



1120 N. Huntington St.
Medina, Ohio 44256
www.medinacreativehousing.com



Medina Creative Living III – 1 bedroom units - Off Grande Blvd.

PRELIMINARY APPLICATION

Please complete this preliminary application thoroughly. As soon as we receive this back to the office, you will be added to the wait list. At the time when you become the next person on the list to move in, you will receive a call to come in to the office and complete a Rental Application and be interviewed to ensure you qualify for housing.

HEAD OF HOUSEHOLD: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of birth: _____ Age: _____

Source of Disability: _____

Current Telephone Number: _____

Income:

What is your monthly gross income? _____

Please include Social Security Income, Disability, Pension, Unemployment, Regular contributions from people not residing with you. (ALL income must be provided)

Preference of the size of unit you are interested in: _____ Bedroom size

Do you have a case manager? _____

Name / Contact Number: _____

Do you have a legal guardian? _____

Name and contact number: _____

**PLEASE PROVIDE GUARDIANSHIP PAPERS SO THAT WE MAY SPEAK TO YOUR
GUARDIAN.**

Requirements for acceptance into the subsidized housing program: **All applicants must be 18 years of age or older and have a qualifying disability as defined in the HUD regulation (24 CFR 891.305 and 891.505).** If you are under the age of 18, you can only apply six months prior to your 18th birthday.

I hereby CERTIFY that the information stated in this application is true and correct to the best of my knowledge. I understand and agree that if any of the information I have provided in this application is found to be incomplete, incorrect or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and / or owner's agent to verify the income, employment and asset information; to conduct a credit check; to call previous landlords; and to verify any other information that I have provided on this application. I further understand that this application does not guarantee housing.

Applicant Signature: _____

Date: _____

PENALTIES FOR MISUSING THIS CONTENT: 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, the PHA, and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties or unauthorized disclosures or improper uses of information collected, based on the consent form. Any person who knowingly or willfully 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 \$5,000.00. 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, the PHA, or the owner responsible for the unauthorized disclosure or improper use. This housing community does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(a)(6),(7)&(8). Violation of these provisions is cited as violations of 42 U.S.C. 208(a) (6), (7) & (8).

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