



Greenville Housing Partners
Fox Run Senior Apartments
1230 Adrien Avenue
Greenville, Ohio 45331
Phone: 937 316-8025
Fax: 937 316-8026
Darkecountyhousing@mvcap.com

Greenville Manor Ltd. Partnership
Willow Place Apartments
1350 Benden Way
Greenville, Ohio 45331
Phone: 937 316-8489
Fax: 937 316-8005
Darkecountyhousing@mvcap.com

Dear Applicant:

Thank you for considering Fox Run Senior Apartments as your next possible home. Our community is an affordable housing complex under the Tax Credit Program governed by the Ohio Housing Finance Agency. Accordingly, there will be several requirements you must meet to qualify for tenancy at our community.

Fox Run Senior Apartments consist of 60 apartments. We have 44 2-bedroom units and 16 3-bedroom units. You must have income to reside in our community and there are minimum and maximum income limits. You also must be 55 years of age or over to qualify for our units. We perform credit checks, criminal background checks, and prior landlord check on all applicants prior to their approval.

Please complete the 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. **Sign application, but do not date any of the documents in the application packet until our meeting. DO NOT USE WHITE OUT ON THIS APPLICATION, or scribble out any mistake, draw a line through the mistake and initial.**

Applications can be returned in the "Rent Drop Box" located outside of the Leasing Office. Once we have received and reviewed your application you will be contacted via postal mail an application "accepted" or "denied" letter.

When an apartment becomes available here at Fox Run Senior Apartments, you will be notified to set up an appointment.

- **2-bedroom rents for \$567.00**
- **3-bedroom rents for \$619.00**
- **Gas and Electric are paid for by resident**
- **Water, Sewer, and Trash are by us**
- **Deposit is equal to first month's rent. A deposit is required at time of final approval or application. The \$25.00 application fee will then be subtracted from your deposit.**
- **All adults must fill out an application**

Sincerely,

Scott Lopez
Property Manager



To file a Civil Rights program discrimination complaint, complete the USDA Program Discrimination Complaint Form, found online at www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by U.S. mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.



FOX RUN SENIOR APARTMENTS

INSTRUCTIONS FOR RESIDENT APPLICATION

PLEASE READ AND FOLLOW INSTRUCTIONS BEFORE FILLING OUT APPLICATION

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. Households exceeding the income limits will be denied by law.

Print legibly all entries using a blue or black ink pen, no application will be accepted in colored ink. **Do not use white out of any kind on the application.** If white out is used the application will be denied. All items must be answered with relevant information or with N/A (Not Applicable) where you have no information that applies. If you need to make a correction, draw one line through the mistake and initial. Do not scribble through a mistake, this will also be cause for a denied application. Any application not completely filled out will be denied as an incomplete application. Sign the application, but do not date the application, all pages must be returned, including the two cover pages. Incomplete or messy applications will be denied by the office.

Please complete the whole application and bring to Fox Run Senior Apartments leasing office. If the office is not open, please put in the Rent Drop box beside the front door.

All applicants age 18 and over must fill out an application regardless of if you are working or not working.

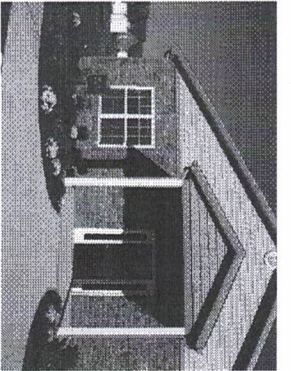
INCOME MINIMUM REQUIREMENTS FOR OCCUPANCY is \$12,625.00

MAXIMUM INCOME ALLOWABLE FOR OCCUPANCY

OF OCCUPANTS FOR HOUSEHOLD

1.....	\$34,860.00
2.....	\$38,840.00
3.....	\$44,820.00
4.....	\$49,800.00
5.....	\$53,820.00
6.....	\$57,780.00

