**AFFORDABLE HOUSING RENTAL APPLICATION**

**Stone Ridge Village A Smoke Free Senior Housing Community**

**Note: An application fee of $21.00 check or money order (no cash accepted) paid to the order of Stone Ridge Village, LLC will be due at the time the application is returned. Applicant must be 18 and have the legal capacity to sign a lease.**

**Date of Application: \_\_\_\_\_\_\_\_ Size of Unit Desired:\_\_\_\_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_\_\_\_**

All occupants must be listed on the application. Failure to fully complete the application and provide contact information could delay the processing of your application. If you need to make a correction, draw one line through the incorrect information, print the correct information above the error and initial the changes. **Absolutely no correction fluid or tape is permitted.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head of Household Name** | | **Marital Status:** | **Sex** | **Phone Number** (best one to reach you)  **( )** |
| **Social Security Number:** | **Date of Birth:** | **Age:** | **Student Status: Are you a full or part time student?**  **🞏 YES 🞏 NO** | |
| **Present Address** | **City:** | **State:** | **Zip:** | **No. Yrs. at Present Address:** |
| **Former** Address (if current address is less than 3-years) | **City:** | **State:** | **Zip:** | **No. Yrs. at Former Address:** |

**Current Housing Status:** Provide the name, address and phone number of all your landlords for the past 3-years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Landlord:** |  | | **Phone:** |  |
| **Address:** |  | **Dates of Residency:** | |  |
| **Previous Landlord:** |  | | **Phone:** |  |
| **Address:** |  | **Dates of Residency:** | |  |
| **Previous Landlord:** |  | | **Phone:** |  |
| **Address:** |  | **Dates of Residency:** | |  |

1. Have you or any other member of your household ever been evicted? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you or any other member of your household willfully or intentionally refused to pay rent?🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Household Member:** Provide the name, address and phone number of all other household members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name of Co-Applicant** (include persons under the age of 18) | **Relationship to Head of Household:** | **Sex:** | **Birth Date:** | **Social Security Number:** |
| **Full Name of Other Household Member** (include persons under the age of 18) | **Relationship to Head of Household:** | **Sex:** | **Birth Date:** | **Social Security Number:** |
| **Full Name of Other Household Member** (include persons under the age of 18) | **Relationship to Head of Household:** | **Sex:** | **Birth Date:** | **Social Security Number:** |
| **Full Name of Other Household Member** (include persons under the age of 18) | **Relationship to Head of Household:** | **Sex:** | **Birth Date:** | **Social Security Number:** |

1. Do you expect any changes in the household in the next 12-months? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there any household member’s temporarily absent? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Will any foster children, foster adults or live-in attendants be living with you? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you divorced or separated? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have a pet? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Has child support or alimony been ordered? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Have you or any other household member ever filed bankruptcy? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Have you or any other household member ever been arrested and charged with a felony? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Have you or any other household member ever been arrested for possession, sale or deliver of any illegal or controlled substance? 🞏 No 🞏 Yes
10. Have you or any other household member ever been required to register as a sex offender? 🞏 No 🞏 Yes
11. Have you or any other household member subject to any state’s lifetime sex offender registration program? 🞏 No 🞏 Yes

**Sources of Household Income:** Please check yes or no to the list of incomes sources which are received on a consistent basis.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |
| Employment | 🞏 | 🞏 | Self-Employment | 🞏 | 🞏 | Child Support | 🞏 | 🞏 |
| Social Security/SSI | 🞏 | 🞏 | TANF/AFDC | 🞏 | 🞏 | Veteran’s Benefit | 🞏 | 🞏 |
| Military Pay | 🞏 | 🞏 | Recurring Gift | 🞏 | 🞏 | Pension | 🞏 | 🞏 |
| Unemployment | 🞏 | 🞏 | Education Financial Aid | 🞏 | 🞏 | Alimony | 🞏 | 🞏 |
| Rental Income | 🞏 | 🞏 | Recurring Monetary Gifts | 🞏 | 🞏 | Dividends | 🞏 | 🞏 |
| Settlement | 🞏 | 🞏 | Worker’s Compensation | 🞏 | 🞏 | Severance Package | 🞏 | 🞏 |
| Other Income | 🞏 🞏 If yes, provide detail | | | | | | | |
| Do you anticipate any change in income during the next 12 months? 🞏 No 🞏 Yes, If yes provide detail: | | | | | | | | |

