



XENIA TOWERS APARTMENTS

Included documents in the packet: Application for Assistance, Nondiscrimination/Reasonable Accommodation, Supplement to Application for Federally Assisted Housing, Applicant/Tenants Certification and Reporting Responsibilities, Consent/Release of Information, and the Dual Subsidy Notice

Complete and Return Application Packet, following the instructions below:

- **All information on the Application package must be complete and correct.** False, incomplete, or misleading information will cause your Application to be denied.
- **If you are a person with disabilities or have difficulty completing the Application package, please advise Management of your needs or call us to schedule assistance.** Appropriate assistance will be provided in a confidential manner and setting.
- **In accordance with program regulations, information provided on the Application may be released to appropriate Federal, State, or Local agencies.**
- **Return the completed Application package to the Management Office.** We will accept original applications only- no photocopies of applications.
- Application for Assistance must be signed and dated by each adult member age 18 and over who will reside in the apartments.

When you return the attached forms also provide verification of the following:

- **Income:** This means ANY income coming into the household; Social Security, SSI, Pension, Annuity, Alimony, Employment, etc. The verification must come from the source of the income and not bank statements showing deposit.
- **Assets:** This is anything of value. Example: Bank accounts (checking account-6-month average balance or six months' worth of bank statements), Property, IRA's, 401k's, etc.
- Out of pocket (what you pay) **medical expenses** for the last 12 months.
- **Birth Certificate, Social Security card** and **State I.D** for everyone who is wanting to reside within the apartments- photocopies will NOT be accepted.
- **Verification of Disability** (if not elderly) -fax number and Doctor's name

Phone: (937)376-2709

Fax: (937)376-9909

Email:

xeniatowers@gmail.com

Xenia Towers Apartments
282 Xenia Towne Square
Xenia, Ohio 45385



Xenia Towers Apartments does not discriminate based on a disability in the admission or access to, or treatment or employment in, its program or activities.
Equal Housing Opportunity/Equal Opportunity Employer.



XENIA TOWERS APARTMENTS

Some Information about Xenia Towers

- Elderly & Disabled housing
- All one bedroom apartments
- Utilities included
- Units equipped with a Refrigerator and stove
- Laundry facility on site
- A spacious Community Room with a 50 inch Television
- Free WI-FI access available on the 1st Floor
- Close to shopping all around Xenia
- Ample parking

After review of your **completed** Application packet, we will make a preliminary determination of eligibility. If your household appears to be eligible, your name will be placed on the Property's Wait List. **This does not guarantee that your household will be offered an apartment.** If later processing establishes that your household is not eligible, your Application for Assistance will be denied. We will process your Application for Assistance based on federal housing program regulations and requirements and our applicant screening criteria which are summarized in the Resident Selection Plan, available in the Management Office. **As long as your Application for Assistance is on file with us, it is your responsibility to advise us in writing whenever any information changes, especially how to contact you.**

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- A. We are not permitted to discriminate against applicants based on their race, color, religion, sex or gender, national origin, familial status, status as persons with disabilities, or any other classes protected by state or local laws. In addition, we have an obligation to provide "reasonable accommodations" or "reasonable modifications" to applicants if they or any one within their household has a disability.
- B. A reasonable accommodation is some 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 programs under which we operate. A reasonable modification is a structural modification to the apartment or premises. Examples of reasonable accommodations and structural modifications include but are not limited to:
 - a. Making apartment and facilities accessible, such as making reasonable alterations to an apartment, so it would be able to be used by a household member with a wheelchair
 - b. Providing auxiliary aids, such as installing strobe-type flashing light smoke detectors in a n apartment for a household with a hearing-impaired member.
 - c. Permitting an assistive animal for a vision-impaired household member where existing pet rules would not allow the animal.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy: To maintain their apartment in a clean, decent, and sanitary condition, to timely pay rent, to report required information to the Management office, and to avoid disturbing their neighbors, etc.

