



# Over-the-Rhine Community Housing

114 W 14<sup>th</sup> Street  
Cincinnati, OH 45202  
(513) 381-1171  
(513) 381-1314 fax

220 East Clifton Ave  
Cincinnati, OH 45202  
(513) 369-0004  
(513) 369-0005 fax

## APPLICATION REQUIREMENTS

**\* Applications Accepted Tuesdays-Fridays 9:30 AM – 4:00 PM \***

### **NO INCOMPLETE APPLICATIONS WILL BE PROCESSED**

**If there is a ✓ next to item, you must provide the listed documentation before OTRCH can accept your application for processing; please ask if you have questions or concerns BEFORE submitting your application for processing.**

#### **Personal Identification**

- (1)  Social Security Card **Your Name:** \_\_\_\_\_
- (2)  Certified Birth Certificate
- (3)  Government Issued Picture Identification
- (4)  Original Blue Police Report for all adult members of the household & current within 30 days
  - a. Must be an ORIGINAL BLUE, no copies accepted
  - b. Additional police report required if resident of Hamilton County for less than 30 days
  - c. Juvenile police report needed for youth age 13 and older

#### **Residential History (for the past 3 years)**

- (1)  Current/Past Landlords
- (2)  Current/Past Mortgage Company
- (3)  Full Address
- (4)  Telephone Numbers (FAX numbers when available)

#### **Income Information (must include all sources of income)**

- (1)  30 days of paycheck stubs and/or letter from employer stating average monthly income
- (2)  TANF/Welfare/ADC verification for all household members receiving check
- (3)  Child Support printout or receipts for all household members receiving check
- (4)  Social Security/SSI award letter(s) for all household members receiving check
- (5)  Pension/Retirement award letter(s) for all household members receiving check
- (6)  Written verification of all other sources of income

#### **Utilities**

- (1)  Resident must be able to secure permanent gas and electric service in their name; if there is an outstanding balance with a utility company, applicant must pay balance and provide proof of same before application will be accepted

#### **Additional items needed:**

- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_

#### **If applying for Buddy's place / Recovery Hotel / Sharp Village SHH**

- (1)  Homeless Certificate
- (2)  Zero-income statement (if applicable) signed & notarized

#### **If you have a Section 8 Voucher:**

- (1)  Request for Tenant Approval Packet
- (2)  Case Manager name and telephone number

**We Do Business in Accordance with the Federal Fair Housing Laws**

**Staff Member :** \_\_\_\_\_

**Date:** \_\_\_\_\_



**OVER-THE-RHINE COMMUNITY HOUSING TENANT SELECTION PLAN**  
**READ CAREFULLY BEFORE COMPLETING APPLICATION**

**GENERAL:**

- (1) OTRCH offers affordable housing units in the Washington Park, East Clifton and Pendleton areas of Over-the-Rhine.
- (2) Rental applications are taken in our offices Mondays-Fridays from 9:30am-4:00pm.
- (3) If you have a special need that would make the completion of your application easier or a special housing accommodation requirement, let us know immediately.
- (4) OTRCH does not charge an application fee.
- (5) Applications are processed as housing becomes available.
- (6) OTRCH does not discriminate based on race, religion, ethnicity, color, gender, sexual orientation or familial status. OTRCH does business in accordance with the Federal Fair Housing Laws.

**INCOME:**

- (1) All of our available housing requires applicants to meet certain income qualifications:
  - \* If you are applying for subsidized housing, you are required to have a household income not exceeding 50% of area median income; additionally households must not be required to pay more than 40% of their household income for rent.
  - \* If you are applying for market rate housing, you are required to have a household income of 3 times the amount paid for rent (i.e. if your rent is \$500, your monthly income must exceed \$1500). Applicants applying for market rate housing and receiving on-going agency assistance do not have to meet the “3x” rule.
- (2) Verifiable proof of income must be provided by applicant.
- (3) Applications that do not meet basic income guidelines are subject to denial.

