

EBCON, INC.

PROPERTY MANAGEMENT

4463 Glenhaven Road, Cincinnati, Ohio 45238

Tel: 513-251-2500 V/TDD Fax: 513-251-1458

Attached is the pre-application for an apartment you recently requested from us.

Below is a listing of our federally assisted apartments showing the areas of town where they are located, the number of bedrooms available, and the name of the Apartment Project.

The application will need to be completed in its entirety in order for us to process it. Be sure to sign and date all highlighted areas. All "Yes" or "No" questions need to be answered with either a "Yes" or a "No". Every question needs to be answered. If a question does not apply to you, please either put a dash or an "N/A" on the line.

When you fill out the application be sure to check the box of the Apartment Project(s) for which you are interested in applying on page 3 of the application.

The projects shown with an (A) behind the name indicate that some apartments are designed for persons who require the features of an accessible apartment.

<u>Number of Bedrooms</u>	<u>Project</u>	<u>Area of Town</u>
2 & 3	Darby Hills (A) (Townhomes)	Near Sayler Park on Hillside (10 min. west of downtown)
2	Western Glen (A)	Westwood on Montana
1	Ridgewood Senior (A only) (Must be 55 or older & require the features of an accessible apartment)	Mount Healthy

EBCON, INC. does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24 CFR PART 8 dated June 2, 1988): Maureen Elfers, Section 504 Coordinator.

Once your application is approved, and prior to move in, you must be able to verify to the landlord that you are either a U.S. citizen or an eligible noncitizen. Such verification will include a copy of your birth certificate or a copy of your Alien Registration Receipt Card (Form I-551), Form I-94, Arrival-Departure Record, or other acceptable written documentation. Federal housing assistance may be approved, pro-rated, denied, or terminated if any or all family members are determined ineligible.



ADMISSION POLICY

OCCUPANCY POLICY:

- 1 BR Apartment – 1 to 2 Household Members Permitted
- 2 BR Apartment – 2 to 4 Household Members Permitted
- 3 BR Apartment – 3 to 6 Household Members Permitted

Because of physical or mental impairments of a household member or a person associated with the household, a family may need an apartment that is larger than the apartment size shown above. In that event, management would make an exception to the Occupancy Policy to accommodate the family.

HOUSEHOLD MEMBERS:

- All full time members of the household or a live-in attendant
- Children who are away at school, but live with the family during school recess
- Children who are subject to a joint custody agreement, but live with the household at least 50% of the time
- Children who are temporarily in a foster home, but will be returning to the household
- An unborn child
- A foster child/children/adult
- Children in the process of being adopted
- Children whose custody or guardianship is being obtained by a household member

APPLICATION:

The application form must be completed in full and signed. All verification and authorization forms must be signed by the applicant. An incomplete application cannot be processed. Falsifying or omitting information could be cause for the application to be rejected.

SECURITY DEPOSIT:

The security deposit is equal to one month's total tenant payment. The amount of the deposit will be based on the total family income, size, and other factors and will be payable upon moving in. No deposit is due with the initial application.

ADMISSION REQUIREMENTS:

In addition to meeting the requirements of admission set forth by the Department of Housing and Urban Development (HUD), no applicant will be admitted having unsatisfactory rental history. **We will not admit any applicant who has been evicted for illegal drug related activities.**

CRIMINAL BACK GROUND CHECK:

A check will be made of each adult household member's criminal history. Only criminal convictions, not arrests will be taken into consideration during the screening process.

No applicant with a criminal conviction for manufacturing or distributing illegal drugs will be accepted.

No applicant with a criminal conviction for crimes that are sexual in nature, or who is required to be on the Sexual Offender Registry will be accepted.

No applicant with a criminal conviction within the past seven years, involving violence, use of weapons, arson, burglary or other crimes that would negatively impact the property or other Residents will be accepted.

If you have a record of use of illegal drugs, but currently do not use such drugs, you may be eligible if you are handicapped as defined in the Rehabilitation Act of 1973, 29 USC 706-794.

