

Application For Properties of  
**Quality Quaker Management, Inc.**  
**290 Prairie Avenue**  
**Wilmington, Ohio 45177**

**Instructions: Please follow carefully - Incomplete applications will be returned**  
**PLEASE COMPLETE IN INK ONLY NO PENCIL**

**QUALIFICATIONS:**

**You must be 62 years or older or Disabled by Social Security Standards**

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.
 

<b>Driver's License</b>	<b>Medicare Card</b>	<b>Medical Insurance Card</b>
<b>Bank Statement</b>	<b>Retirement benefit letter</b>	<b>Benefit letter from government Agencies</b>

**Note: Copies of Metal Social Security Cards are not acceptable.**  
If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.
3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Names, Addresses, & Phone Numbers of ALL** Doctors, Pharmacies, Supplementary Health Insurance.
5. **Account Numbers of ALL** Checking, Savings, CD's, Money Market, Treasury Bills, Bonds, or IRA's and at what Bank they are located and Address and Phone # for Bank.
6. **If you own property,** bring the Fair Market Value of it.
7. **Signatures are required by all adult applicants**

**Please Check for which apartments you are applying**

1. \_\_\_\_\_ **Friendship Acres**
2. \_\_\_\_\_ **Friendship Acres East**

8. **Return your application to:**

<b>Friendship Acres</b>
<b>901 Cherry St.</b>
<b>Blanchester, Oh 45107</b>
TTY/TTD #800-750-0750

**Your application is being returned because:**

- 
- You did not complete all areas or you did not sign the application.
  - You did not provide the required social security cards for all household members over the age of 5.
  - \_\_\_\_\_

**Please return your application along with the information that was missing if you want to be considered for Section 8 housing.**

## **APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Quality Quaker Management, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Quality Quaker is a management company that provides low rent housing to eligible households, elderly households and single people. Quality Quaker Management is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Quality Quaker has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Quality Quaker Management can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, 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 the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

### **APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

**IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.**

**OUR PHONE NUMBER IS 937-382-8907 CALL BETWEEN  
THE HOURS OF 8:00 a.m. AND 4:00 p.m., MONDAY THROUGH FRIDAY.**

**IF YOU HAVE A HEARING IMPAIRMENT, TDD NUMBER THROUGH A RELAY SERVICE IS 1-800-750-0750,  
SAME HOURS AND DAYS.**

**APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.**

**TDD RELAY SERVICE**  
**1-800-750-0750**  
**RENTAL APPLICATION**

**FOR OFFICE USE ONLY**

**DATE RECEIVED** \_\_\_\_\_  
**TIME RECEIVED** \_\_\_\_\_  
**PERSON RECEIVING** \_\_\_\_\_  
**DATE** \_\_\_\_\_

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**Assistance in completing the application will be made available upon request.**

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Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street Apt# City State Zip  
Home Phone# \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Or Alien Registration # \_\_\_\_\_  
Other Last Names You Have Gone by: \_\_\_\_\_  
Driver's License # or State ID #, Issuing State \_\_\_\_\_

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**SPOUSE INFORMATION**

**If not married, each adult must complete a separate application**

Name \_\_\_\_\_  
Last First Middle  
Business Phone #: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ or Alien Registration# \_\_\_\_\_  
Other Last Names you have gone by: \_\_\_\_\_  
Driver's License # or State ID #, Issuing State \_\_\_\_\_

Maximum Occupancy is two (2) Persons per apartment

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**Applicant's Address for last three years, starting with present address**

Address: \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

If you lived in another state at any time, list name used with full address including county.

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If more space is needed, use back of page and check here \_\_\_\_\_

How did you hear about the apartment for which you are applying? \_\_\_\_\_

**If you require a handicap-accessible unit, check here? Yes** \_\_\_\_\_

**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim # )	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, allowance from family, etc.)	
		\$
		\$

C. **ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g., money/land/house, etc.) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount recieved when sold/disposed of

\$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Savings Accounts**

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Certificates of Deposit**

Bank		Bank	
Address		Address	
Name on Account		Name on Account	
Acct.#	Int Rate	Amt. \$	
Penalty for Early Withdrawal	Maturity Date		