**CRIMINAL RECORDS:**

- (1) Applicants must provide an original criminal records check (no copies accepted) from their home county; if they have resided in their home county for less than 30 days, an original criminal records check from their previous home county must be provided; all criminal records checks are to be provided at applicants expense.
- (2) Applicants are subject to application denial for the following:
  - a) Felony conviction within the past 36 months
  - b) Domestic Violence conviction within the past 36 months
  - c) Registered sexual offender or sexual predator
  - d) Any drug felony conviction within the past 120 months
  - e.) Multiple misdemeanors within the past 12 months
  - f.) Multiple arrests (3 or more) for any drug-related misdemeanor or felony whether or not arrest resulted in conviction
  - g.) On-going criminal case that would, if convicted, result in a violation of one of the above criteria; case must be resolved before application will be considered
- (3) Special-program housing requirements may differ. Applicant will need to verify requirements if applying for special-program housing.

**AGE:**

- (1) At least one member of applicants family must be 18 years of age or older.
- (2) Applicants must provide a certified birth certificate for all members of the household.
- (3) All household members must be listed on the lease agreement regardless of age.

**Applicant's Initials:** \_\_\_\_\_

**RENTAL RECORDS:**

- (1) Applicants may be denied if there is evidence of an eviction during the preceding 36-month period.
- (2) Applicants may be denied if there is evidence of an outstanding debt due to a prior Landlord.
- (3) Applicants may be denied if there is evidence of negative rental history.

**UTILITIES:**

- (1) Applicants applying for housing requiring the securing of utilities in applicant's name must not have an outstanding gas and electric service bill from any utility company.
- (2) Applicants applying for housing requiring the securing of utilities in applicant's name that have an outstanding gas and electric service bill from any utility company will be disqualified until such time that they can demonstrate applicant can secure permanent utilities in applicant's name or qualify for housing where utilities are paid by Landlord, if applicable.

**PREFERENCES:**

- (1) Landlord may give preferences to persons that are currently homeless or facing eminent homelessness
- (2) Landlord may give preferences to persons that are currently participating in a homeless advocacy program.
- (3) Applicants applying for special-needs housing (i.e. Buddy's Place/Recovery Hotel) may not have to meet all outlined criteria; applicants applying for special-needs housing may be subject to additional guidelines. If applicant has questions concerning the necessary criteria and/or additional guidelines, applicant is encouraged to seek information before or during application process.

**PROCESS:**

- (1) Applications are accepted Tuesdays, Thursdays and Fridays between the hours of 9:00am-4:00pm at the Management Office(s).
- (2) All household members 18 years of age or older must submit a separate rental application.
- (3) Applications must be completed in full and submitted with **all** required documentation.
- (4) Application processing can take up to 30 days; applicants are asked to provide a contact telephone number; applicants are asked to contact Management Office every two weeks to check on status of application.
- (5) Denied applicants must wait 60 days before re-applying and must provide proof that their situation has changed.

By my signature below, I attest I have read, understand and believe that I qualify for housing at OTRCH under the terms of the Tenant Selection Plan as outlined and desire to submit an application to OTRCH for processing; I further understand it is my responsibility to provide all requested documentation required for processing and to check on the status of my application every 14 days. I must provide any updated information as it becomes available including changes of address, telephone number, financial status and/or familial status.

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APPLICANT'S SIGNATURE

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DATE

OTRCH Tenant Selection Plan 02/08



# Rental Application

**For Office Use Only: (fill in all that apply)**

SV \_\_\_ SVA \_\_\_ BP/RC \_\_\_ WP \_\_\_

EC \_\_\_ Other \_\_\_ Unknown \_\_\_

Date Housing Needed: \_\_\_\_\_

Sc8 Voucher  Yes  No

Currently homeless  Yes \_\_\_ No

Staff Initials: \_\_\_\_\_

**Directions to Applicant: All blanks must be filled in on this application. Enter “None” or “N/A” for those questions which do not apply to you. Include all members who you believe will occupy the apartment at least 50% of the time during the next 12 months. Use the back of the pages to record additional information if there is not enough room on the front. Proof of identity and social security cards must be provided for all household members. All adults must sign/date a separate application.**

