

Historic Limited Liability Company, LLC

2575 Queen City Avenue Cincinnati, Ohio 45238
 Telephone (513) 662 8804 Fax (513) 662 8808

Applicant for Rental Housing

Unit Address:	Apt #:	Size:	Rental amount \$
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Applicant's Full Legal Name _____ Spouse/Co-Applicant Full Legal Name _____

Applicant's Birth Date ___/___/___ Expected Move In Date ___/___/___

Home Telephone () _____ Social Security Number _____

Cell Phone Number () _____ Work Telephone () _____ - _____

Have you, your spouse or co-applicant ever used names different from the names above?
 ___ Yes ___ No If yes, please list the names used and the dates when such names were
 in use: _____

Occupants who will be living in the home:

<u>Full Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Age</u>	<u>Birth Date</u>	<u>Occupation</u>	<u>S.S. Number</u>
1 _____	SELF	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____

No Dogs or Cats Allowed

Income from Employment

List all full time, part time and/or seasonal employment for applicant, spouse/co-applicant and other household members age 18 or older, including self-employment.

<u>Occupant Name</u>	<u>Place of Employment</u>	<u>Employer's Address</u>	<u>Employer's Telephone</u>	<u>Supervisor Name</u>	<u>Total Earnings Per week/month</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income from Other Sources

<u>Occupant Name</u>	<u>Type of Income</u> (examples: CMHA, SSI, EXCEL)	<u>Telephone Number</u>	<u>Amount for Upcoming Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you receive Food Stamps? ___ Yes ___ No Amount \$ _____

Rental History

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name. Please indicate which location you lived under a different name and what that name was.

Current Address

Applicant Current Street Address _____

City, State, Zip _____

Landlord/ Person in charge _____

Landlord Telephone Number _____ Move in Date _____

WHY ARE YOU MOVING? _____

Was there anything wrong with your unit? ___ Yes ___ No

If yes, describe: _____

Previous Address

Applicant Previous Street Address _____

City, State, Zip _____

Landlord/ Person in Charge _____

Landlord Telephone Number _____

Move In Date _____ Move Out Date _____

Did you fulfill your lease agreement? ___ Yes ___ No

If no, please explain: _____

Next Previous Address

Applicant Previous Street Address _____

City, State, Zip _____

Monthly rent \$ _____

Landlord/ Person in Charge _____

Landlord Telephone Number _____

Move In Date _____ Move Out Date _____

Did you fulfill your lease agreement? ___ Yes ___ No

If no, please explain: _____

Are you on Section 8? ___ Yes ___ No

If yes, who is your Specialist? _____

Specialist's Telephone Number _____ Size of approved apartment _____

Other assistance? If so, explain: _____

Race & Ethnicity of Applicant

Our company requires us to report the race & ethnicity of the Applicant. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing.

Race of Head of Household: Please check one: White Black

Native American Alaskan/ Hawaiian Asian/ Pacific Islander

Ethnicity of Head of Household: Please check one: Hispanic Non- Hispanic

Questions for all Applicants

The following questions pertain to you and all household members. Answer 'yes' or 'no' in response to each question and use space provided to explain any 'yes' answers.

Yes No Have you or any member of your household ever been convicted of a felony and/or misdemeanor? If yes, explain circumstances, outcomes, and present status:

Yes No Have you or any member of your household gone through bankruptcy, been evicted, had judgments, creditor's or other legal proceedings against you? If yes, when and where?

How did you hear about us? _____

Personal Reference (Not Related)

Name _____ Phone Number _____

Address _____ Relationship _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone Number _____

Address _____ Relationship _____

Name _____ Phone Number _____

Address _____ Relationship _____

You must provide our office with the following information:

Income Verification

Copy of Driver's License and/or State Issued Identification

STATEMENT OF RESIDENT SELECTION POLICY

Historic Limited Liability Company, LLC, is committed to supporting the Fair Housing Act, as amended, prohibiting discrimination in housing based on Race, Color, Religion, Sex, Ancestry, Handicap, Familial Status or National Origin. The following qualification standards apply to ALL.

WE REQUIRE A VALID STATE OR FEDERALLY ISSUED PHOTO I.D. FROM ALL ADULTS SUBMITTING AN APPLICATION FOR RESIDENCY. EACH OCCUPANT OF ANY APARTMENT WHO IS NOT A DEPENDANT CHILD OF THE LEASEE SHALL BE NAMED ON THE LEASE AND MUST MEET ALL CRITERIA AS SPECIFIED FOR THE PRIMARY APPLICANT. WE ALSO NEED A COPY OF THE RESIDENT'S VOIDED PERSONAL CHECK TO CONFIRM CHECKING ACCOUNT. THERE IS A \$25.00 APPLICATION FEE.

PREAMBLE:

- The Landlord trusts his valuable property to the prospective Resident for his/her use and quiet enjoyment, therefore, the Landlord is determining by this application process, the trustworthiness of the prospective Resident. We hope that a trusting relationship will result in pairing a responsible Resident and responsible Landlord together in a beneficial legal relationship to provide housing for responsible Residents.
- While this application process is lengthy, we are trying to cover the situations that may likely cause difficulties in our future relationship and delineate what procedures would be taken for both Landlord and Resident in the event that certain actions occur.
- Also, we are trying to describe what we need to build a professional business relationship between Landlord and Resident and for us to check to ensure that our goals are similar.

QUALIFYING FOR ADMISSION: Applicant(s) must complete an application and comply with all regulations of Historic Limited Liability Company, LLC.

- An application is given to determine unit eligibility according to income, size, etc. Before an apartment is rented, an update of all information is necessary.
- All adult Residents will be required to apply as additional Residents.