*****WARNING: Section 1001 of the 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.**

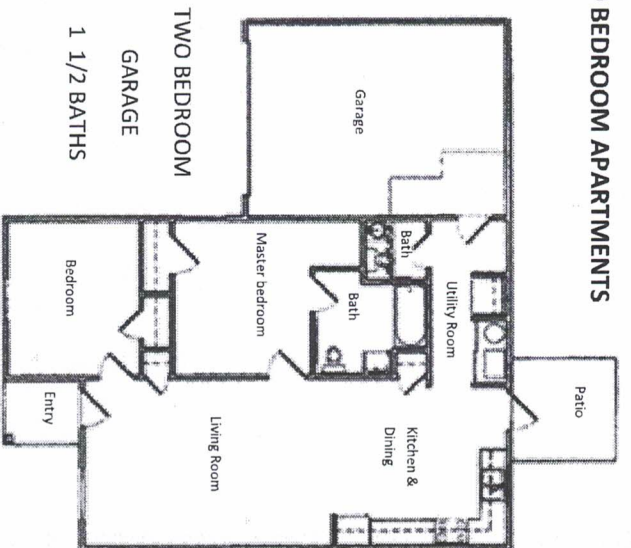


Affordable Living with Unmatched Amenities

Apartments are equipped with many "senior friendly" solutions to better your day-to-day living experience.

- ATTACHED GARAGES
- ON SITE COMMUNITY CENTER
- ON SITE PROPERTY MANAGER
- APPLIANCES—REFRIGERATOR, STOVE & DISPOSAL
- LAWN CARE & SNOW REMOVAL
- WALL-TO-WALL CARPETTING
- LAUNDRY ROOMS WITH WASHER & DRYER HOOK UP
- VAULTED CEILINGS
- CEILING FANS
- FRONT PORCH AND REAR PATIOS
- DEDICATED PERSONAL PLANTING AREAS
- PET FRIENDLY COMMUNITY
- DUSK-TO-DAWN SECURITY LIGHTING
- ATTIC STORAGE
- CENTRAL AIR CONDITIONING
- BATHROOM SECURITY GRAB BARS
- PLENTY OF CLOSET SPACE
- WALK TO SHOPS AND RESTAURANTS
- PLANNED ACTIVITIES AT COMMUNITY CENTER
- HANDICAP ACCESSIBLE / ADAPTABLE

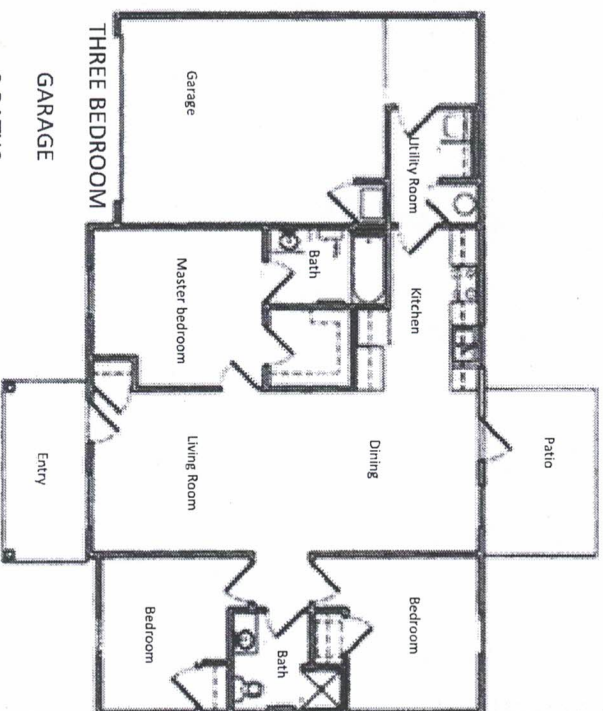
ONE OR TWO BEDROOM APARTMENTS



TWO BEDROOM

GARAGE

1 1/2 BATHS



THREE BEDROOM

GARAGE

2 BATHS

Simplify your life....

Come be a part of our community.....

Affordable Housing Tax Credit Application

Each adult applicant must complete a separate application.

List all person who will occupy the unit. Identify who will be the head of household and the relationship of all members to the head of household.

Last Name, First Name, MI	Age	Sex	Relationship to Head	Date of Birth	*Full-time Student Yes or No	Social Security Number

*Includes K through 12

Contact Information

Contact Name:		Primary E-mail Address:	
Contact Phone #:		Secondary E-mail Address:	
Cell Phone #:		Other Contact:	
Best Time to Reach:		Other Contact Phone:	

Please check the preferred contact method:

- Telephone
 Cell Phone
 E-Mail
 Cell Phone

General Information

1. What style of apartment do you prefer including the number of bedrooms?

2. When are you seeking to move? _____
3. Yes No Will this rental unit be your permanent address?
4. Yes No Is anyone in your household in your household disabled?
Please list whom: _____
5. Yes No Would you or anyone in your household benefit from a unit specifically designed for those with mobility, hearing or visual impairment? If yes, would you like additional information from management on such a unit? Yes No
6. Yes No Do you have a service animal?
If yes, what specie and breed? _____
Weight at maturity? _____



7. Yes No Do you own a pet?
If yes, what specie and breed? _____
Weight at maturity? _____
8. Yes No Are any household members temporarily absent? If yes, please provide name and
date of their return _____
9. Yes No If you have minor child(ren), do you have full custody?