If you or a member of your household have a disability and think you might need or want a reasonable accommodation or modification, 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.

If your household requests a reasonable accommodation or a reasonable modification, we will provide a Reasonable Accommodation Request form for you to complete and sign a consent form for your health care provider to verify your need for the requested accommodation/modification. We will also consider any letters or other documents you submit to us directly.

C. Apartments with special accessibility Features

This apartment community has a specific number of apartments with special accessibility features for persons with disabilities, including but not limited to barrier-free apartments. If you want an available apartment with special accessibility features, please tell management your request and housing needs, and we will enter your request on the Property Wait List. If your household is admitted but there are no currently available apartments with special accessibility features, we will place your request on the Internal Transfer Wait List.



Xenia Towers Apartments

282 Xenia Towne Square
Xenia, Ohio 45385
(937)376-2709



Tenant Application Form

Date: _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

INDIVIDUAL JOINT

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address:

OWN RENT City: _____ State: _____ Zip: _____
Primary Phone: (____) _____ Alternate Phone: (____) _____

Are you claiming a "Preference"? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.

- Displaced by Government Action or Presidentially Declared Disaster.
- Victim of Domestic Violence.
- Working, Elderly, or Disabled.
- Other or Local Preference: _____

Type:

1st Choice: I BR Date Needed: _____
Are you required to give your present landlord a 30-day notice to vacate? Yes No

(This response is optional.) The apartment community has a specific number of apartments with special accessibility features for persons with disabilities. Do you wish to be considered for an apartment with accessibility features?

- Yes No
- If yes, please check the appropriate box. Mobility impaired Vision impaired Hearing impaired Impaired

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			

Household Information (continued)

- 1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No

If YES, explain _____

2. Do you expect the number of household members to change in the future? Yes No
If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No
If YES, explain _____
4. Are any members of the household full-time/part-time students? Yes No
If YES, explain _____
5. Were you or any household members a student sometime during the past twelve-month period or anticipate becoming a student sometime during the upcoming twelve-month period? Yes No
6. If you or a household member answered yes to either of the two previous questions, also answer:
 Yes No Is the Individual enrolled in a college, university, or other institution of higher education?
 Yes No Is the individual under age 24?
 Yes No Is the individual a veteran in the U.S Military?
 Yes No Is the individual unmarried?
 Yes No Is the individual a person with disabilities?
 Yes No Does the individual have a dependent child or children?
7. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No
 If YES, provide the nature of the crime(s): _____
 Date: _____ State: _____ City _____
 County: _____
 Are any of the above convictions a felony? Yes No **If YES, Please explain** _____

- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No **If YES, Please explain** _____

- Are there any criminal charges pending now? Yes No **If YES, please explain** _____

8. Do you live in subsidized housing now or have you in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? ____ If YES, why? _____
9. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____

10. Have you or any member of your household ever had HUD housing assistance terminated? Yes No
 If YES, please list names, addresses, and dates: _____
11. Have you or any member of your household caused damage to the property of others, including rental housing? Yes No
 If YES, explain _____
12. Have you ever resided in any other state? If yes, Where? _____

13. Have you ever filed or are you currently filing for bankruptcy? Yes No
 If YES, give reason _____
 Date of filing: _____
14. Why do you want to move from your current residence? _____
15. How did you hear about us? _____
16. Do you know or are you related to any of our residents or staff? _____
-
17. Do you own a pet? Yes No If "yes" what type of animal is it? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
 (Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
 Court of Law Name of Court: _____
 Directly from Individual Name of Person: _____
 Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____

