



**COVENANT HARBOR &  
COVENANT HARBOR II  
Rental Application**

<b>Office Use Only</b>
Date Received: _____
Time Received: _____
Number: _____
Staff Initials: _____

**All information below must be complete or the application will be sent back to you as incomplete, and you will not be placed on the waiting list.** If a question does not apply to you, write "NA" for "Not Applicable" as your response. If you need assistance understanding the application or need a reasonable accommodation to complete the application due to disability, please contact the Manager.

**PART 1: HOUSEHOLD MEMBER/FAMILY COMPOSITION INFORMATION**

If any applicant does not have a social security number, you may claim exemption if (1) you are an ineligible non-citizen; (2) if you were 62 years as of 1/31/10 and receiving HUD housing assistance as of 1/31/10. Please indicate on the Social Security Number line if this is the case for the respective individual.

Head of Household Member #1 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Household Member #2 Name: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If we are unable to contact you regarding your application, whom may we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>QUESTION: Mark "X" in YES or NO column to respond.</b>	<b>YES</b>	<b>NO</b>
All units have raised toilets and grab bars in the bathrooms. Is there any applicant who is disabled and needs other features of an accessible unit (i.e. mobility adapted, visual or hearing adapted, etc)?	<input type="checkbox"/> Mobility Unit <input type="checkbox"/> Visual Unit <input type="checkbox"/> Hearing Unit	
Do you anticipate any changes to your household composition (who will be living with you) in the next 12 months? If yes, describe:		
<p><b>IMPORTANT:</b> This property has implemented a <b>Smoke Free policy</b>. This means that <b>smoking is prohibited</b> in the unit, on patios, and in all indoor and outdoor common areas. This includes the parking lot, sidewalks, hallways, etc. The term 'smoking' means inhaling, exhaling, breathing, burning, carrying, or possessing any lighted cigar, cigarette, pipe, electronic cigarette or other tobacco product or similarly lighted product in any manner or in any form.  <i>Failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction).</i></p>		
What type of unit are you interested in?	<b>ONE BEDROOM</b>	



**PART 2: RENTAL HISTORY**

Please list all places you have lived for the **past 5 years**. If you need more space, use another sheet of paper.

Current Location Name: \_\_\_\_\_ Dates Resided-- From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Previous Location Name: \_\_\_\_\_ Dates Resided-- From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Previous Location Name: \_\_\_\_\_ Dates Resided-- From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

<b>QUESTION: Mark "X" in YES or NO column to respond.</b>	<b>YES</b>	<b>NO</b>
Do you currently live in subsidized housing?		
Were any applicants ever asked to allow or participate in extermination of pests other than regularly scheduled pest control (including roaches, bed bugs, rodents, etc)?		

**PART 3: GENERAL INFORMATION**

<b>QUESTION: Mark "X" in YES or NO column to respond. Provide details as necessary.</b>	<b>YES</b>	<b>NO</b>
Are you or any individual/s that will be residing in the unit a member of the Armed Forces?		
Have you or any applicants ever been evicted?		
If ever evicted, give details here:		
Are you or any individual that will be residing in the unit subject to a lifetime sex offender registration requirement <b>in any state</b> ?		
Have you or any individual that will be residing in the unit ever been convicted of a felony?		
List all the US states that each individual in the unit have resided here: Head of Household: _____ Household Member #2: _____		
Have you or any individual that will be residing in the unit ever filed bankruptcy?		
If ever filed bankruptcy, give details here:		
Do you have any pets?		
If you have pets, give details (kind, how many) here:		
How did you hear about our housing community? _____ Friend/Family _____ Genacross Website _____ Genacross Signs _____ Other (Give detail below)		



**PART 4: PRELIMINARY FINANCIAL INFORMATION**

All information must be completed to be placed on the waiting list for this site. It is very important that you list all income, including income from assets so that you are not placed on the waiting list in error.

Type of Income	Do you receive this income? Circle Yes or No		Gross Annual Amount (before deductions) Only answer if you receive this.
Social Security	YES	NO	\$
Pension	YES	NO	\$
Employment	YES	NO	\$

Type of Asset	Do you have this asset? Circle Yes or No		Asset (Face Value) Only answer if you have this asset.
Checking	YES	NO	\$
Savings	YES	NO	\$
CD	YES	NO	\$
IRA	YES	NO	\$
Stock/Bonds	YES	NO	\$
Annuity	YES	NO	\$
Whole Life Insurance	YES	NO	\$
Real Estate	YES	NO	\$

**TOTAL ANNUAL INCOME FROM ALL SOURCES**      \$ \_\_\_\_\_

**The current income limits are:**      **SINGLE**   \$34,200        **COUPLE**   \$39,100  

Upon receipt of the completed application, Genacross Lutheran Services will make a preliminary eligibility determination before adding a household to the waiting list or initiating final eligibility tasks. Genacross Lutheran Services will review the application to ensure that there are no obvious factors that would make the applicant ineligible. You incur no cost or obligation by returning this application. You will be contacted for a personal interview to start the income verification process when your name is approximately fifth (5<sup>th</sup>) on the list. It is your responsibility to contact us if you change your address or telephone number.

Information obtained by Genacross Lutheran Services will be used solely for the purpose of obtaining housing or services. No information will be released without consent of the resident or authorized representative.

**Federally mandated income limits apply.** The limits differ by county and are subject to change periodically. Income from all sources must be included. You will be required to document your income and assets. You must be a United States Citizen or Legal Alien. **You will need proof of this when called to begin the income certification process. Completing the preliminary financial information included in this form will assist you in determining your likelihood of eligibility. You will not be accepted for occupancy until all verifications / documentation are received and meets guidelines for residency.**



**PART 5: ATTESTATION**

I/We, the undersigned, agree that I/we have read and answered fully and truthfully each of the preceding questions for all members of the household for which the application is made, all of who are listed above.

I/We further understand that as part of the application process, criminal background, landlord references, and listed income sources will be checked. I/We agree to sign such separate authorizations as may be necessary to release pertinent information.

I understand that the Tenant Selection Plan is available upon request from the Manager.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Name (Print): \_\_\_\_\_

Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household Member Name (Print): \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Name (Print): \_\_\_\_\_

“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).

504 Coordinator: Melanie Moore  
2021 N. McCord Rd.  
Toledo, Ohio 43615  
419-344-7291

Covenant Harbor I and II complies with the letter and spirit of the Fair Housing Act that prohibits housing discrimination against persons based upon race, color, religion, national origin, sex, familial status, and disability.

**COVENANT HARBOR I**  
**234 Finke Road**  
**Oak Harbor, Ohio 43449**

**Phone: 419-898-6460**  
**Fax: 419-898-3056**

**COVENANT HARBOR II**  
**240 Finke Road**  
**Oak Harbor, Ohio 43449**

**Phone: 419-898-6460**  
**Fax: 419-898-3056**



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.