

Otterbein Manor

APPLICATION FOR HOUSING

Section 504 Equal Access Statement

For mobility impaired persons -- this document is kept in the office at Otterbein Manor. This document may be examined from Monday through Friday between the hours of 8:30 AM and Noon and 1:00 P.M. and 5:00 PM. You must phone to make arrangements to examine this document. Please call 510-653-0256 and TDD users may dial 1-800-735-2929.

For vision impaired persons – Otterbein Manor will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – Otterbein Manor will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

APPLICATION FOR HOUSING

INSTRUCTIONS

Please fill out all of the spaces and leave no blanks. If the information requested does not apply to you please indicate by using N/A for not applicable. This will tell us that you understand the request information or you did not intentionally leave it blank.

Otterbein Manor does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.



APPLICANT INFORMATION

First & Middle Initial & Last Name

_____ Last _____

Present Address _____ # _____

City/State/Zip _____

Mailing Address (if different)

City/State/Zip _____

Telephone: Home () _____ work() _____

Social Security #: _____

Date of Birth _____

First & Middle Initial & Last Name

_____ Last _____

Present Address _____ # _____

City/State/Zip _____

Mailing Address (if different)

City/State/Zip _____

Telephone: Home () _____ work() _____

Social Security #: _____

Date of Birth _____

Relationship to

Applicant _____

ADDITIONAL HOUSEHOLD MEMBER

First & Middle Initial & Last Name

_____ Last _____

Relationship to Applicant _____

Date of Birth _____

Social Security #: _____ Now living with applicant? yes no

Identify all income for all household members 18 years and older. This information will be used to verify household income.

EMPLOYMENT INCOME:

List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME:

This can include social security, disability, AFDC, alimony, and child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and/or friends, or any other household income. Do not list income received for foster childcare and food stamps. Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.

ASSETS:

Assets include checking and savings accounts, equity in real property, stocks, bonds and other forms of capital

APPLICANT:

EMPLOYMENT INCOME: Job Title _____
Company _____
Name _____
Mailing _____
Address _____ City/Zip _____

Contact Person _____ Telephone (____) _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ hourly weekly monthly yearly - circle one
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME:

Source _____
Claim No. (if applicable) _____
Agency _____
Mailing _____
Address _____ City/Zip _____
Contact Person _____ Telephone (____) _____
Amount \$ _____ Income period: weekly monthly yearly
quarterly semi annually - circle one

DESCRIPTION OF ASSET:

_____ Value \$ _____
Name of Institution _____
Mailing _____
Address _____ City/Zip _____
Account Number _____

DESCRIPTION OF ASSET:

_____ Value \$ _____
Name of Institution _____
Mailing _____
Address _____ City/Zip _____
Account Number _____

CO-APPLICANT:

EMPLOYMENT INCOME: Job Title _____
Company _____
Name _____
Mailing _____
Address _____ City/Zip _____

investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Contact Person _____ Telephone () _____.

Gross Monthly Earnings \$ _____

Pay Rate \$ _____ hourly weekly monthly yearly - circle one

Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME:

Source _____

Claim No. (if applicable) _____

Agency _____

Mailing _____

Address _____ City/Zip _____

Contact Person _____ Telephone () _____

Amount \$ _____ Income period: weekly monthly yearly

quarterly semi annually - circle one

DESCRIPTION OF ASSET:

_____ Value \$ _____

Name of _____

Institution _____

Mailing _____

Address _____ City/Zip _____

Account Number _____

DESCRIPTION OF ASSET:

_____ Value \$ _____

Name of _____

Institution _____

Mailing _____

Address _____ City/Zip _____

Account Number _____

HOUSEHOLD MEMBER: NAME _____

EMPLOYMENT INCOME: Job Title _____

Company _____

Name _____

Mailing _____

Address _____ City/Zip _____

Contact Person _____ Telephone () _____.

Gross Monthly Earnings \$ _____

Pay Rate \$ _____ hourly weekly monthly yearly - circle one

Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME:

Source _____

Claim No. (if applicable) _____

Agency _____
 Mailing Address _____ City/Zip _____
 Contact Person _____ Telephone () _____
 Amount \$ _____ Income period: weekly monthly yearly
 quarterly semi annually - circle one

DESCRIPTION OF ASSET: _____ Value \$ _____

Name of Institution _____
 Mailing Address _____ City/Zip _____
 Account Number _____

DESCRIPTION OF ASSET: _____ Value \$ _____

Name of Institution _____
 Mailing Address _____ City/Zip _____
 Account Number _____

HOUSING REFERENCES

List current and previous landlords for the last five years for applicant and co-applicant. Failure to show complete information for the past five years may be grounds for disqualification of this application.