- | | | |
|--|--|---------------|
| <p>7. Regular payments from a severance package?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>8. Regular payments from any type of settlement? (For example, insurance settlements)
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>9. Disability, death benefits or life insurance dividends?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>10. Regular gifts or payments from anyone outside of the household?
 (This includes anyone supplementing your income or paying any of your bills.)
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>11. Educational grants, scholarships, or other student benefits?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>12. Regular payments from lottery winnings or inheritances?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>13. Regular payments from rental property or other types of real estate transactions?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>14. Any other income sources or types not listed above?
 <u>Household Member</u> <u>Source of Benefit</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>15. Do you or any other household member expect any change in income in the next 12 months?
 If YES, explain: _____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>16. Are you or anyone in your household unable to work due to the care or assistance for a handicapped family member?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | | | |
|--|--|---------------|
| <p>1. Checking or savings account?
 <u>Household Member</u> <u>Bank or Financial Institution</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>2. CDs, money market accounts or treasury bills?
 <u>Household Member</u> <u>Bank or Financial Institution</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |
| <p>3. Stocks, bonds or securities?
 <u>Household Member</u> <u>Source (Broker's Name)</u> _____
 <u>Amount</u></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Amount</u> |

4. Trust funds?	<u>Household Member</u>	<u>Bank or Financial Institution</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<u>Household Member</u>	<u>Location of Account</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
6. Cash on hand?	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<u>Household Member</u>	<u>Life Insurance Company</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)</i>	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
9. Personal property as an investment? <i>(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
10. Do you have a safe deposit box containing contents with a monetary value?	<u>Household Member</u>	<u>Source of Benefit</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount</u>
11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?	<u>Household Member</u>	<u>Description of Asset Disposed</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Amount Received</u>

Do you or anyone listed above own a vehicle? Yes No

Vehicle Identification:

License #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I agree that Xenia Towers Apartments shall not be liable for any delay in the date said apartment is ready for occupancy. I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I hereby grant this property owner and *Xenia Towers Apartments* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:



Signature	Date	Time
Signature	Date	Time

For Office Use Only

	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application
	Received By: _____ As Agent for Owner

Applicant/Tenants Certification and Reporting Responsibilities

Giving True and Complete Information

I certify that all the information provided on the household composition, income, family assets, and items for allowances and deductions, are accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing within 10 days any changes in income or assets and any changes in the household size. I know that another person may not move into my unit without authorization from my Housing Manager. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Assets include but are not limited to savings accounts, stocks, bonds, real estates, etc. Income includes but is not limited to the following: wages, pensions, Social Security, SSI, Worker's Compensation, Child Support, Alimony, ADC, GR, some educational reimbursement, and other miscellaneous income.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance (If I had any) I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying Xenia Towers Apartments immediately in writing. I will not sublease my Residence here at Xenia Towers Apartments.


Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and/or verifying my true circumstances. Cooperation includes attending pre-scheduled meetings, completing and signing needed forms. I understand failure or refusal to do so may result in delays, terminations of assistance, or eviction.

By signing below, I acknowledge that I have read, understand, and agree to the policies and procedures stated above. Any questions concerning this form has been discussed.


Resident Signature


Date

Resident's Signature

Date



VERIFICATION OF LANDLORD

DATE: _____

TO: _____

FROM: **Xenia Towers Apartments**
282 Xenia Towne Square
Xenia, Ohio 45385
Phone – 937.376.2709 FAX – 937.376.9909

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME: _____

ADDRESS: _____

SOCIAL SECURITY#: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

Address of apartment/house rented/lived in _____

Dates that applicant rented from you or lived with you: _____ From _____ To _____
 (Month/Year) (Month/Year)

Is/Was resident receiving subsidized housing assistance? _____ Yes _____ No

If Yes, what type? _____

**If the resident is receiving property-based Section 8 assistance at your property, what is the last day subsidy will be collected? _____

1. Rent Payment

a. Does applicant pay rent? _____ Yes _____ No

b. If YES, is/was applicant current on rent? _____ Yes _____ No

c. Has applicant been late paying rent in the last 12 months? _____ Yes _____ No

d. If late, what are the dates of late payments? _____

e. Has applicant incurred legal fees for late rental payments? _____ Yes _____ No

