



Check the applicable AHP:

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HUD
RD
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HOME

**DO NOT USE FOR MARKET
RATE UNITS**

APPLICATION FOR AFFORDABLE HOUSING

For Office Use Only

Date File Received	Time File Received
Application Fee Paid	

Property Name / Location _____

Date of Application _____ Size of Unit Requested _____

Applicant Instructions:

Answer all of the questions, in full, on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next twelve (12) months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the back of the page to record additional information if there is not enough room for an entry. Assistance in completing the application will be made available upon request.

HOUSEHOLD COMPOSITION

Please list all people to occupy the apartment.

FIRST, MIDDLE, LAST NAMES	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	FULL-TIME STUDENT: YES / NO	DRIVER'S LICENSE NUMBER & STATE





CURRENT PLACE OF RESIDENCY

Current Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Do you currently live in an apartment? **Yes** **No**

If YES, Complex Name? _____

Is your rent currently subsidized (based on income)? **Yes** **No**

Current Landlord _____ **From / To** _____ / _____

Landlord Address _____

City _____ **State** _____ **Zip** _____

Landlord Phone Number _____

PREVIOUS LANDLORD REFERENCE

For the last three (3) years

1. Applicant's Previous Address _____

Previous Landlord _____ **From / To** _____ / _____

Landlord Address _____

City _____ **State** _____ **Zip** _____

Landlord Phone Number _____

2. Applicant's Previous Address _____

Previous Landlord _____ **From / To** _____ / _____

Landlord Address _____

City _____ **State** _____ **Zip** _____





Landlord Phone Number _____

If you have lived in another state at any time, list your name used at the time with the full address, including County name.

Name _____ County _____

Address _____

City _____ State _____ Zip _____

Please use the back to list any other landlord reference information.

EMERGENCY CONTACT

Name _____ Relationship _____

Emergency Contact Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you become unable to look after your affairs, is this person authorized to dispose of or remove any and all belongings from the apartment? Yes No

If NO, please list Name, Address, and Phone Number of who should be contacted.

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Do you expect a change in family size in the future? If so, explain change and provide expected date of change. Yes No

If YES, please explain change and provide expected date of change. _____

Are there any absent family members? Yes No

If YES, please provide name and date of return. _____

If you do not have a social security number and you were 62 years of age or older as of January 31, 2010, did you begin receiving HUD rental assistance at another location before that date (1/31/10)? Yes No



INCOME (EMPLOYMENT, ADC, SSI, SS, PENSION, ETC.)

TYPE OF INCOME	HOUSEHOLD MEMBER RECEIVING INCOME (SELF, SPOUSE, ADULT, CHILD, ETC.)	NAME OF SOURCE	ADDRESS / PHONE NUMBER	AMOUNT RECEIVED PER WEEK / MONTH / YEAR

ASSETS (CHECKING, SAVING, CDs, ETC.)

TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

GENERAL INFORMATION

1. How did you hear about our community?

- Resident Radio Internet Advertising (e.g. Craigslist, etc.) Newspaper Article
 Social Media Website Newspaper Ad Word of Mouth Site Sign
 Brochure Television Advertisement Drove by Building Site

Other (Please explain) _____

If referred by a resident, who were you referred by? _____

2. Will this be the only residence of everyone listed on the application? Yes No
If NO, please explain. _____

3. Do you have any pets? Yes No
If YES, what type? _____

4. Has anyone in your household used an alias or had their name changed (e.g. maiden name)?
 Yes No
If YES, who and what was his / her prior name? _____

5. Are you entitled to a Handicap / Disabled or Elderly deduction? Yes No
If YES, who? _____

6. Do you or any member of your household own any real estate? Yes No
If YES, where and what is the assessed value? _____

7. Has any member of your household sold real estate in the last two (2) years for less than full market value? Yes No
If YES, where and what was the assessed value? _____

8. Do you or any member of your household regularly receive cash or non-cash gifts (e.g. bills or purchases paid for you by another person / party)? Yes No
If YES, please explain. _____

9. Have you ever filed bankruptcy? Yes No
If YES, please explain. _____

10. Have you ever had a foreclosure? Yes No
If YES, please explain. _____



11. Have you ever received rental assistance (Section 8, Metropolitan Housing, Rural Development)?

Yes No

If YES, please explain. _____

12. Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to recertify? Yes No

If YES, please explain. _____

13. 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 violations? Yes No

If YES, please explain. _____

14. Have you or any member of your household ever made a rental application to Fairfield Homes, Inc. (previously known as Gorsuch Management)? Yes No

If YES, when and under what name? _____

15. Have you or anyone in your household ever been convicted of a felony? Yes No

If YES, please explain. _____

15.1. Have you or any household member ever been convicted of a felony or involved in criminal activity that posed a threat to the health, safety, or welfare of others? Yes No

If YES, please explain. _____

15.2. Have you been convicted of any non-traffic misdemeanors? Yes No

If YES, please explain. _____

16. Have you or any member of your household been convicted of illegal use, distribution or manufacture of an illegal drug or other controlled substance? Yes No

If YES, please explain. _____

17. Are you or any member of the household subject to a lifetime sex offender registration requirement in any state? Yes No

18. Please provide a complete list of all states in which all household members have lived. (Use back of form if more space is needed.) _____

VEHICLE INFORMATION

Please list all automobiles, motorcycles, etc.

MAKE	MODEL	YEAR	COLOR	LICENSE NUMBER





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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than twelve (12) months. There are circumstances that would require the owner to verify information that is up to five (5) years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Fairfield Homes, Inc. 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. Fairfield Homes, Inc. 504 Coordinator is Rochelle Fosah at 603 West Wheeling Street, PO Box 190 in Lancaster, Ohio 43130. (740) 653-3583 or TTY 1-800-750-0750 has been designated to coordinate Limited English Proficiency and 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). EQUAL HOUSING OPPORTUNITY

I / We certify that all application information is true and complete to the best of my knowledge.

I hereby authorize Fairfield Homes, Inc. and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application, including rental, credit, criminal, employment and local law enforcement history.

Applicant Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

Other Household Adult Signature _____ **Date** _____

Community Manager Signature _____ **Date** _____

For use at Rural Development Properties Only

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity **Hispanic or Latino** **Not Hispanic or Latino**
Race (Mark one or more) **American Indian / Alaska Native** **Asian** **White**
 Black or African American **Native Hawaiian or Other Pacific Islander**





Gender Male Female

Applicant is responsible for notifying management of any changes in address, phone number, income or family composition and updating the application as needed to keep information current. Applicant should contact the rental office at least once every six (6) months to advise of continued interest in receiving housing.

This institution is an equal opportunity provider.

Rev. 10/06/21 – DH



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.