**For all “YES” marked above, please complete the following:**

**Name of Household Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Received:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏** hourly **🞏** weekly **🞏** bi-weekly **🞏** twice monthly **🞏** monthly **🞏** annually **🞏** other

**Name of Household Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Received:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏** hourly **🞏** weekly **🞏** bi-weekly **🞏** twice monthly **🞏** monthly **🞏** annually **🞏** other

**Name of Household Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Received:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏** hourly **🞏** weekly **🞏** bi-weekly **🞏** twice monthly **🞏** monthly **🞏** annually **🞏** other

**Name of Household Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Received:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏** hourly **🞏** weekly **🞏** bi-weekly **🞏** twice monthly **🞏** monthly **🞏** annually **🞏** other

**Sources of Household Assets:** Please check yes or no to the list of assets which are received on a consistent basis.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |
| Checking | 🞏 | 🞏 | Certificate of Deposit (CD) | 🞏 | 🞏 | Safety Deposit Box | 🞏 | 🞏 |
| Savings | 🞏 | 🞏 | Stocks/Bonds | 🞏 | 🞏 | Money Market | 🞏 | 🞏 |
| Annuity | 🞏 | 🞏 | Whole Life Insurance | 🞏 | 🞏 | Treasury Bills | 🞏 | 🞏 |
| Trust Funds | 🞏 | 🞏 | Mutual Funds | 🞏 | 🞏 | Direct Express Card | 🞏 | 🞏 |
| Real Estate/Land | 🞏 | 🞏 | IRA/401K/Keogh Account | 🞏 | 🞏 | Do you own a house? | 🞏 | 🞏 |
| Cash on Hand | 🞏 | 🞏 | If yes, provide amount $ | | | | | |
| Have you disposed of an asset in the past 2-years? | 🞏 | 🞏 | If yes, provide amount $ | | | | | |

1. Do you have a Section 8 voucher? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you or anyone else in your household benefit from the features of a handicap accessible unit? 🞏 No 🞏 Yes If yes, would you like additional information? 🞏 No 🞏 Yes If yes, please provide detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you or anyone in your household smoke? 🞏 No 🞏 Yes
3. How did you hear about our community?

⌂ Internet/Website ⌂ Newspaper ⌂ Chamber/City

⌂ Brochure/Flyer ⌂ Drive By ⌂ Mailer

⌂ Apartment Guide ⌂ Yellow Pages ⌂ Site Sign

⌂ Referred by Friend/Resident, if so provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⌂ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testa Real Estate Management Group conducts business in accordance with all federal, state, and local fair housing laws. It is our policy to provide housing opportunities to all persons regardless of race, color, religion, sex, familial status, handicap, sexualorientation and reprisalor national origin.

**APPLICANT CERTIFICATION**

I/We certify that if selected to move into this property, the unit I/we will occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for this property and any assistance it may provide. I/we authorize the Agent to verify all information provided on this application, and to contact current and previous landlords or other sources for credit and criminal history and verification of information which may be released by appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false information or statements are punishable under Federal law.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CO-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CO-Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application was received on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm by the staff member signed below

Signature of Agent for Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTT1/21/

“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call (866) 632-9929 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”

**BED BUG SCREENING POLICY**

Testa Real Estate Management Group has adopted a policy of screening applicants for the presence of bed bugs prior to admittance to the property, as well as screening current residents for bed bug issues. If an applicant has had problems with bed bugs at their current residence, they must advise Testa Real Estate Management Group of the issue prior to being offered an apartment. Please note: This will not prevent the applicant from getting an apartment; however, Testa Real Estate Management Group will not offer the applicant an apartment until they can provide us with proof that their current residence and all of their belongings including clothes, furniture, bedding etc. have been properly treated to eliminate any presence of bed bugs. If an applicant has/had a problem and does not properly advise Testa Real Estate Management Group and brings the problem into the building, the new tenant will be responsible for the total cost of the treatments required which could range from hundreds to thousands of dollars. A resident’s failure to report a problem will also be considered a violation of the lease agreement.