**Stocks****IRA's/401-K's**

Name		Bank	
Address		Address	
Name on Account		Name on Account	
Value \$	Div. Rate	Value \$	Div. Rate

<u>Bonds</u>	<u>Trust Accounts</u>
Bank	Bank
Address	Address
Name on Account	Name on Account
Present Value \$	Account No.
Maturity Date	Int. Rate                      Balance \$

C. **ASSETS** (continued):

**Real Estate**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Owner \_\_\_\_\_

If yes, type & location of property \_\_\_\_\_

Parcel ID Number on Tax \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

<b>Broker/Realtor</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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D. **MEDICAL AND CHILD CARE EXPENSES**

**FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**

**Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

**Medicare**

Monthly Amount \$	Monthly Amount \$
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**Medical Insurance**

Name	Name
Address	Address
Claim No.                      Monthly Amt. \$	Claim No.                      Monthly Amt. \$

**Pharmacy**

Name	Name
Address	Address
Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$

**Physician**

Are you seeing a physician <b>REGULARLY</b> ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$

**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$

**Child Care Expenses - Complete for children 12 and younger -** Weekly cost for Child Care \$ \_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_

**E. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

1. You have been served a Notice to Quit or been asked to leave by a previous landlord Yes \_\_\_ No \_\_\_
2. You have been served with lease violations from a previous landlord Yes \_\_\_ No \_\_\_
3. You have been evicted Yes \_\_\_ No \_\_\_
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes \_\_\_ No \_\_\_

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes \_\_\_ No \_\_\_

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

6. Have you or anyone else named on this application been convicted of a felony? Yes \_\_\_ No \_\_\_
7. Do you expect any additions to the household within the next twelve months? Yes \_\_\_ No \_\_\_

If yes please list person and relationship \_\_\_\_\_

8. Is there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.) If yes List person and explain\_\_\_\_\_
9. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren will be living with you in unit.)
10. Are you or any other adult household members claiming zero income? Explain\_\_\_\_\_
11. Is any member of your household a student of higher education during five calender months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes\_\_\_No\_\_\_

If you answered YES, complete the following:

- a. Member of household in federal, state or local job training program which is similar to the job Training Partnerships Act Yes\_\_\_No\_\_\_
  - b. Any household member received Aid to Families with Dependent Children (AFDC) Yes\_\_\_No\_\_\_
  - c. Single Parent (who is a student), with children who are students, none of whom are dependent of a third party Yes\_\_\_No\_\_\_
  - d. Married tenants (not necessarily married to each other) who file a joint tax return. Yes\_\_\_No\_\_\_
12. Are you homeless?\_\_\_\_\_Have you been displaced by a Government Action?\_\_\_\_\_Are you paying more than 50% of income on housing?\_\_\_\_\_Are you living in substandard housing?\_\_\_\_\_

**G. REFERENCE INFORMATION**

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.		2.	
Phone No.	Relationship	Phone No.	Relationship

**Other Information**

Please provide us with the name, address, & phone number of an emergency contact:

\_\_\_\_\_

\_\_\_\_\_

**Vehicles - List any vehicle owned**

Type \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

**Do you own a pet?** Yes\_\_\_ No\_\_\_ If yes, describe\_\_\_\_\_

Weight of pet\_\_\_\_\_

All information received Quality Quaker Management during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

**Please read and sign ALL Black Checkmarks**  
**Application Declarations and Authorization**  
**Please use Ink Pen Only**

**Accurate Information.** You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application. Giving false information is a serious criminal offense.

**Authorization.** You authorize us to verify all information relating to this application including but not limited to criminal background, illegal drug activity, sexual predators and eviction from or owing monies to a federally assisted housing program. Information pertaining to this application may be obtained through any means, including but not limited to **Straight Arrow Screening P.O. 2470 McKinney, Tx 75070 (877)5423-8966, State of Ohio, E-Sorn, Sexual Predators Web Listing**, and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

**In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.**

Signatures

(✓)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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Authorization

I/we do hereby authorize Quality Quaker Management and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential. Information under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signatures

(✓)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**CERTIFICATION**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and «mgmt\_company»'s resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

(✓) Head \_\_\_\_\_ (✓) Spouse/Co-Tenant \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**