

Austintown Studio Apartments

850 N. MERIDIAN RD

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TTY 711

APPLICATION DATE: _____ TIME: _____

MOVE IN DATE: _____ Move in time _____

RENTAL AGENT: Greg Moore

UNIT SIZE: Studio UNIT ASSIGNED: _____

Please be neat and fill in all that applies. What don't apply put N/A.

Austintown Studio Apartments are for applicants that are 62 and older or disabled.

Do you meet one of these criteria? _____ Yes _____ No

ARE YOU A STUDENT? YES _____ NO _____

1. APPLICANT NAME: _____

MAIDEN NAME: _____ HOME PHONE(____) _____

CELL PHONE:(____) _____ AGE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

EMAIL ADDRESS: _____

DO YOU HAVE A FACEBOOK PAGE: _____ YES _____ NO

LIST ALL THE STATES YOU HAVE LIVED IN: _____, _____,

_____, _____, _____,

CURRENT ADDRESS: RENTING _____ YES _____ NO

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

FROM: _____ TO: _____ MONTHLY RENT: _____

REASON FOR MOVING: _____

LANDLORD NAME: _____ PHONE(____) _____

ADDRESS: _____ FAX (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. PREVIOUS ADDRESS: RENTING) _____ YES _____ NO

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

FROM: _____ TO: _____ MONTHLY RENT: _____

REASON FOR MOVING: _____

LANDLORD NAME: _____ PHONE(____) _____

ADDRESS: _____ FAX (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____



HOW DID YOU HEAR OF Austintown Studio Apartments? _____

ARE YOU A UNITED STATES CITIZEN: YES ___ NO ___ REGISTRATION # _____

MARITAL STATUS: SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___

TYPE OF INCOME: (CHECK ALL THAT APPLY) EMPLOYMENT _____
PUBLIC ASSISTANCE _____ CHILD SUPPORT _____
ALIMONY _____ SOCIAL SECURITY _____ S.S.I. _____
ENDOWMENT _____ SCHOOL GRANT _____
VETERAN'S BENEFITS _____ PENSION _____ OTHER _____

TOTAL MONTHLY INCOME FROM ALL SOURCES: \$ _____.

CURRENT EMPLOYER: _____ PHONE:(____) _____
ADDRESS; _____ CITY: _____ STATE: _____ ZIP _____
POSITION: _____ EMPLOYED FROM _____ TO: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ PHONE #(____) _____
ADDRESS: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____

HAVE YOU EVER LIVED IN AN APARTMENT COMPLEX BEFORE?
YES _____ NO _____

HAVE YOU EVER LIVED IN A SUBSIDIZED HOUSING UNIT? YES _____ NO _____
NAME OF COMPLEX _____ PHONE # _____
WHEN? _____

HAS YOUR ASSISTANCE EVER BEEN TERMINATED FOR FRAUD, NON-PAYMENT OF RENT OR FAILURE TO RECERTIFY? _____ YES _____ NO

HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO
IF YES WHEN? _____ EXPLAIN: _____

ETHNICITY: (CHECK ONE) _____ HISPANIC _____ NON-HISPANIC

RACE: (CHECK ONE) _____ WHITE _____ BLACK _____ ASIAN
_____ AMERICAN INDIAN _____ ALASKAN NATIVE
_____ PACIFIC ISLANDER

ARE YOU NOW OR WILL YOU BE WITHOUT HOUSING?

YES _____ NO _____ DATE: _____

ARE YOU HANDICAPPED OR DISABLED? _____ YES _____ NO, IF YES DO YOU REQUIRE ANY MODIFICATIONS TO THE APARTMENT TO ENABLE YOU TO OCCUPY THE APARTMENT? _____ YES NO _____

EXPLAIN: _____

FOR EACH "YES" TO THE FOLLOWING QUESTION, PROVIDE DETAILS IN THE CHARTS FOLLOWING. DO YOU:

- YES NO 1. WORK FULL-TIME, PART-TIME OR SEASONALLY?
- YES NO 2. EXPECT TO WORK FOR ANY PERIOD DURING THE NEXT YEAR?
- YES NO 3. WORK FOR SOMEONE WHO PAYS YOU CASH?
- YES NO 4. EXPECT A LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY OR MILITARY LEAVE?
- YES NO 5. NOW RECEIVE OR EXPECT TO RECEIVE UNEMPLOYMENT BENEFITS?
- YES NO 6. NOW RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT?
- YES NO 7. ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT NOW RECEIVING?
- YES NO 8. NOW RECEIVE OR EXPECT TO RECEIVE ALIMONY?
- YES NO 9. NOT CURRENTLY RECEIVING BUT ENTITLED TO RECEIVE ALIMONY?
- YES NO 10. NOW RECEIVE OR EXPECT TO RECEIVE PUBLIC ASSISTANCE (WELFARE)?
- YES NO 11. NOW RECEIVE OR EXPECT TO RECEIVE SOCIAL SECURITY BENEFIT? IF YOU RECEIVE DEATH BENEFITS, GIVE SS# OF DECEASED _____
- YES NO 12. NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM PENSION OR AN ANNUITY?
- YES NO 13. NOW RECEIVE OR EXPECT TO RECEIVE REGULAR CONTRIBUTIONS FROM ORGANIZATIONS OR INDIVIDUALS NOT LIVING WITH YOU?
- YES NO 14. NOW RECEIVE OR EXPECT TO RECEIVE AN EARNED INCOME TAX CREDIT?
- YES NO 15. RECEIVE INCOME FROM ASSETS INCLUDING INTEREST ON CHECKING OR SAVING, INTEREST OR DIVIDENDS FROM CERTIFICATES OF DEPOSIT, STOCKS OR BONDS OR INCOME FROM RENTAL PROPERTY?
- YES NO 16. OWN REAL ESTATE OR ANY ASSET FOR WHICH YOU RECEIVE NO INCOME (CHECKING ACCOUNT, CASH)?
- YES NO 17. HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS (INCLUDING CASH) IN THE PAST TWO YEARS?