**IMPORTANT!** YOU MUST COMPLETE THIS FORM AND RETURN IT WHEN YOU RETURN YOUR APPLICATION

**Print Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Co-Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check Off All That Apply To You

\_\_\_\_\_\_\_\_\_\_I/We do NOT have any bed bugs in our current residence and have not had any bed bugs in our current residents for the past 12-months.

OR

\_\_\_\_\_\_\_\_\_\_I/We do have a problem with BED BUGS in our current residence or have had problems with bed bugs in the past 12-months.

\_\_\_\_\_\_\_\_\_\_I /We assure you that we will have the bed bug problem corrected by a professional exterminator prior to moving in and will provide proof of the successful treatment from the exterminator.

My/Our signature(s) below verify that I/We have read and understood the information regarding bed bugs and that the information I/We have provided is true and accurate.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be asked to attest to this again on your Lease Signing day!

**DO NOT WRITE BELOW THIS LINE – For Lease Signing Day**

My/Our signature(s) below verify that I/We affirm that I/We do NOT have bed bugs at our last residence and that the information I/We have provided is true and accurate.

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testa Real Estate Management Group**

**Release for Investigative Consumer Report and Background Check**

I hereby authorize TESTA Real Estate Group to investigate my background in order to process or consider my rental application or continued rental affiliation with the company.

I understand the consumer reporting agency will conduct an investigation to obtain information as deemed necessary to fulfill the requirements of my rental status. The information obtained may include investigation into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, rental history, work habits, salary history, education, criminal background, criminal records, use of illegal substances and alcohol abuse and general information.

I understand direct or indirect contact from former employers, schools, financial institutions, landlords, public agencies, or other persons or agencies that may have such knowledge may be made to obtain such information.

I forever release and discharge Testa Real Estate Management Group their respective employees and agents, my past employers, schools, persons named in my rental application from any claims, damages, losses, liabilities, and expenses arising out of gathering and reporting information.

I also understand that upon being denied resident status or continued resident status based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period of time after the completion of the investigation at: Testa Real Estate Management Group, 2335 Second Street, Cuyahoga Falls, Ohio, 44221.

The application fee associated with this transaction is $40. If I am accepted and enter into a lease agreement, my application fee will be waived by issuance of a $40 credit to my rental account during my first month of paid residency. If I am accepted but fail to enter into a lease agreement, my application fee will be retained by Lessor to cover application processing costs. If I am rejected as a result of an investigative consumer report, my application fee will be retained by Lessor to cover application processing costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE FILL IN EACH BLANK SPACE:** | | | |
| FIRST NAME: MIDDLE INITIAL: | LAST NAME: PHONE | | |
| FORMER NAME: |  |  | SOCIAL SECURITY #: |
| CURRENT ADDRESS: |  |  | PREVIOUS ADDRESS: |
| CITY: |  |  | CITY: |
| STATE: ZIP: |  |  | STATE: ZIP: |
| COUNTY: |  |  | COUNTY: |

In addition to authorizing the background investigation, I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization shall be sufficient cause for refusal to consider an application, removal or dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

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|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE FILL IN EACH BLANK SPACE:** | | | |
| FIRST NAME: MIDDLE INITIAL: | LAST NAME: PHONE | | |
| FORMER NAME: |  |  | SOCIAL SECURITY #: |
| CURRENT ADDRESS: |  |  | PREVIOUS ADDRESS: |
| CITY: |  |  | CITY: |
| STATE: ZIP: |  |  | STATE: ZIP: |
| COUNTY: |  |  | COUNTY: |

In addition to authorizing the background investigation, I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization shall be sufficient cause for refusal to consider an application, removal or dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date