2. Caring for the Unit

a. Does/Did the applicant keep the unit clean? _____ Yes _____ No

b. Has the applicant damaged the unit? _____ Yes _____ No

Describe _____

c. If YES, did applicant pay for the damages? _____ Yes _____ No

d. Will/Did you keep any of the security deposit? _____ Yes _____ No

3. General

a. Does/Did applicant permit persons other than those on the lease to live in the unit? _____ Yes _____ No

b. Has the applicant or applicant's family damaged or vandalized any common areas? _____ Yes _____ No

c. Does/Did the applicant create any physical or social hazards to the unit or other residents? _____ Yes _____ No

d. Does/Did the applicant interfere with the rights and quiet enjoyment of other residents? _____ Yes _____ No

e. Has the applicant ever given you any false information? _____ Yes _____ No

Describe _____

f. Would you rent to this applicant or allow applicant to live with you again? _____ Yes _____ No

If Not, why? _____

NAME AND TITLE OF PERSON SUPPLYING INFORMATION _____ FIRM/ORGANIZATION _____

SIGNATURE _____ DATE _____ PHONE NUMBER _____

APPLICANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 5 years.

 APPLICANT SIGNATURE _____ DATE _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that if 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.

Background Check Consent Form

PROPERTY: Xenia Towers Apartments

DATE: _____

You have applied for housing assistance. We are required by The Department of Housing and Urban Development to do a background check. This will entail a National Criminal Background Check, Search of your Eviction History, Sex Offender Registry check as well as an existing tenant search through the Enterprise Income Verification system.

APPLICANT NAME: _____

SSN: _____ DOB: _____

ADDRESS: _____

My signature below grants consent to collect the information listed above.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

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 employee of HUD, the PHA, or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly and willingly 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, and 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violation of 42 U.S.C. 408 F, g, and H.

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Xenia Towers Apartments does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, it's federally assisted programs and activities.



Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This form must be completed by each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **Xenia Towers Apartments** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. I am not currently receiving HUD assistance in another unit
2. I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Xenia Towers Apartments**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. I am the recipient of a housing voucher.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

*All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to **Xenia Towers Apartments**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the subsidy is terminated.*



Dual Subsidy Notice

Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

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).

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

Signature of Applicant

Date

cc: Applicant/Resident File

*Xenia Towers Apartments does not discriminate on the basis of disability 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 Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Xenia Towers Apartments
282 Xenia Towne Square
Xenia, Ohio 45385
Phone: (937)376-2709
Fax: (937)376-9909



REQUEST FOR REASONABLE ACCOMMODATION

Xenia Towers Apartments
282 Xenia Towne Square
Xenia, Ohio 45385
(937)376-2709

Name (Print): _____ Date: _____
Address: _____ Telephone: _____
City: Xenia State: Ohio Zip: 45385

At any time, because of a **documented** physical or mental disability, you may use this form to request a reasonable accommodation such as:

1. A change in our policies or procedures
2. A repair or change in your current residence, and/or part of property
3. A change in the way we communicate with you

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- _____ A change in a policy,
- _____ Practice or procedure: (Please specify.)
- _____ A physical change in the housing unit: (Please specify.)
- _____ Addition of grab bars for bath/shower
- _____ Modification of the fire alarm system to accommodate visual impairment.
- _____ Modification of the fire alarm system to accommodate hearing impairment.
- _____ Other (please explain):

I need this accommodation because: _____

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

A decision will be made within thirty (30) days, unless an extension is agreed to. Xenia Towers will contact you if more information is needed or want to discuss other ways of meeting your need. If your request is denied, you have a right to a hearing.

Disability Documentation Attached? Yes No

Signature: _____ Date: _____



Xenia Towers Apartments does not discriminate based on a disability in the admission or access to, or treatment or employment in, its program or activities. Equal Housing Opportunity/Equal Opportunity Employer.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.