



**LUTHER WOODS
Rental Application**

Office Use Only	
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: _____

QUESTION: Mark "X" in YES or NO column to respond.	YES	NO
Is there any applicant who is disabled and needs the features of an accessible unit (i.e. visual or hearing adapted, grab bars, etc)?		
Do you anticipate any changes to your household composition in the next 12 months? If yes, describe:		
<p>IMPORTANT: This property has implemented a Smoke Free policy. This means that smoking is prohibited 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>		
Do you acknowledge that this property has a Smoke Free policy in the unit, on patios, and in all indoor and outdoor common areas?		
What type of unit are you interested in?	ONE BEDROOM	



PART 2: RENTAL/ADDRESS HISTORY

Please list all places you have lived for the **past 5 years**. If you need more space, use another sheet of paper. If you lived with family or owned your home, please indicate that.

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: _____

QUESTION: Mark "X" in YES or NO column to respond.	YES	NO
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

QUESTION: Mark "X" in YES or NO column to respond. Provide details as necessary.	YES	NO
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 in any state ?		
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:		



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 (5th) 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 6: 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).

Luther Woods 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.

**LUTHER WOODS
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