10. Yes No Do you expect a change in family size in the future? If yes, explain change and
provide expected date of change: _____
11. Yes No Is there anyone living with you now who won't be living with you at this property?
If yes, please explain: _____
12. Yes No Have you ever filed bankruptcy? If yes, date filed and date of discharge:

13. Yes No Have you ever been arrested? If yes, explain when and why:

14. Yes No Have you ever been convicted of a crime or incarcerated? If yes, explain:

15. Yes No Have you ever been evicted or threatened with eviction? If yes, explain:



Residential History

Current Address: _____
Street City State Zip

Rental / Own (Mortgage) Move-In Date: _____ to Present
Please circle one

If rental, name of landlord: _____
Landlord's Address: _____
Landlord's Phone Number: _____

Previous Address: _____
Street City State Zip

Rental / Own (Mortgage) Move-In Date: _____ to Move-Out Date: _____
Please circle one

If rental, name of landlord: _____
Landlord's Address: _____
Landlord's Phone Number: _____

Previous Address: _____
Street City State Zip

Rental / Own (Mortgage) Move-In Date: _____ to Move-Out Date: _____
Please circle one

If rental, name of landlord: _____
Landlord's Address: _____
Landlord's Phone Number: _____

CAPGDA request the last five (5) years of rental history, if additional space is needed to list five (5) full years, please provide on a separate sheet of paper.

How did you hear about us? Classified Ad Display Ad Billboard Drive-By
 Special Event _____ Agency _____
 Current Resident Other _____





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

Name: _____

S.S.# (Last four digits): _____

Date: _____

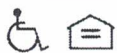
Document **YES** answers with third party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	<input type="radio"/> Yes <input type="radio"/> No		
Job 2	<input type="radio"/> Yes <input type="radio"/> No		
Self-Employment <i>Includes sources such as and others: App Based Driving Services (e.g. Uber, DoorDash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video platforms (e.g. YouTube)</i>	<input type="radio"/> Yes <input type="radio"/> No		
Social Security	<input type="radio"/> Yes <input type="radio"/> No		
Supplemental Security Income (SSI)	<input type="radio"/> Yes <input type="radio"/> No		
Pension / Veteran's Administration	<input type="radio"/> Yes <input type="radio"/> No		
TANF/ AFDC	<input type="radio"/> Yes <input type="radio"/> No		
Trusts, Annuities, Inheritance, Pensions, Insurance Policies or similar Periodic Payments, or Disbursements? <i>If yes, list sources: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Recurring, even if sporadic, non-monetary in-kind donations from outside the household	<input type="radio"/> Yes <input type="radio"/> No		
Child Support	<input type="radio"/> Yes <input type="radio"/> No		
Alimony	<input type="radio"/> Yes <input type="radio"/> No		
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No		
Educational Financial Assistance	<input type="radio"/> Yes <input type="radio"/> No		
Do you receive recurring payments from persons not living in the unit? <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Peer-to-Peer Payment Systems <i>(e.g. PayPal, Venmo, Blockchain, Square, etc.)</i> <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Other:	<input type="radio"/> Yes <input type="radio"/> No		

Do you currently receive, or are applying for, Assistance with your housing payment? Yes No
If yes; Agency Name? _____

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

Are any of the above-listed income sources ending this coming year and will not repeat? Yes No *If yes, list sources: _____*





ASSET SOURCES

Non-Necessary Personal Property

YES	NO			
<input type="radio"/>	<input type="radio"/>	Do you have a Checking Account?	Current Balance:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Savings/Holiday Account?	Current Balance:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Certificates of Deposit (CD)?	Cash Value:	Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Direct Express [®] Card? <i>(or any card where benefits or pay are deposited)</i>	Balance:	
<input type="radio"/>	<input type="radio"/>	Do you have Cash on Hand?	Amount:	
<input type="radio"/>	<input type="radio"/>	Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Internet Based Funding? (e.g. GoFundMe)	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Stocks, Bonds, Revocable Trusts or Annuities?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Money Market or Mutual Funds?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Treasury Bills?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have a Safe Deposit Box? What is held in the Box?		Cash Value:
<input type="radio"/>	<input type="radio"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.</p> <p>If yes, list type below:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>		<p>1. Cash Value: _____</p> <p>2. Cash Value: _____</p> <p>3. Cash Value: _____</p> <p>4. Cash Value: _____</p> <p>5. Cash Value: _____</p>
<input type="radio"/>	<input type="radio"/>	Have you received any Lump Sum Amounts (e.g. inheritances, capital gains, lottery winnings, insurance settlements)?	Source:	Date: Amount:
<input type="radio"/>	<input type="radio"/>	Do you have Whole Life Insurance or Universal Life Insurance?	Cash Value:	Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Other:		
<input type="radio"/>	<input type="radio"/>	Have you received a federal tax refund for refundable tax credit in the past 12 months? If yes, amount received: _____		



