

The Commons at Little Bark Creek A 55 Years of Age and Over Community

750 Robin Lane, Fremont, Ohio 43420

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APPLICATION PACKET

\$13.65 application fee per adult, paid electronically through Aptexx when processing application.

PLEASE Complete your documentation in BLACK INK ONLY!

Items Required for Qualification:

- Adult Applicants need: **Photo ID and SS Card or Tax ID Card**
- Current Year Social Security Proof of Income, All pages.
Must be Dated within the last 90 Days
- Proof of Pensions and Annuities
- Student Status form regardless of age or ability for all members over 18 years of age.
- Proof of Income: Employment verification form with name and address or a Non-Employed affidavit if not working.

Income and Rent Requirements

- Maximum Gross Income limit for 1 Person is \$27,960 before Deductions
- Maximum Gross Income limit for 2 Persons is \$31,920 before Deductions
- **Kittle Property Groups policy is that you must earn 2.9 times the rent a month as income to be qualified for renting.**
(Example; if Rent is \$600 per month, your income must be \$1,740.00 per month) $\$600.00 \times 2.9 = \1.740

This property is governed by Sec.42 of the IRS code and Ohio Housing Finance Agency.

WE DO NOT OFFER SUBSIDY OR RENTAL RATES BASED ON MONTHLY INCOME.

Apartment Size Requesting: ___ 1Bedroom ___ 2 Bedroom ___ 4 Bedroom

RENTAL APPLICATION - Commons at Little Bark Creek, LP

FOR OFFICE USE ONLY

☐ NEW APPLICATION / INITIAL CERT

NEW APPLICATION ONLY

Was the application completed on site? ☐ Yes ☐ No

If the application was not completed on site, what method was the application received by the site staff?

☐ By mail ☐ Hand Delivered ☐ Other _____

Application received by: _____ Interviewed by: _____

What apartment size is the applicant applying for? _____ Bedroom(s) Apartment assigned: _____

Household size? _____

Application fee: \$ _____

INITIAL INCOME ELIGIBILITY DETERMINATION

What is the Maximum Gross Income allowed for the household to be eligible? \$ _____

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type ☐ Yes ☐ No

☐ RE-CERTIFICATION

*Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance? ☐ Yes _____ (please initial) ☐ No

Is the head of household or spouse/co-head disabled? ☐ Yes ☐ No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence ☐ Yes ☐ No

THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.

Are you currently receiving: ☐ Section 8 Voucher ☐ Other Federal Assistance _____

Please Print:

Today's Date: _____ Time: _____ Estimated Move-In Date: _____

Name: _____ Phone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: ☐ Divorced ☐ Widowed ☐ Married ☐ Single ☐ Separated (HKP-107 form is required)

*If you answer yes that you require assistance, there should be only one type of handwriting on the application and questionnaire.



HOUSEHOLD COMPOSITION – List all persons that will occupy the unit

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Ethnicity Hispanic/ Not Hispanic/ Decline to answer
	HOH	M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D

*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White), **D** (Decline to answer). You can select 1 or multiple codes

ELIGIBILITY INFORMATION

- 1) Yes No Are you or any adult member (18 or older) in the household employed?
If yes, provide the contact information of your employer below:
(If yes, HKP-201 form is required; if no, HKP-105 form is required)

Employer's Name: _____

Please list your previous employer:

Previous Employer's Name: _____

Dates Employed: _____ to _____

- 2) Yes No Are there any adult household members claiming zero income?
If yes, list name(s) _____
If yes, you must complete an HKP-104 form.
- 3) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months? If pregnant, please indicate approximate due date.
If yes, explain _____
- 4) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain _____
- 5) Yes No N/A Does an adult of this household have physical custody of every child listed on this application at least 50% of the time? Custody documentation may be required depending on the program type.



6) Yes No Does anyone in your household require a live-in care attendant? (HKP-114, 117, & 122 forms)

If yes, who? _____ Provide the physician's name and contact information who will verify the need for an attendant:

Physician's Name: _____

Address: _____

Phone #: _____ Fax #: _____

7) Yes No Has anyone in your household ever been evicted?

If yes, explain: _____

8a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?

If yes, who? _____ When? _____

Explain: _____

8b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?

9a) Yes No Does your household have or anticipate having any pets other than those used as a service animal?

If yes:

Type _____ Breed _____ Weight _____ Height _____ Color _____

Type _____ Breed _____ Weight _____ Height _____ Color _____

9b) Yes No Do you have a service animal?

If yes: Breed (for identification purposes only) _____ Color _____

10) Yes No Has anyone in your household filed for bankruptcy?

If yes, was the bankruptcy discharged? ☐ Yes ☐ No If no, provide documentation from your attorney that no additional debt may be added.

E-mail address: _____ Alternative Phone #: () _____

Automobile Information:

Vehicle #1 Make/Model _____ License Plate # _____

Vehicle #2 Make/Model _____ License Plate # _____

EMERGENCY CONTACT INFORMATION

Please provide at least one emergency contact.

