

## APPLICATION FOR OCCUPANCY

Rose Acre Manor, Inc.  
400 W. Third Street  
Port Clinton, OH 43452

Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Head Work#: \_\_\_\_\_ Spouse Work #: \_\_\_\_\_

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

- |  |  |
|--|--|
| 1. Name: _____<br>Address: _____<br>Phone: _____ | 2. Name: _____<br>Address: _____<br>Phone: _____ |
|--|--|

### Household Composition and Characteristics

List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.

Member #	Member's Full Name	Relationship	Birthdate	Birthplace	Age	Sex	Social Sec.

Who is the qualifying member of the household? \_\_\_\_\_

What is the nature of the disability? (Please See Reverse Side) \_\_\_\_\_

Do you or anybody in your household have a physical disability requiring special accessibility features in the unit?  
 \_\_\_\_\_ (Yes or No)

If yes, please identify any special housing needs required as a result of a handicap or disability  
 \_\_\_\_\_

Do you or anybody in your household require a unit with a tub/shower \_\_\_\_\_ or a roll-in shower \_\_\_\_\_

Number of bedrooms required: One Bedroom \_\_\_\_\_ Two Bedrooms \_\_\_\_\_

Are you receiving any type of Support Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify the Person/Agency providing these services \_\_\_\_\_

**Current Housing Status**

Why do you wish to move? \_\_\_\_\_

Are you being evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain the circumstances: \_\_\_\_\_

Are you now or have you ever lived in a government subsidized unit? \_\_\_\_\_ Yes \_\_\_\_\_ No (e.g., Section 8, Section 236, or public housing project).

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

**Income Information:**

	<u>YES</u>	<u>NO</u>
1. Is any member of your household employed, full-time, part-time, or seasonally?	_____	_____
2. Does any member of your household now receive, or expect to receive unemployment benefits?	_____	_____
3. Does any member of your family now receive or expect to receive child support?	_____	_____
4. Does any member of your household now receive or expect to receive alimony payments?	_____	_____
5. Does any member of your household receive or expect to receive welfare assistance?	_____	_____
6. Does any member of your household receive or expect to receive Social Security benefits?	_____	_____
7. Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____
8. Does any member of your household receive regular cash contributions from individuals not living in the unit?	_____	_____
9. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property?	_____	_____

For each type of income that your household receives, give the source of the income and the amount that can be expected from that source during the next 12 months.

Family Member	Source of Income/Type of Income	Monthly Amount

**Asset Information**

List all checking and savings accounts (including IRA's Keough accounts, and Certificates of Deposit, stocks, bonds, trusts, and other assets of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Account Number	Current Balance

Do you own a home or other real estate?     Yes     No  
 If yes, current market value? \_\_\_\_\_

**Personal References:**

	Name	Address	Phone # (with area code)
1.			
2.			
3.			

**Comments/Additional Information**

THIS INFORMATION IS VOLUNTARY AND THIS INFORMATION WILL NOT BE CONSIDERED IN ANY WAY IN THE DECISION MAKING PROCESS. HUD REQUIRES COLLECTION OF THIS DATA.

Race of Head of Household:     Caucasian     African American     American Indian     Asian

Ethnicity of Head of Household:     Hispanic     Non-Hispanic

**Applicant Certification:**

I/WE CERTIFY THAT IF SELECTED TO MOVE INTO THIS PROJECT, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 811 ASSISTANCE. I/WE AUTHORIZE THE OWNER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORD OR OTHER SOURCES FOR CREDIT, TO PERFORM CRIMINAL BACKGROUND CHECKS, AND TO VERIFY INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

\*Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Spouse/Co-Head \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Other Adult \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Live-In Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Please update your application if any changes occur.**

\_\_\_\_\_  
Signature of Person Accepting App.

\_\_\_\_\_  
Date

**\*Please Note:** Signing this application does not guarantee approval for housing. All applicants must first undergo a screening process before an approval for housing can be granted.

Eligible persons must meet the following criteria:

A. **Eligibility for Occupancy (General).** Occupancy of Section 811 housing is open to persons with disabilities. For a household composed of one or more persons, at least one person must meet the following criteria:

1. Be at least 18 years of age or older, **and;**
2. Have a physical impairment or developmental disability which:
  - a. is expected to be of long-continued and indefinite duration,
  - b. substantially impedes the person's ability to live independently, and
  - c. is of a nature that such ability could be improved by more suitable housing conditions, **and;**
3. Himself/herself or a household member must have a disability requiring the accessibility features of the unit, **and;**
4. Eligible persons must be very low income according to HUD guidelines. The applicant's annual income must not exceed 50% of Ottawa County area median income.