## PART I Family Composition- To be Completed by Head of Household

Last Name	First Name	SSN	Date of Birth	Relation to Head	Sex	Student
1. (HOH) _____	_____	- -	_ / _ / _	_____	M F	Yes/No
2. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
3. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
4. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
5. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
6. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
7. _____	_____	- -	_ / _ / _	_____	M F	Yes/No
8. _____	_____	- -	_ / _ / _	_____	M F	Yes/No

**Do you expect a change in family size within the next twelve months or is there a family member temporarily absent from your home?  Yes  No If yes, explain:**

\_\_\_\_\_

**Would you or members of your household benefit from a handicapped accessible unit?  Yes  No If so, describe requested accessibility needs:** \_\_\_\_\_

\_\_\_\_\_

**INITIALS** \_\_\_\_\_

**PART II General Information- To Be Completed By All Adult Family Members**

**Your Printed Name:** \_\_\_\_\_

**Current marital status:** \_\_\_ Never Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Married \_\_\_ Widowed

**Have you ever been evicted?**  Yes  No **If yes, explain (include date, address, reason, landlord name):**

\_\_\_\_\_

**Do you have more then one eviction?**  Yes  No

**If yes, how many?** \_\_\_\_\_ (evictions will be verified through public record)

**Have you ever been asked to leave from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures or for any other reason?**  Yes  No

**If yes, explain (include date, address, reason, landlord name) :** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No **If yes, explain (include date, charge)**

\_\_\_\_\_

**Have you ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?**  Yes  No **If yes, explain (include date, charge):**

\_\_\_\_\_

**Do you now live or have you ever lived in subsidized housing?**  Yes  No **If yes, where & when?**

\_\_\_\_\_

**Will this be your only place of residence?**  Yes  No

**Have you ever filed for bankruptcy?**  Yes  No **If yes, explain (when, where, Chap 7 or 13):**

\_\_\_\_\_

**What is the condition of your current housing? (Check all that apply)**

\_\_\_ Standard \_\_\_ Unsafe/Unhealthy \_\_\_ Homeless \_\_\_ Living with Parents \_\_\_ No Indoor Plumbing/Kitchen

**Do you have any pets?**  Yes  No **If yes, list type:** \_\_\_\_\_

**Do you need subsidized housing:**  Yes  No **Do you have a Section 8 Voucher:**  Yes  No

**Our market rate housing requires that you have a monthly income of “3x” the monthly rent. For example, if your monthly rent is \$400, your monthly income would have to be \$1200. Complete the below information to see how much rent you can afford to pay for market rate housing with OTRCH:**

\$ \_\_\_\_\_ divided by 3 = \$ \_\_\_\_\_ (calculator available upon request)  
YOUR MONTHLY INCOME AFFORDABLE MONTHLY RENT AMOUNT

**Your contact information:**

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **Message Number:** \_\_\_\_\_

**INITIALS** \_\_\_\_\_



**PART IV Employment History- To Be Completed By All Adult Family Members**  
**You Must Provide One (1) year of Employment History**

Are you currently employed?  Yes  No

If "YES", complete Section A and B; if "NO", but have been previously employed, complete Section B; if you have no history of employment, initial bottom of page and go on to page 8

**SECTION A**

Current Employer: \_\_\_\_\_  
Name Address City/State/Zip Telephone

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Average # of Hours Per Week \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_/per hour  
MM/DD/YEAR **OR** Salary: \$ \_\_\_\_\_/per week

Is this a temporary position  Yes  No

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**SECTION B**

Previous Employer: \_\_\_\_\_  
Name Address City/State/Zip Telephone

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
MM/DD/YEAR MM/DD/YEAR

Average # of Hours Per Week \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_/hr **OR** Salary: \$ \_\_\_\_\_/week

-----  
Previous Employer: \_\_\_\_\_  
Name Address City/State/Zip Telephone

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Average # of Hours Per Week \_\_\_\_\_  
Hourly Rate: \$ \_\_\_\_\_/hr  
**OR** Salary: \$ \_\_\_\_\_/wk