Management regrets if this Rental Admission Policy causes your rental application to not be approved, but these requirements are applied to all applicants without regard to race, color, creed, sex, national origin, religion, age, marital or familial status or disability.

Pre-Application for Admission and Rental Assistance
Section 8 Family

DO NOT FAX

**DO NOT COPY
& REDISTRIBUTE**

RETURN COMPLETED APPLICATION TO: EBCON, Inc. Property Management 4463 Glenhaven Rd. Cincinnati, OH 45238	Telephone: 513-251-2500 Website: cincinnati.affordableapts.com	For Office Use Only: Received by: _____
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ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Date: _____ Date/time stamp: _____

Applicant Name (First/Middle/Last)							
How did you hear about us?							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number					
Birthdate		Age					
If you have no Social Security Number, you claim you are exempt because							
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10							
Citizenship Status	<input type="checkbox"/> United States Citizen		<input type="checkbox"/> Eligible Non-Citizen		<input type="checkbox"/> Ineligible Non-Citizen		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult						
	<input type="checkbox"/> Foster adult/child						
	<input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in)						
	<input type="checkbox"/> None of the Above						
<i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>							
Current Address							
City, State, Zip							
Landlord Name & Phone #							
How Long?		Amount of rent?					
Home Phone		Work Phone		May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cell Phone		Email Address					
Are you a student enrolled in an institute of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Have you ever been convicted of a crime?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.				<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor		
Are you or <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever had an eviction filed against you?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide the month, year and address of the eviction(s).							



Pre-Application for Admission and Rental Assistance Section 8 Family

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA
 KS KY LA ME MD MA MI MN MS MO MT NE NV NH
 NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY Washington D.C.

PREVIOUS ADDRESSES: You must provide information for at least seven years of previous addresses. If you lived with a family member, please list their name and relation on the "Landlord Name & Phone #" line.

Previous Address 1			
City, State, Zip			
Landlord Name & Phone #			
How Long?		Amount of rent?	

Previous Address 2			
City, State, Zip			
Landlord Name & Phone #			
How Long?		Amount of rent?	

Previous Address 3			
City, State, Zip			
Landlord Name & Phone #			
How Long?		Amount of rent?	

Previous Address 4			
City, State, Zip			
Landlord Name & Phone #			
How Long?		Amount of rent?	



Pre-Application for Admission and Rental Assistance Section 8 Family

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. If more than four people will live in the unit, please provide information on a separate sheet. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults	Minors		

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME		
2		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides must be approved before move in)</i> <input type="checkbox"/> None of the Above		
SSN	Date of Birth	
Member # & Household member's full name		
3		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides must be approved before move in)</i> <input type="checkbox"/> None of the Above		
SSN	Date of Birth	
Member # & Household member's full name		
4		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides must be approved before move in)</i> <input type="checkbox"/> None of the Above		
SSN	Date of Birth	
Member # & Household member's full name		
5		
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <i>(live in aides must be approved before move in)</i> <input type="checkbox"/> None of the Above		
SSN	Date of Birth	

UNIT SIZE/FEATURES: EBCON, Inc. will take your unit preferences/requirements into consideration. The EBCON, Inc. occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

<input type="checkbox"/> 2 Bedroom Unit at Western Glen
<input type="checkbox"/> 2 Bedroom Unit at Darby Hills
<input type="checkbox"/> 3 Bedroom Unit at Darby Hills
<input type="checkbox"/> 1 Bedroom Unit at Ridgewood Senior
<input type="checkbox"/> 2 Bedroom Unit at Ridgewood Senior

Special Features

Do you require the features of an Accessible Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Special features: Please list below:

INCOME: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

How much income do you expect to receive in the next 12 months?	\$
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ASSETS:

What is the total value of assets that you own?	\$
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Pre-Application for Admission and Rental Assistance
Section 8 Family

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, 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. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print) _____

Signature _____ Date _____

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Maureen Eifers
4463 Glenhaven Rd.
Cincinnati, OH 45238
Telephone – 513-251-2500

