



Preble County Apartments
308 Eaton Lewisburg Road
Eaton, Ohio 45320

Eagle's Nest Apartments
530 South Street
Eaton, Ohio 45320

Camden Commons Apartments
110 West Central Ave
Camden, Ohio 45311

Dear Applicant:

Thank you for considering our Apartments as your next possible place to live. Our community is a subsidized housing complex governed by OHFA Rules & Regulations. Accordingly, there will be several requirements you must meet to qualify for residency at our community.

Our community consists of 14 units located at Camden Commons. Rent at Camden Commons is \$385 (One bedroom) \$410 (Two bedroom) and \$440 (Three bedroom). We also have 32 units located at Eagle's Nest. Rent is \$435 (Two bedroom) \$460 (Three bedroom). You must have income to reside in our community and there are minimum and maximum income limits. We perform credit checks, criminal background check and prior landlord checks on all applicants prior to their approval.

Please complete the enclosed application to the best of your ability. If you do not understand an item, please leave it blank and we will complete it when we meet to review your application. **Do not date** any of the documents in application packet until we meet. The documents will be dated at that time. Once you have completed the application, please contact our office at 937-456-6769 during normal business hours and we will set a mutual agreeable time to meet, review the application and start the process. Once your appointment has taken place, your application will be held on file for 120 days. If you wish to remain on the waiting list after 120 days, you will need to re-apply.

A \$15 application fee is required to process any housing application. The application fee will be used to run a criminal history report and credit report through our contracted reporting services. It is due once a unit is available that meets your income criteria. You will be notified by phone/or postal service. We do not accept cash. Payment must be made in the form of a Money Order or Certified Check made out to Preble County Apartments.

Thank you very much for your time and cooperation. Please feel free to contact me with any question you may have about our community or the application process.

Sincerely,

Marion Upton

Marion Upton
Property Manager



Camden Common's and Eagle's Nest Apartments

Instructions for Resident Applications

This community is a Low-Income Housing Tax Credit Property. This means that applicants must not exceed the maximum household income limits set by Section 42 of the Internal Revenue Service. Household exceeding the income limits will be denied by law.

PLEASE READ AND FOLLOW ALL INSTRUCTIONS

Print legibly all entries using a blue or black ink pen. All items must be answered with either relevant information or N/A (not applicable) where you have no information that applies. If you need to make a correction, draw one line through the incorrect information, then print the correct information above the error. Initial and date that you have made this change.

Please complete the following document as indicated:

- Affordable Housing Tax Credit Application (each adult member of household)
- Sworn Income and Asset Statement (each adult member of household)
- Physical disability (one per household)
- Student Certification (each adult member of household)
- Authorization for Release of Information

Minimum Monthly Income Requirements

for **Camden Commons** Apartments

1 Bedroom	\$770.00
2 Bedroom	\$820.00
3 Bedroom	\$880.00

Minimum Monthly Income Requirements

for **Eagle's Nest** Apartments

2 Bedroom	\$870.00
3 Bedroom	\$920.00

Maximum Monthly Income Allowable

Occupant

1	\$1,908.33
2	\$2,183.33
3	\$2,454.17

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

You will need to bring these documents to your appointment:

Driver License/Picture ID

Social Security Card/ Birth Certificate

Most recent 6 months of Checking Account Statements
(all pages)

Most recent Saving Account Statement

Most recent Award Letter Social Security

Employment Pay Stubs (most recent four to six pay
stubs)

Pension/Annuity a copy of most recent benefit check or
direct deposit letter

Documentation of any Stocks, bonds, real estate
property, IRA, mutual funds, trust funds or assets of any
kind.

Affordable Housing Tax Credit Application

Each prospective adult tenant must complete a separate application.

List all persons who will occupy the unit. Identify who will be the Head of Household and the relationship of all other members to the Head of Household.

Last Name, First Name, MI	Age	Sex	Relationship to Head of Household (HOH)	Date of Birth	*Full-Time Student (Yes or No)	Social Security Number

*Full-Time Student Status includes K-12.