HOUSING REFERENCES

APPLICANT: Current Residence _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone () _____
 Is rent subsidized? yes no If yes, name of program _____
 Is landlord a relative? yes no
Previous address _____ # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____ Telephone () _____
 Is rent subsidized? yes no If yes, name of program _____
 Is landlord a relative? yes no
Previous address _____ # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____

Landlord
Name _____
Landlord Mailing
Address _____
City/State/Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, name of program _____
Is landlord a relative? yes no

USE ADDITIONAL SHEETS IF NECESSARY.

CO-APPLICANT

Current Residence _____
Monthly Rent \$ _____ Move-In Date _____
Landlord
Name _____
Landlord Mailing
Address _____
City/State/Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, name of program _____
Is landlord a relative? yes no

Previous address _____ # _____

City/State/Zip _____
Monthly Rent \$ _____ Move-In Date _____

Landlord
Name _____
Landlord Mailing
Address _____
City/State/Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, name of program _____
Is landlord a relative? yes no

Previous address _____ # _____

City/State/Zip _____
Monthly Rent \$ _____ Move-In Date _____

Landlord
Name _____
Landlord Mailing
Address _____
City/State/Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, name of program _____
Is landlord a relative? yes no

USE ADDITIONAL SHEETS IF NECESSARY.

HOUSEHOLD MEMBER: NAME _____

Current Residence _____
Monthly Rent \$ _____ Move-In Date _____

Landlord
Name _____
Landlord Mailing

Address _____
 City/State/Zip _____ Telephone () _____
 Is rent subsidized? yes no If yes, name of program _____
 Is landlord a relative? yes no
Previous address _____ # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord
 Name _____
 Landlord Mailing
 Address _____
 City/State/Zip _____ Telephone () _____
 Is rent subsidized? yes no If yes, name of program _____
 Is landlord a relative? yes no
Previous address _____ # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date _____
 Landlord
 Name _____
 Landlord Mailing
 Address _____
 City/State/Zip _____ Telephone () _____
 Is rent subsidized? yes no If yes, name of program _____
 Is landlord a relative? yes no
USE ADDITIONAL SHEETS IF NECESSARY.

PRIOR EVICTION

PRIOR EVICTION

You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to disclose information for any person listed on this application may result in the disqualification of this application.

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with re-certification procedures, or any type of criminal activity?

- Applicant: yes no
 If yes, when? _____
 Explain _____
- Co-Applicant: yes no
 If yes, when? _____
 Explain _____
- Household Member: yes no
 If yes, when? _____
 Explain _____

ADDITIONAL INFORMATION

How did you find out about this property?

Are you a student? yes no

If yes, are you claimed as a dependent on someone's income tax return?
yes no

Are you a relative of a Otterbein Manor employee? yes no

If yes, what is your relative's name? _____

Is there a care attendant who will be residing in the unit? yes no

If yes, please provide name: _____

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? yes no

If yes, what was disposed and for how much? _____

Have you or any household member been arrested or convicted for drunk and disorderly behavior? If yes, please explain:

Do you, or any other household member currently use any illegal drug or other illegal controlled substance? If yes, please explain: _____

Are you currently or have you ever used a controlled substance without benefit of a prescription? If yes, please explain:

Have you or any household member ever been arrested? If yes, for what reason and when: _____

Were you convicted? yes no. Have the conditions that led to your arrest changed? _____

Are you or any household member required to register as a sex offender in any state? yes no. If yes, list state and county of registration: _____

CERTIFICATION

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state,

- local agencies, or private persons to the management.
3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
 4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion.
 5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
 6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
 7. I/we understand we must provide written notification of any changes to the information on this form.
- I/we understand the project will acknowledge this application by mail.

Applicant signature _____ **Date** _____

Co-Applicant signature _____ **Date** _____

Household Member signature _____ **Date** _____

**OPTIONAL
INFORMATION**

PART III. OPTIONAL INFORMATION



OTTERBEIN MANOR requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity:

- Hispanic or Latino Not-Hispanic or Latino
 Alaskan Native/American Indian Asian
 Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other (please specify) _____

Notice to All Applicants:

Options for Applicants with Disabilities or Handicaps

This property is owned by Otterbein Manor. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: _____
Otterbein Manor Signature

Date: _____

Received by: _____
Applicant/Resident Signature

Date: _____

SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Otterbein Manor properties. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name: _____ Date: _____

_____ *I choose not to complete this form.*

Applicant's Signature: _____

-OR-

1. Do you, or does any member of your family have a condition that requires:

_____ A barrier-free apartment _____ Unit for hearing impaired
_____ Unit for vision impaired _____ Unit of first floor

2. Will you or any of your family members require a live-in aide to assist you? _____ Yes _____ No
If yes, please explain: _____

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: _____

4. What is the name of the family member who needs the features identified above? _____

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above? _____

Signature _____ Address _____

Phone number _____