In case of emergency, notify: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____

In case of emergency, notify: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____



Student Status

Part A

Is **every** household member a full-time student (adults and children)? ☐ Yes ☐ No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)? ☐ Yes ☐ No

If the answer is yes, list the name(s) of the household member(s) who attended school:

If you answer "Yes" to either of the above questions, proceed to answering "Part B" below.

Defining "Student"

IRC §152(d)(2) defines, in part, a "student" as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

Part B

If you answer "No" to both questions above, DO NOT complete any of the questions in this section

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
☐ Yes ☐ No
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? ☐ Yes ☐ No
- Married and/or eligible to file a joint tax return? ☐ Yes ☐ No
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.) ☐ Yes ☐ No
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance. ☐ Yes ☐ No
- List one household member who IS NOT a full-time student. _____

Please note, there may be a state specific form that must be completed as well.



SIGNATURE CLAUSE

Each household 18 or older must sign/initial in the space provided acknowledging they have read the information below:

I understand that management is relying on the information I provided in this application and all future required documentation to prove my household's eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family 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 do hereby authorize Commons at Little Bark Creek, LP, their agent and/or its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

Furthermore, I hereby release and hold harmless any agent of Commons at Little Bark Creek, LP, their agent and/or its staff, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to Commons at Little Bark Creek, LP, their agent and/or its staff upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

I authorize my 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 including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

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 AND ANY OWNER (OR ANY EMPLOYEE OF HUD 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 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 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). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A) (6), (7) AND (8).

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.



By signing below, I acknowledge that I have received a copy of the **Notice of Occupancy Rights under the Violence Against Women Act.**

Signature

Date



TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER

Yes	No
_____	_____



	Yes	No
1. I have a good idea of what I want to do with my life.	1	1
2. I have a good idea of what I want to do for a living.	1	1
3. I have a good idea of what I want to do for a career.	1	1
4. I have a good idea of what I want to do for a job.	1	1
5. I have a good idea of what I want to do for a business.	1	1
6. I have a good idea of what I want to do for a profession.	1	1
7. I have a good idea of what I want to do for a vocation.	1	1
8. I have a good idea of what I want to do for a service.	1	1
9. I have a good idea of what I want to do for a trade.	1	1
10. I have a good idea of what I want to do for a craft.	1	1
11. I have a good idea of what I want to do for a profession.	1	1
12. I have a good idea of what I want to do for a vocation.	1	1
13. I have a good idea of what I want to do for a service.	1	1
14. I have a good idea of what I want to do for a trade.	1	1
15. I have a good idea of what I want to do for a craft.	1	1
16. I have a good idea of what I want to do for a profession.	1	1
17. I have a good idea of what I want to do for a vocation.	1	1
18. I have a good idea of what I want to do for a service.	1	1
19. I have a good idea of what I want to do for a trade.	1	1
20. I have a good idea of what I want to do for a craft.	1	1

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Date _____



Applicant / Tenant Sworn Income and Asset Statement

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Self Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, Doordash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. Youtube Influencer)			
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>		
TANF/ AFDC	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Do you receive regular or periodic payments from:	Amount	Frequency
Persons not Living in the Unit? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Trust, Annuity or Other Claims? Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Peer-to-Peer Payment Systems? (e.g. Paypal, Venmo, Blockchain, Square, etc.) Holder/Provider: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Do you currently receive Assistance with your housing payment? YES ☐ NO ☐
 If yes; Agency Name? _____

Do you HAVE a court-order (or agreement) for child support or alimony? YES ☐ NO ☐
 (This means there is an order for you to receive child support or alimony, not pay support to someone else)

Are you currently receiving child support or alimony? YES ☐ NO ☐

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? YES ☐ NO ☐ N/A ☐
 List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? YES ☐ NO ☐

Ordered Amount: _____

Amount Received: _____

ASSET SOURCES

YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Checking Account?	6 Month			
	Avg. Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Savings/Holiday Account?	Balance	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Certificates of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Direct Express * Card? (or any card where benefits or pay are deposited)	Balance	\$ _____		
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cash on Hand?	Amount	\$ _____		
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a Safety Deposit Box? What is held in the Box?			Cash Value	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have any Personal Property held as an Investment?*			Cash Value	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	\$ _____

Current Status/Intention: ☐ Keeping ☐ Selling ☐ Renting ☐ Being Foreclosed ☐ Giving Away

Notes: _____

YES ☐ NO ☐ Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
 When? _____ Amount: \$ _____

YES ☐ NO ☐ Do you have Whole Life Insurance or Universal Life Insurance policies?
 Cash Value \$ _____ Annual Earnings \$ _____

YES ☐ NO ☐ Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
 If yes, list items: _____ Date: _____

YES ☐ NO ☐ Are there minor children in the household that have any assets (Savings Account, Certificates of Deposit, Savings Bond(s), etc.)?
 If yes, please provide:

Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____
Type: _____	Value: \$ _____	Where Held: _____	Annual Yield: _____

YES ☐ NO ☐ Other: _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature	Date	Printed Name
Owner/Owner Agent Signature	Date	Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.