YES	NO	
<input type="radio"/>	<input type="radio"/>	Do you own Real Property, e.g. a Home, Rental Property or other Capital Investments? <i>(Market Value less unpaid balance and selling costs = Cash Value)</i>
		Current Status/Intention: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Being Foreclosed <input type="checkbox"/> Giving Away Notes:
<input type="radio"/>	<input type="radio"/>	Have you disposed of any assets for more than \$1,000 below their Fair Market Value (FMV), given away or otherwise transferred ownership of assets within the last two years? Do not include separation, divorce, bankruptcy, or foreclosure. If yes, list items: _____ Date: _____

Cash Value:

Total Value of Non-Necessary Personal Property: \$ _____*

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

*Refer to the \$50,000 in Assets Self-Certification Form

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

Applicant/Tenant Signature

Date

Printed Name

Owner/Owner Agent Signature

Date

Printed Name

Under penalty 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.



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 Employment, Social Security, SSI, Pension, Unemployment Benefits, Worker's Comp, Child Support, Alimony and Other but are not limited to:

Types of Assets includes Checking Accounts, Savings Accounts, Certificates of Deposit, Stocks, Bonds, Money Market / Mutual Funds, IRA Accounts, Keogh Accounts, 401K Accounts but are not limited to:





TO BE COMPLETED BY ALL APPLICANTS/TENANTS 18 AND OVER

Applicant/Tenant: _____

Have you, are you or will you be a student this calendar year? (HUD/HOME, LIHTC) Yes No
"Student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses or those pursuing a GED. If you are not sure, please mark "yes" and the property management company will verify your student status, as well as any exceptions that you claim.

If you answered NO, please skip the following questions and sign below.

If you answered Yes, please complete the following questions:
1. Are you a full-time student? (Will you or have you attended school for five months or more this calendar year with a full-time status? The months do not need to be consecutive.)
2. Are you married? (HUD/HOME, LIHTC)
3. Are you a single parent with a child(ren)?
If yes:
a. Are you a dependent of someone else? (LIHTC)
b. Is your child(ren) a dependent of someone other than a parent? (LIHTC)
4. Are you receiving assistance under Title IV of the Social Security Act (e.g.TANF)? (LIHTC)
5. Are you enrolled in a government-sponsored job training program (e.g. Job Corp, AmeriCorp)? (LIHTC)
6. Were you previously in foster care at any time through the age of 18? (LIHTC)

The following questions apply only to households applying for/assisted by a HUD or HOME program. If you are not applying for/assisted by a HUD or HOME program, please skip the remaining questions and sign below.

7. Are you disabled?
If yes, were you receiving Section 8 assistance as of November 30, 2005?
8. Are you over 23 years of age?
9. Do you have a dependent child(ren)?
If yes, does your child(ren) live with you at least 50% of the time?
10. Are you a veteran of the Armed Forces of the United States or currently serving on active duty in the Armed Forces other than training purposes?
11. Will you be living with your parents?
a. Are your parents receiving or eligible to receive Section 8 assistance?
b. Are you claimed as a dependent on your parent's tax return?
c. Do you receive financial assistance from your parents?
12. Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?
If no:
a. Were you an orphan or a ward of the court through age 18?
b. Are you a graduate or professional student?
13. Are you receiving any financial aid to pay for your education?

Owner/owner agent is responsible for reviewing Student Independence Verification Requirements.

Signature _____

Date _____

Under penalty 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.



Physical Disability/Impairment Certification

In accordance with the Tax Credit Program Fox Run Senior 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 is substantially limits one or more major life activities, such as but not limited to walking, learning, or working. The Fox Run Senior Apartment management 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 professionals' contact information is:

Telephone: _____

Fax Number: _____

Street Address: _____

City, State, Zip: _____

Signature

Printed Name

Date

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

Printed Name

Date

OR

No member of my household has any disabilities.

Signature

Printed Name

Date