

# Northend Gardens

720 / 730 N. 7<sup>th</sup> Street – Steubenville, Ohio 43952 - phone 740-314-8049

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ SS # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ # years at this location? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Landlord \_\_\_\_\_ phone # \_\_\_\_\_

**Previous address (if less than 5 years at current address)**

\_\_\_\_\_ City, State, Zip \_\_\_\_\_

Previous Landlord \_\_\_\_\_ phone # \_\_\_\_\_

Please list all individuals (including yourself) who will be living in the unit

Name	SS#	Date of Birth
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1 _____	_____	_____
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2 _____	_____	_____
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3 _____	_____	_____
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1: Email: \_\_\_\_\_

**Required for Screening:**

Driver's License or State ID - State \_\_\_\_\_ Number \_\_\_\_\_

2: Email: \_\_\_\_\_

**Required for Screening:**

Driver's License or State ID - State \_\_\_\_\_ Number \_\_\_\_\_

1: Current employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Start Date: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_Yes \_\_\_\_No / Any current charges pending? \_\_\_\_Yes \_\_\_\_No

2: Current employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Start Date: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_Yes \_\_\_\_No / Any current charges pending? \_\_\_\_Yes \_\_\_\_No

**Emergency Contact:**

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

*Please note: Federal regulations provide for special consideration for applicants with a handicap or disability. Examples of this could include eligibility for special consideration for persons with mobility handicaps when mobility handicap suites are available or hearing or sight disability when sensory suites are available. If you believe that you or someone who will be living in the home has a handicap or disability that would qualify you for special treatment under Federal regulations, you may indicate this here. You are not required to give this information.*

*\_\_\_\_ I believe that I (or a member of my household) have (has) a handicap or disability which should be considered.*

*This handicap or disability is: \_\_\_\_\_.*

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse/Co-applicant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner Agent: \_\_\_\_\_ Date \_\_\_\_\_

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## AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Purpose:** Northend Gardens, LLC and/or Bridgeview 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:**

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

**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 managed by Jefferson Place Apartments.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-head Signature

\_\_\_\_\_  
Date

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## RESIDENT SELECTION POLICIES

Northend Gardens, LLC (NG), and its agents are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing programs in which there are no barriers to obtaining housing due to race, color, religion, sex, handicap, familial status, or national origin.

It is the policy of NG to accept and process all applications for residency without discrimination from any person wishing to do so. The system by which such applications are approved and rejected will at all times conform to local, state, and federal laws governing equal housing and equal credit opportunity.

All applications will be reviewed within the rules and guidelines of the Department of Housing and Urban Development for any particular program available. All applications will be reviewed regarding prior rental history, credit, earnings, and other financial data which reflect the ability of the applicant to pay the required rent and adhere to lease requirements.

It is the policy of NG to accept only one application at a time for each available apartment on a first-come, first-serve basis. A unit will be considered rented and not available while any application is pending. Only when an application is rejected will the unit then be available for rental to the next applicant. It is the policy of NG to place all eligible applicants on a waiting list when no unit of appropriate size is available.

You will be denied housing if:

- You misrepresent any information or fail to supply required information on the application. IF misrepresentation is found after a lease agreement has been executed, management reserves the right to use all administrative remedies at its disposal.
- If at any time you or any prospective household member has ever been convicted for the illegal manufacturing of a controlled substance, or if in the past five (5) years you or any prospective household member has been convicted of a crime involving drug related criminal activity including distribution and/or use.
- If you or any prospective household member is currently engaging in the illegal use of a drug, or there is reasonable cause to believe that a household member's illegal use or pattern of using drugs or abusing alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- If you or any prospective household member is subject to lifetime registration requirements under a state sex offender registration program.
- If at any time you or any prospective household member has been convicted of a crime using a weapon against another individual or have committed other criminal activity that would threaten the health, safety of the owner, any employee, contractor, subcontractor, or agent of the owner who is involved in housing operations or have a history of engaging in violence against others.
- In the last seven years you have been convicted of any type of crime that would be considered a threat to real property or the health, safety, or the ability of other residents to peacefully enjoy their premises.
- Previous landlords report significant complaint levels of noncompliance activity including but not limited to:
  - Failure to pay rent on time; Repeated disturbance of neighbor's peaceful enjoyment of the area; Reports of gambling, prostitution, illegal activities involving drugs; Damage to the property beyond normal wear; Reports of violence or threats to landlords or neighbors; Allowing persons not on the lease to reside on the premises; Previous landlords would be disinclined to rent to you again for any reason pertaining to the behavior of any household member or others allowed on the property during your tenancy.
- Your credit is not satisfactory.
- Your household does not meet the minimum income requirement of a gross income of one and one-half (1.5) times the monthly rental fee or is not receiving rental assistance from an outside source (i.e., Section 8 through a local housing authority) if minimum income requirement is not met.

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The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. By signing below, I acknowledge that I have received 1) the Notice of Occupancy Rights under VAWA Form 5380 outlining the rights afforded residents and applicants that have been a victim of domestic violence, dating violence, sexual assault, or stalking and 2) the VAWA Certification of Domestic Violence Form 5382.

I(we) have read and understand the Northend Gardens Apartments Resident Selection Policies.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Optional Information:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Is a handicap-accessible unit needed for a household member who has a physical disability? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

Current Annual Household Income from All Sources – Include Wages, Social Security, Child Support, Etc. for **All** Household members

Source	\$ Gross Monthly Amount \$
	\$
	\$
	\$

I prefer a unit on the following floor: *\*based upon availability*

\_\_\_\_\_ first \_\_\_\_\_ second \_\_\_\_\_ third \_\_\_\_\_ fourth \_\_\_\_\_ no preference

I currently live: \_\_\_\_\_with family \_\_\_\_\_own home \_\_\_\_\_rental property \_\_\_\_\_public housing \_\_\_\_\_Section 8 \_\_\_\_\_homeless

How did you hear about our properties or who referred you? \_\_\_\_\_

I(we) certify that the foregoing information is true, complete, and correct, and understand that submitting this Application does not guarantee an apartment and will not be processed until the application fee(s) has/have been submitted.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date