Is this a temporary position  Yes  No

-----  
Previous Employer: \_\_\_\_\_  
Name Address City/State/Zip Telephone

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
MM/DD/YEAR MM/DD/YEAR

Average # of Hours Per Week \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_/hr **OR** Salary: \$ \_\_\_\_\_/week

**Use Back of Page if Needed**

**INITIALS** \_\_\_\_\_

**PART V Income/Asset Information-To Be Completed By All Adult Family Members**

Do you or any member of your family receive additional income?  Yes  No If yes, explain:

<u>Type</u>	<u>Amount</u>	<u>How Often (i.e. weekly, monthly)</u>
Social Security (SS)	\$ _____	_____
Supplemental Security Income (SSI)	\$ _____	_____
TANF	\$ _____	_____
Gifted Income from _____	\$ _____	_____
Pension/Retirement	\$ _____	_____
Settlement	\$ _____	_____
Dividends	\$ _____	_____
Cash on Hand	\$ _____	n/a
Other: _____	\$ _____	_____

Any other income?  Yes  No If yes, list type/amount/source: \_\_\_\_\_

Do you (or any minor household member) have any of the following assets:

Checking Account  Yes  No In whose name is account held: \_\_\_\_\_  
 Name/branch/address of financial institution: \_\_\_\_\_

Savings Account  Yes  No In whose name is account held: \_\_\_\_\_  
 Name/branch/address of financial institution: \_\_\_\_\_

Whole Life Insurance Policy  Yes  No If yes, amount/value: \$ \_\_\_\_\_  
 Name/Address of Insurance Company: \_\_\_\_\_

401K/Keough/Retirement Account:  Yes  No If yes, amount/type: \$ \_\_\_\_\_

Name/Address of Account Administrator: \_\_\_\_\_

In case of Emergency, you would want us to contact (you must list two):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

INITIALS \_\_\_\_\_

I, the undersigned, am submitting the attached rental application for housing to Over-The-Rhine Community Housing (OTRCH) and state that I have read and answered fully and truthfully each of the preceding questions for all members of the Household, all of whom are listed above and who are to occupy the apartment in the above Section 42 rental development for which application is made. I understand that providing false information or making false statements may be grounds for denial of my application. I further understand that as part of the application process my credit report may be obtained without further authorization. I authorize verification of my rental history, employment history, income and asset history and any other information that may be pertinent to the processing of my application for housing and/or to establish my eligibility for the Low Income Housing Tax Credit Program and agree to hold harmless any persons providing information as outlined above including but not limited to information that may be of a negative nature. I have not been made promise to or received promise of available housing and understand that applications are not necessarily processed on a first come, first serve basis.

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Telephone Number



**For Office Use Only: (applicant gets copy of completed form- original stays with application)**

**Date Housing Needed:** \_\_\_\_\_ **Currently homeless:**  Yes  No

**CMHA/Sc8 Voucher:**  Yes  No **BP/RH:**  Yes  No

**Prospective Housing Address (if known):** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**APPLICANT-PLEASE NOTE:**

**KEEP THIS RECEIPT THROUGHOUT THE APPLICATION PROCESS –  
IT IS YOUR ONLY RECORD OF APPLYING FOR HOUSING AT OTRCH**

Your application has been submitted and accepted for processing by OTRCH, Inc.; if you have not received a letter/phone call from OTRCH, Inc. within 14 days, contact the appropriate office at (513) 381-1171 (114 W. 14<sup>th</sup> Street) or (513) 369-0004 (220 E. Clifton Avenue). If your application is found to have missing information/documentation, you must submit missing information/documentation within 14 days of today-failure to do so will result in cancellation of your application processing. If your application is denied, you may request, in writing, the reason for denial and request a re-evaluation if circumstances are different than presented. If your application is denied, you will have to wait 60 days to re-apply.

\_\_\_\_\_  
OTRCH Representative Signature/Printed Name

OTRCH, Inc.