CREDIT: EXTENSIVE NEGATIVE CREDIT HISTORY IS GROUNDS FOR APPLICATION

DENIAL. Negative credit history is described as including, but not limited to, any of the following items:

- Any judgments not remedied, and/or any foreclosures of real estate not included in a bankruptcy.
- More than five (5) credit or installment accounts, past due for more than 90 days within the past twelve (12) months.
- Any open collection accounts from any utility, telephone service or CATV Company.
- Any repossession of material or personal property that has not been repaid, except when part of a bankruptcy.
- Any eviction suit/suit pending or not remedied.
- THE ABSENCE OF A CREDIT FILE SHALL NOT ADVERSELY AFFECT ANY APPLICANT.

RENTAL HISTORY: ANY NEGATIVE RENTAL HISTORY IS GROUNDS FOR APPLICATION

DENIAL. Negative rental history is described as including, but not limited to, any of the following:

- A breach of any lease agreement unless documentation of proven negligence on the part of the Landlord of the property is provided. Breach of lease is defined as any monetary or non-monetary violation of the lease agreement, and any evictions and/or judgments for rental payment or damages.
- No more than 25% of rental payments and/or any rental-related debt, including payment agreements and judgments, in the past twelve (12) months shown late pays or NSF Checks.

NUMBER OF OCCUPANTS PERMITTED IN AN APARTMENT

- The maximum number of occupants for any one (1) bedroom apartment shall be two (2) persons.
- The maximum number of occupants for any two (2) bedroom apartment shall be four (4) persons.
- The maximum number of occupants for any three (3) bedroom apartment shall be six (6) persons.
- The maximum number of occupants for any four (4) bedroom apartment shall be eight (8) persons.

CRIMINAL HISTORY: Any applicant with any felony or misdemeanor convictions (except minor traffic violations) within the past seven (7) years will not be accepted. In addition, any applicant currently under indictment or with charges pending for any criminal offense (except minor traffic violations) will not be approved until proof is furnished that said indictments and/or charges are dismissed.

ANY APPLICANT WITH A MISDEMEANOR OR FELONY IN REGARD TO DRUGS, ADVERSE ACTION TOWARDS A MINOR AND/OR VIOLENT BEHAVIOR WILL BE REJECTED IMMEDIATELY.

- We do not discuss individual credit reports with Applicants. You will be provided with the name, address and phone number of the credit bureau that we used for the evaluation and you must contact them directly if you dispute anything they report to us about your credit.

WE EXPECT TO MAKE HOME VISITS IN THIS APPLICATION PROCESS TO DETERMINE THE SUITABILITY OF THE PROSPECTIVE RESIDENT AND HIS/HER FAMILY HOUSEKEEPING CONDITIONS.

WE PHOTOGRAPH ALL UNITS PRIOR TO MOVE IN TO DETERMINE CONDITION AND WE REFER TO THESE PHOTOS UPON MOVE OUT FOR SECURITY DEPOSIT RETURN.

WE WILL TRY TO INSPECT YOUR UNIT WITHIN 30 DAYS AFTER YOU MOVE IN TO DETERMINE YOUR CARE AND USE OF THE UNIT.

WE INTEND TO VISIT YOUR BUILDING ON A REGULAR BASIS TO OBSERVE HEALTH AND SAFETY CONDITIONS AND TO FOLLOW UP ON OUR MAINTENANCE AND CLEANING ACTIVITIES. IF YOU SEE US, COME UP AND DISCUSS ISSUES AND SUGGESTIONS YOU THINK ARE IMPORTANT FOR THE GOOD OF THE COMMUNITY.

REPORTING ILLEGAL DRUG ACTIVITY IS BOTH THE RESIDENT'S AND THE LANDLORD'S RESPONSIBILITY. PLEASE INFORM US OF ANY SITUATION THAT COULD INVOLVE ILLEGAL DRUG ACTIVITY.

Thank you for considering our community!

We want to maintain one of the best residential communities in the area.

Help us fulfill our goal.

I (we) have read and I (we) understand the Resident Selection Policy of Historic Limited Liability Company, LLC, and I (we) agree to the selection policy listed above.

Resident Date

Resident Date

Resident Date

Landlord/Agent Date

Statement by All Adult Household Members

I (we) authorize Historic Limited Liability Company, LLC, to make any and all inquiries to verify this information either directly, or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification and confirmation which may be released to appropriate Federal, State, or Local agencies.

If my (our) application is approved, and move in occurs, I (we) certify that only those persons listed in this application will occupy the apartment, that I (we) will maintain no other place of residence, and that there are no other persons for whom I (we) have, or expect to have, responsibility to provide housing.

I (we) agree to notify the Landlord in writing regarding any changes in household address, telephone numbers, income, and household composition.

I (we) have read, and understand, the information in this application, in particular the information contained in the instructions for Head of Household, and I (we) agree to comply with such information.

I (we) have been notified that the resident selection procedure, which summarizes the procedures for processing applications, is posted in the management office.

**WARNING...SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A
CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR
MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S.
OR ANY MATTER WITHIN ITS JURISDICTION.**

I (WE) HEREBY CERTIFY THAT THE FORGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, AND I (WE) HEARBY AUTHORIZE HISTORIC LIMITED LIABILITY COMPANY, LLC, TO MAKE INQUIRIES TO VERIFY ANY STATEMENT HEREIN, AND TO CHECK MY (OUR) CREDIT. I (WE) UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION REQUESTED MAY RESULT IN THE REJECTION OF THE APPLICANT.

HEAD OF HOUSEHOLD

DATE

SPOUSE CO/HEAD OF HOUSEHOLD

DATE

OTHER ADULT RESIDENT

DATE

This application was filled out by: ___ Me ___ Property Manager ___ Other