Contact Information for Prospective Tenant

Head of Household Name:		ALTERNATIVE CONTACT	
HOH Contact Phone #:		Secondary Contact Name:	
HOH Cell Phone #:		Secondary Contact Phone #:	
Leave a Message? (Y or N)		Secondary Contact Relationship to HOH:	

Please check your preferred contact method: ☐ Telephone ☐ Cell Phone ☐ USPS

1. What style of apartment do you prefer, including the number of bedrooms? **Check all that may apply.**
 - a. Camden Commons Apartments (Camden, Ohio)
 - ☐ 1 Bedroom
 - ☐ 2 Bedrooms
 - ☐ 3 Bedrooms
 - b. Eagle's Nest Apartments (Eaton, Ohio)
 - ☐ 2 Bedrooms
 - ☐ 3 Bedrooms
2. Are you at least 55 years of age? ☐ Yes ☐ No
 - a. **Due to the tax credit regulations of Preble County Apartments, all residents must be 55 years of age or older, regardless of disability.** Exceptions for non-minor residents may apply, if married to the Head of Household or serving as a verified Live-In Caregiver to Head of Household.
3. When are you seeking to move? _____
4. Will this rental unit be your permanent residence? ☐ Yes ☐ No



- a. If "No", please explain:

5. Are any household members temporarily absent? ____ Yes ____ No
a. If "Yes", please explain, providing their name and date of return to the household:

6. If you have minor children in the household, do you have full custody of the children? ____ Yes ____ No
7. Do you expect a change in family size in the future? ____ Yes ____ No
a. If "Yes", please explain change and anticipated date of change:

8. Is there anyone residing with you currently who will not be residing with you at Preble County Apartments?
____ Yes ____ No
a. If "Yes", please explain:

9. Would you, or anyone in your household, benefit from a unit specifically designed for those with mobility, hearing, or visual impairment(s)? ____ Yes ____ No
a. If "Yes", would you like additional information on such a unit? ____ Yes ____ No
10. Do you have a service animal? ____ Yes ____ No
a. If "Yes", what species and breed? _____
b. Weight at maturity? _____
11. Do you own a pet? ____ Yes ____ No
a. If "Yes", what species and breed? _____
b. Weight at maturity? _____
12. Have you ever filed bankruptcy? ____ Yes ____ No
a. If "Yes", please provide the date you filed and the discharge date: (Month and Year)

13. Have you ever been arrested? ____ Yes ____ No
a. If "Yes", please explain the circumstances and when:

14. Have you ever been convicted of a crime or incarcerated? ____ Yes ____ No
a. If "Yes", please explain the circumstances and when:

15. Have you ever been evicted or threatened with an eviction? ____ Yes ____ No
a. If "Yes", please explain:



Residential History

Current Address: _____
Street City State ZIP

- Move-In Date: _____ to Present
- Do you rent or own this property? (Check one) _____ Rent _____ Own
 - If you rent this property, please provide the following:
 - Landlord Name: _____
 - Landlord's Address: _____

 - Landlord's Phone: _____

Previous Address: _____
Street City State ZIP

- Move-In Date: _____ to _____ (Move-Out Date)
- Do you rent or own this property? (Check one) _____ Rent _____ Own
 - If you rent this property, please provide the following:
 - Landlord Name: _____
 - Landlord's Address: _____

 - Landlord's Phone: _____

Previous Address: _____
Street City State ZIP

- Move-In Date: _____ to _____ (Move-Out Date)
- Do you rent or own this property? (Check one) _____ Rent _____ Own
 - If you rent this property, please provide the following:
 - Landlord Name: _____
 - Landlord's Address: _____

 - Landlord's Phone: _____

Preble County Apartments requests the last five (5) years of rental history. If additional space is needed to list former residences, please utilize the back of this form.



How did you hear about us? (Check One):

- ☐ Classified Ad
- ☐ Billboard
- ☐ Drive By
- ☐ Current Resident: _____
- ☐ Agency: _____
- ☐ Other: _____

Ethnic Information

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 Federal laws prohibiting discrimination against resident applications on the basis of race, color, national origin, religion, sex, familial status, 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 evaluation your application or to discriminate against you in any way.

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White/Caucasian ☐ African American ☐ American Indian

☐ Alaskan Native ☐ Asian ☐ Pacific Islander

☐ Other: _____ ☐ I choose not to disclose this information.

Certifications and Acknowledgements

I certify that the information and statements provided are true and complete, to the best of my knowledge and belief. I consent to release the information in order to qualify for the Section 42 Affordable Housing Tax Credit Program. I understand that providing false information or making false statements may be grounds for denial of my application. I understand my application will be used to verify my income and/or assets, in compliance with the Tax Credit Program. I understand and agree that my signature below this certification authorizes Preble County Apartments to proceed in processing my application.

Warning: Section 1010 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

Applicant Signature

Date

Signature for Agent/Owner

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call: (800)795-3272 (voice) or (202)720-6382 (TDD).



Applicant / Tenant Sworn Income and Asset Statement



NOTE: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

Name: _____ S.S. #(last 4 digits): _____
Date: _____

Document Yes answers with third party verification.

