code
Telephone	() _____	Maiden Name(s)	_____	_____
Email	_____			

2. Spouse or Other Adult

_____	_____	_____	_____
Last Name	First Name	MI	Birthdate
_____	_____	_____	_____
Maiden Name(s)	Sex	Driver's License #	Social Security #

3. Children

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Sex
_____	_____	_____	_____
Last Name	First Name	Date of Birth	Sex
_____	_____	_____	_____
Last Name	First Name	Date of Birth	Sex

4a. Proof of Income and Income Source (Monthly Source for Head of Household)

Wages	\$ _____	SSI	\$ _____
Social Security	\$ _____	TANF	\$ _____
Workers Comp.	\$ _____	Child Support	\$ _____
Other	\$ _____		

4b. Proof of Income and Income Source (Monthly Source for Spouse or Other Adult)

Wages	\$ _____	SSI	\$ _____
Social Security	\$ _____	TANF	\$ _____
Workers Comp.	\$ _____	Child Support	\$ _____
Other	\$ _____		

5a. Verified Employment (Head of Household)

Place of Employment _____
Address _____
Position _____
Length of Employment _____ Wage \$ _____ per _____
Previous Employer _____
Address _____
Position _____
Employment Dates _____ to _____ Wage \$ _____ per _____

5b. Verified Employment (Spouse or Other Adult)

Place of Employment _____
Address _____
Position _____
Length of Employment _____ Wage \$ _____ per _____
Previous Employer _____
Address _____
Position _____
Employment Dates _____ to _____ Wage \$ _____ per _____

6. Past Residences

1 Address _____
Move-In Date _____ Move-Out Date _____
Landlord _____ Telephone () _____
Rent \$ _____ Reason for Move _____
2 Address _____
Move-In Date _____ Move-Out Date _____
Landlord _____ Telephone _____
Rent \$ _____ Reason for Move _____

7. Have you ever been evicted? (Circle one)

Yes

No

If yes, please explain _____

8. Have you ever been convicted of a felony? (Circle one)

Yes

No

If yes, please explain _____

9. Do you require handicap accessibility? Yes No
If yes, what accommodations do you require? _____

10. List all vehicles to be parked on the Property

Year _____ Make _____ Model _____ License Plate _____
Year _____ Make _____ Model _____ License Plate _____

11. How did you hear of Ottawa Residential Services, Inc.? _____

12. Personal References

List 3 personal references (no relatives)

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not effect (either positively or negatively) your selection for the program.

_____ Caucasian _____ Black _____ Hispanic _____ Asian
_____ Native American _____ Other (please specify)

Do you currently receive rental assistance? YES NO

Existing Housing HOMELESS (or about to be) STANDARD SUBSTANDARD

If your housing is Substandard, please tell us why

No Plumbing/T No Kitchen No Heat No Electric No Tub/ Declared Unfit for
oilet Shower Habitation

Have you been displaced? YES NO
If yes, circle one: Natural Disaster Physical Violence Gov't Action Owner's Action

Military Service ACTIVE RESERVE VETERAN NO SERVICE

Emergency Contact

In case of emergency, notify _____
Relationship _____ Telephone () _____

Address _____

I certify that all information given in this application is true, complete, and accurate. I understand that if any of this information is false, misleading, or incomplete, ORSI may decline my application or terminate my lease.

I authorize ORSI to make any and all inquiries to verify this information by obtaining a criminal background check, previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state, or local agencies.

While on the waiting list, I agree to notify ORSI in writing regarding any changes in household address, telephone number, income, and/or household composition.

Signature of Applicant

Date

Signature of Co-Applicant

Date



THE FAIR HOUSING ACT

The Fair Housing Act prohibits discrimination in housing because of:

- * Race or color
- * National origin
- * Religion
- * Sex
- * Familial status
- * Handicap

In the sale and rental of housing no one may take any if the following actions based on race, color, national origin, religion, sex, familial status or handicap:

- * Refuse to rent or sell housing
- * Refuse to negotiate for housing
- * Make housing unavailable
- * Deny a dwelling
- * Set different terms, conditions or privileges for sale or rental of a dwelling
- * Provide different housing services or facilities
- * Falsely deny that housing is available for inspection, Sale or rental
- * For profit, persuade owners to sell or rent or
- * Deny anyone access to or membership in a facility or service related to the sale or rental of housing

In addition, it is illegal for anyone to:

- * Threaten, coerce, intimidate, or interfere with anyone exercising a fair housing right or assisting others who exercise that right
- * Advertise or make any statement that indicates a limitation or preference based on race, color, national origin, religion, sex, familial status, or handicap. This prohibition against discriminatory advertising applies to single-family and owner-occupied housing that is otherwise exempt from the Fair Housing Act.

*****FOR OFFICE USE ONLY*****

Date Received _____

Date Entered _____

Status APPROVED DENIED

Reason for Denial _____

Total Monthly Income _____

Average Monthly Rent _____

Average Monthly Utilities _____

 Total Average Monthly Housing Costs _____

Percent of Income _____