FROM ALL SOURCES

SOURCE OF INCOME / TYPE OF INCOME: _____

ANNUAL INCOME: _____

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRA'S, KEOGH ACCOUNT AND CERTIFICATES OF DEPOSIT), STOCKS, BONDS, TRUSTS, PENSIONS OR OTHER ASSETS OWNED BY YOU.

MEMBER (HEAD OF HOUSE)	BANK NAME	ACCOUNT NUMBER	TYPE	BALANCE

Please fill out each line

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? _____ YES _____ NO

HOW MANY MISDEMEANOR CONVICTIONS? _____

IF YES WHAT YEAR (S)? _____, _____, _____, _____

WHICH COUNTY AND STATE DID THE CONVICTION HAPPEN? COUNTY-STATE _____,

COUNTY-STATE _____, COUNTY-STATE _____, COUNTY-STATE _____

IF YES EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY? _____ YES _____ NO

HOW MANY FELONY CONVICTIONS? _____

IF YES WHAT YEAR (S)? _____, _____, _____, _____

WHICH COUNTY AND STATE DID THE CONVICTION HAPPEN? COUNTY-STATE _____,

COUNTY-STATE _____, COUNTY-STATE _____, COUNTY-STATE _____

IF YES EXPLAIN _____

Are you subject to state lifetime sex offender registration in any state? _____yes _____no

IF YES EXPLAIN _____

DO YOU OWN A VEHICLE? _____ YES _____ NO

MODEL: _____ YEAR: _____ LIC#: _____

APPLICANT CERTIFICATION

I/WE 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 UNDERSTAND THAT A CONSUMER OR CREDIT REPORT AGENCY MAY BE ASKED TO MAKE AN INVESTIGATIVE CONSUMER OR CREDIT REPORT ON ME. I/WE HEREBY AUTHORIZE THE AGENT/OWNER AND ANY CREDIT/CONSUMER REPORTING AGENCY HIRED TO CHECK MY BACKGROUND AND /OR CURRENT MODE OF LIVING, GENERAL REPUTATION, CREDIT AND FINANCIAL RESPONSIBILITY AND THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE FURTHER UNDERSTAND THAT THE PERFORMANCE OF A CREDIT CHECK DOES NOT ENTITLE ME/US TO AN APARTMENT AT ANY TIME, AND THAT FALSE INFORMATION SUPPLIED BY WAY OF THIS APPLICATION AND/OR ITS ATTACHMENTS COULD RESULT IN THE REJECTION OF SAME. THE PENALTY FOR SUBMITTING FALSE INFORMATION CAN RESULT IN EVICTION, LOSS OF ASSISTANCE, IF APPLICABLE, FINES UP TO 10,000.00 AND IMPRISONMENT UP TO 5 YEARS.

I UNDERSTAND THAT I MUST RENEW THIS APPLICATION AT THE END OF SIX (6) MONTHS, OR IT WILL BE CONSIDERED INACTIVE AND I WILL LOSE MY PLACE ON THE WAITING LIST.

I HEREBY CERTIFY THE HOUSING TO BE OCCUPIED IS/WILL BE MY PERMANENT RESIDENCE AND FURTHER CERTIFY THAT I DO/WILL NOT MAINTAIN A SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I HEREBY CERTIFY, I WILL BE THE ONLY OCCUPANT OF THE APT.

APPLICANT SIGNATURE _____ DATE _____

MANAGEMENT SIGNATURE _____ DATE _____

OFFICE USE ONLY: APPLICANT CERTIFICATION

_____ INVOLUNTARILY DISPLACED
(Homeless)



ITEMS WE WILL NEED TO HAVE.

1. DRIVERS LICENSE
2. SOCIAL SECURITY CARD
3. BIRTH CERTIFICATE

PROOF OF INCOME SUCH AS

1. AWARD LETTER (SOCIAL SECURITY)
2. PAY STUB-W-2'S
3. WORKMAN'S COMP.
4. UNEMPLOYMENT
5. PENSION
6. ASSET
7. BANK STATEMENT

ANY OTHER INCOME THAT IS NOT MENTIONED IN THE ABOVE LIST.

ALSO IF YOU HAVE NO INCOME AND SOMEONE ELSE IS HELPING YOU WE NEED A STATEMENT WITH THE AMOUNT THAT THEY ARE HELPING YOU WITH THEIR NAME , ADDRESS , PHONE # AND IT HAS TO BE NEAT SO WE CAN READ IT. IF YOU DON'T HAVE THIS PAPER YOU CAN'T MOVE IN. ALL PAPER'S HAVE TO BE CHECKED (THIRD PARTY VERIFICATION) IS WHAT IT IS CALLED.
IF YOU HAVE A LIMITED UNDERSTANDING OF THE ENGLISH LANGUAGE YOU ARE ENTITLED TO HAVE SOMEONE SPEAK ON YOUR BEHALF.