Income Source	I have or I receive the following: (Check YES or NO)		Monthly Amount	Notes
Job 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Job 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Self Employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Pension / Veteran's Administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
TANF/ AFDC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Workers Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Educational Financial Assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____

Do you receive regular or periodic payments from:

Persons not Living in the Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____
			Holder/Provider _____	
Trust, Annuity, or Other Claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount _____	Frequency _____
			Holder/Provider _____	

Do you currently receive Assistance with your housing payment? Yes ☐ No ☐
If yes; Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony?
(This means there is an order for you to receive child support or alimony, not pay support to someone else) Yes ☐ No ☐ ORDERED AMOUNT \$ _____

Are you currently receiving child support or alimony? Yes ☐ No ☐ AMOUNT RECEIVED \$ _____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? Yes ☐ No ☐ N/A ☐
List State _____ and County _____ where granted.

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes ☐ No ☐



Applicant / Tenant Sworn Income and Asset Statement



Asset Source
Yes No

<input type="checkbox"/> <input type="checkbox"/>	Do you have a Checking Account?	6 Month Avg. Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/> <input type="checkbox"/>	Do you have a Savings / Holiday Account?	Balance	\$ _____	Interest Rate	_____
<input type="checkbox"/> <input type="checkbox"/>	Do you have a Certificate of Deposit (CD)?	Cash Value	\$ _____	Interest Rate	_____
<input type="checkbox"/> <input type="checkbox"/>	Do you have a Direct Express @ Card? (or any card where benefits or pay are deposited)	Balance	\$ _____		
<input type="checkbox"/> <input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$ _____		
<input type="checkbox"/> <input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	Do you have IRA, 401K, or Keogh Accounts?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ _____	Annual Earnings	\$ _____
<input type="checkbox"/> <input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the box? _____	Cash Value	\$ _____		
<input type="checkbox"/> <input type="checkbox"/>	Do you have any Personal Property held as on Investment? **	Cash Value	\$ _____		
<input type="checkbox"/> <input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash Value)	Cash Value	\$ _____		

Current Status/Intention: ☐ Keeping ☐ Selling ☐ Renting ☐ Being Foreclosed ☐ Giving Away

Notes: _____

<input type="checkbox"/> <input type="checkbox"/>	Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)	When _____	Amount _____
<input type="checkbox"/> <input type="checkbox"/>	Do you have Whole Life Insurance or Universal Life Insurance policies?	Cash Value	\$ _____ Annual Earnings \$ _____
<input type="checkbox"/> <input type="checkbox"/>	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?	If yes, list items: _____ Date: _____	
<input type="checkbox"/> <input type="checkbox"/>	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)?	If yes, please provide:	
	Type _____	Value \$ _____	Where Held _____ Annual Yield _____
	Type _____	Value \$ _____	Where Held _____ Annual Yield _____
	Type _____	Value \$ _____	Where Held _____ Annual Yield _____

Total of Net Family Assets \$ _____ (Total Value of Assets Listed Above)

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant / Lessee

Date

Owner / Management Agent Signature

Date



APPLICANT / TENANT SWORN INCOME AND ASSET STATEMENT



INCOME AND ASSET SOURCES CONTACT INFORMATION

Applicant / Tenant Name: _____

Type of Income or Asset*: _____

Company: _____

Street Address: _____

City, State, Zip _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Income or Asset*: _____

Company: _____

Street Address: _____

City, State, Zip _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

Type of Income or Asset*: _____

Company: _____

Street Address: _____

City, State, Zip _____

Telephone Number: _____

Fax Number: _____

Account Number: _____

* Types of Income includes
but are not limited to:

Employment, Social Security, SSI, Pension, Unemployment Benefits, Worker's Comp, Child Support,
Alimony and Other

Types of Assets includes
but are not limited to:

Checking Accounts, Savings Accounts, Certificates of Deposit, Stocks, Bonds, Money Market / Mutual
Funds, IRA Accounts, Keogh Accounts, 401K Accounts



AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: The Preble County Apartments may use this authorization and the information obtained with it, to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization: I authorize the above named organization to obtain information about me or my family that is pertinent to the rental of property owned and/or managed by the organization.

