



Green Hills Community
 6555 US 68 South
 West Liberty, Ohio 43357
 Phone (937) 465-4949
 TTD (relay) 1-800-750-0750



FOR OFFICE USE ONLY	
Date Received:	_____
Date & Time Received:	_____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected <input type="checkbox"/> Declined
Date: _____	Initials: _____

APPLICATION – USDA/RURAL DEVELOPMENT 515 PROGRAM

We support a healthy lifestyle, therefore we are a non-smoking community.

Please complete this application and return in person or by mail. Applications are placed on the waiting list in the order of date and time they are received. All information will be held in strictest confidence.

PLEASE PRINT

GENERAL INFORMATION

Applicant name *(first, middle initial, last)*

Street Address *(no post office boxes will be accepted)*

City:

State:

ZIP Code:

If this is a rental property, please provide Landlord Information below.

Married

Widow/er

Divorced

Single

Separated

Phone:

Birthdate:

Social Security No.:

Occupation *(if employed)*:

LANDLORD INFORMATION (IF APPLICABLE)

Landlord Name:

Landlord Phone:

Landlord Street Address:

How long have you lived at this address?

If less than 5 years complete previous address below.

PREVIOUS ADDRESS (IF APPLICABLE)

Previous Address *(no post office boxes will be accepted)*

City:

State:

ZIP Code:

CO-APPLICANT INFORMATION

Co-Applicant Name *(first, middle initial, last)*

Phone:

Birthdate:

Social Security No.:

Relationship to Applicant:

Occupation:

Married

Widow/er

Divorced

Single

Separated

OTHER HOUSEHOLD MEMBERS

List total other household members who will be living in the unit:

Name #1:	Relationship:
Birthdate:	Social Security No.:
Name #2:	Relationship:
Birthdate:	Social Security No.:
Name #2:	Relationship:
Birthdate:	Social Security No.:

If you need to list more, please use a separate piece of paper and attach it to this application.

INCOME

Applicant/Co-Applicant/ Other Household Member Name	Type of Income	Annual Amount
	Social Security	\$
	Social Security	\$
	Pension Source of Pension _____	\$
	Pension Source of Pension _____	\$
	Veterans Benefits Claim # _____	\$
	Disability/SSI Benefits	\$
	Death Benefits	\$
	Unemployment	\$
	AFDC/TANF	\$
	Military Pay	\$
	Gross Wages (including tips, bonuses, overtime pay or commissions) Place of employment _____	\$
	Workers Compensation	\$
	Income from operation of a business	\$
	Interest Income	\$
	Alimony &/or Child Support	\$
	Periodic payment from lottery winnings	\$
	Insurance Policies	\$
	Severance Pay	\$
	Other Income	\$

INCOME CON'T

Applicant/Co-Applicant/ Other Household Member Name	Type of Income	Annual Amount
	Regular recurring contributions from persons or agencies outside of household	\$
	Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program or AmeriCorps If so, what program? _____ (These incomes are excluded)	\$
TOTAL MONTHLY INCOME		\$
TOTAL GROSS ANNUAL INCOME		\$

Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, please specify the source and the amount _____

Do you anticipate any changes in this income in the next 12 months? Yes No

If yes, please explain: _____

ASSETS

Do you or any other members of the household have any of the following:

Checking Account(s)	#	Bank:	Avg. 6 month balance \$
	#	Bank:	Balance \$
Savings Account(s)	#	Bank:	Balance \$
	#	Bank:	Balance \$
Trust Account(s)	#	Bank:	Balance \$
Certificate	#	Bank:	Balance \$
	#	Bank:	Balance \$
Money Market Funds	#	Bank:	Balance \$
IRA/Keogh Account	#	Bank:	Balance \$
Whole Life or Universal Life Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Credit Union	#	Name:	Balance \$
Savings Bond(s)	#	Maturity Date:	Balance \$
	#	Maturity Date:	Balance \$
Annuities	#		Balance \$
Receiving periodic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much and how often?			
Cash held in safety deposit boxes or home? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount \$

Yes No Do you own any Real Property?
 If YES, address of property: _____
 Appraised Market Value \$_____ Outstanding Loan Balance \$_____
 Amt. of Annual Insurance \$_____ Amt. of Annual Taxes \$_____

Yes No Have you sold/dispensed of any real property in the last two (2) years?
 If YES, type of property? _____ Date of Transaction _____
 Amt. of Annual Insurance \$_____ Amt. Sold/Dispensed For \$_____

Yes No Have you disposed of any other assets in the last two (2) years?
 If YES, describe asset: _____
 Date of Transaction \$_____ Amt. Sold/Dispensed For \$_____

Yes No Do you have any other assets not listed above (excluding personal property)?
 If YES, please list _____

MEDICAL EXPENSES	
	Annual Amount
Medicare Premiums	\$
Medical Insurance Premiums	\$
Anticipated prescription costs not covered by insurance	\$
Anticipated non-prescription costs	\$
Outstanding medical bills you are making payments for	\$
Balance due \$_____	
Any other medical expenses (not covered by insurance)	
Eyeglasses	\$
Hearing Aids	\$
Dental	\$
Other – Describe: _____	\$
TOTAL ANNUAL MEDICAL	\$

MISCELLANEOUS EXPENSES	
Creditor:	\$
Creditor:	\$
Creditor:	\$
Contributions:	\$
Contributions:	\$

PROGRAM INFORMATION

- Yes No If you are not 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities?
If YES, please provide a third party letter from your physician, social worker, etc. stating how this type of housing would be beneficial.
- Yes No Have you ever been evicted from public housing or any other Federal housing program?
If YES, Where and When _____
Describe the reason _____
- Yes No Will you take an apartment when one is available?
- Yes No Have you ever been convicted of a crime?
If YES, describe the severity and situation _____

HOUSING PREFERENCE

Please check any of the boxes below for the accommodations you prefer
(additional deposits may be required):

- One Bedroom Two Bedroom
- Special handicap design feature Pet Friendly Scooter Friendly

REFERENCES

Credit Reference

Name:	Address:	Phone:
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Personal Reference

Name:	Address:	Phone:
Name:	Address:	Phone:

Attending Physician

Name:	Address:	Phone:
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CERTIFICATION / AUTHORIZATION

- I/We hereby certify that I/we do not/will not maintain a separate subsidized rental unit in another location.
- I/We further certify that this is my/our permanent residence.
- I/We understand I/we must pay a security deposit for this apartment prior occupancy.

- I/We understand that my eligibility for housing will be based on Rural Development income/occupancy limits and by Green Hills Apartments resident selection criteria.
- I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director of Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email us at program.intake@usda.gov.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observations or surname.

Race: American Indian/Alaska Native Asian Black or African/American Native Hawaiian or Other Pacific Islander White

Ethnic Group: Hispanic or Latino Non-Hispanic or non-Latino Gender: Male Female

I/We do hereby authorize Green Hills Apartments or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in Green Hills Apartments.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____