Information Covered-Inquiries may be made about:

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment/Income/Pensions/Assets	Residences and Rental History
Federal/State/Tribal/Local Benefits	

Individuals/Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions	Utility Companies
Courts	Welfare Agencies
Law Enforcement Agencies	Providers of: Alimony
Credit Bureaus	Child Care
Employers, Present and Past	Child Support
Landlords	Credit
Schools and Colleges	Handicapped Assistance
U.S. Social Security Administration	Medical Care
U.S. Department of Veterans Affairs	Pensions/Annuities

Computer Matching Notice & Consent:

I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Security Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Community Action Partnership

Printed Name

Signature

Date

Printed Name

Signature

Date

Physical Disability/Impairment Certification

In accordance with the Tax Credit Program, **Preble County Apartments**, is required to report households and/or reserve a specific number of apartments in which at least one family member experiences a physical or mental impairment which substantially limits one or more major life activities, such as but not limited to walking, learning or working. The property may be required to confirm with a medical professional. The property is not permitted to inquire about the specificity of the impairment.

Please check the appropriate statement, complete, sign and date.

☐ At least one family member experiences a physical or mental impairment which substantially limits one or more major life activities, such as but not limited to walking, learning or working.

The person's name with the disability is: _____

To confirm, please contact the medical professional: _____

The medical professional's contact information is:

Telephone Number: _____

Fax Number: _____

Street Address: _____

City, State, ZIP: _____

_____	_____	_____
Signature	Name Printed	Date

OR

☐ I choose not to disclose this information.

☐ However, our household would benefit from a unit specifically designed for those with mobility, hearing, or visual impairment. Please provide additional information.

_____	_____	_____
Signature	Name Printed	Date

OR

☐ No member of my household has any disabilities.

_____	_____	_____
Signature	Name Printed	Date

Affordable Housing Tax Credit Application: Receipt for Application Fee

Per the policy of Preble County Apartment and Miami Valley Community Action Partnership of the Greater Dayton Area a \$15.00 Application Fee is required to process any housing application for Eagle's Nest Apartments or Camden Commons.

The \$15.00 fee will be used to run a Criminal History Report and Credit Report through our contracted reporting service. This fee is payable by money order or certified check and due at the time the application is processed. Cash will not be accepted.

Please make money order payable to: **Preble County Apartments.**

To process the application fee, please complete the following steps:

1. Accept payment from the applicant, via money order certified check only.
 2. Complete the bottom of this form---it should be signed by both MVCAP employee and the applicant.
 3. Make a copy of this form and give to the applicant. The applicant will receive a letter from the Site manager regarding their application status within 10 days of the completed application and payment.
 4. Place original copy of this form with the Certified check or money order in Site manager mail box.
-

Applicant Name: _____

Applicant Address: _____

Applicant Phone#: _____

Payment Type: _____ Certified Check _____ Money Order

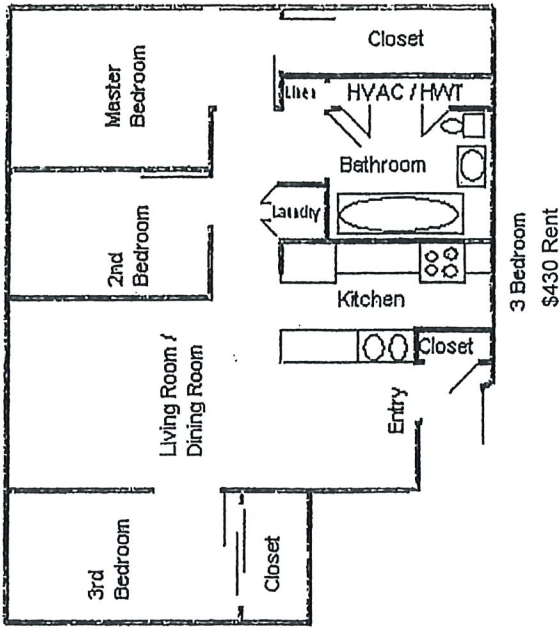
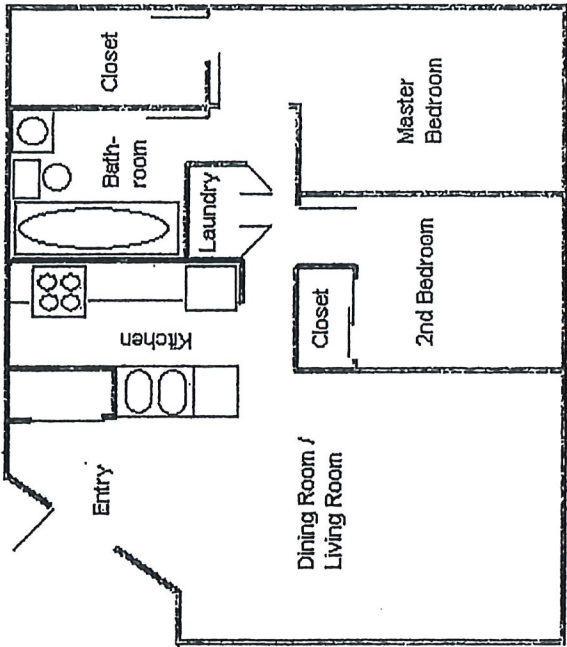
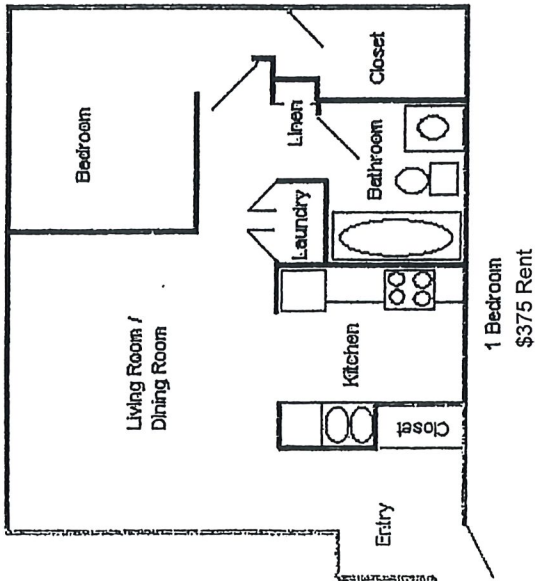
Date Payment Received: _____

I hereby certify payment of the Application Fee for the Affordable Housing Tax Credit Application for Preble County Apartments. I understand this fee is non-refundable and is required to process my application.

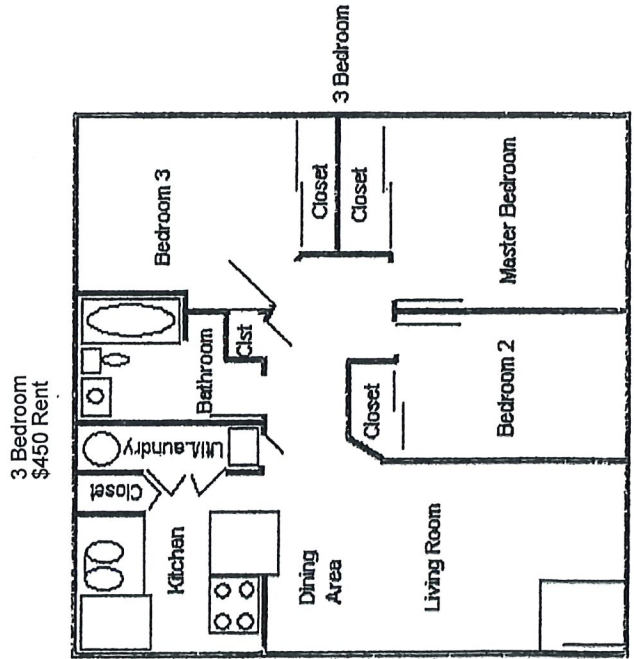
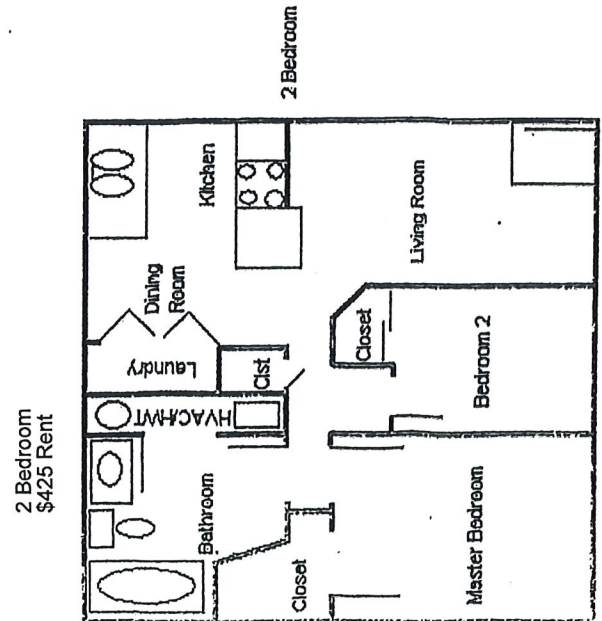
Applicant Signature: _____

MVCAP Staff Signature: _____

CAMDEN COMMONS FLOOR PLANS



EAGLES NEST FLOOR PLANS



Camden Commons Senior Apts. Eagles Nest Senior Apts.
110 Central Avenue 532 South Street
Camden, OH Eaton, OH

Phone: 937-456-6769
Fax 937-456-2341
Marion.Upton@mvcap.com