

The Woda Group Rental Application

(Market Rate Only)

Community Name: Wellington Place

Phone Number: 419-523-9200

Email Address: WellingtonTerrace@wodagroup.com

PLEASE READ AND FOLLOW THESE INSTRUCTIONS
THE SITE MANAGER CAN ASSIST WITH ANY QUESTIONS CONCERNING YOUR APPLICATION TO THIS COMMUNITY

Print legibly or type all entries. All “Yes or No” questions must be answered with “Yes or No” and provide explanation for given response as requested. Other questions must be answered with either applicable 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 and initial and date the change. *Absolutely no white-out is permitted on the form.* Provide complete street address, zip code, phone number and fax number (if known), for all addresses that are requested. Incomplete information can delay the processing of your application for housing.

Each adult member of the household must sign and certify to the completeness and accuracy of the information provided in this application.

All pages of this application must be completed and returned in order to begin the processing of this application. If you are completing this application online or away from the rental office it will be necessary to deliver the application to the manager in order to secure a position on the waiting list or to begin processing for an available apartment/home. The application can be delivered via mail, email as an attached pdf document or in person. It will be necessary to meet with the site manager or leasing agent to review and complete all necessary paperwork required by our company.

It is critical that we have current contact information so we may reach you. You should notify us immediately if any changes occur to the following information:

- Your household income changes
- Household composition changes (household member moves out or a new person is added to your household)
- You move to a new address or have a new telephone number

Your credit, criminal background and landlord reference reports will be evaluated on the basis of the criteria set forth by Woda Management & Real Estate, LLC (Woda Cooper Companies, Inc). This criteria is outlined in the resident selection policy available in the rental office. You must have verifiable income of two and a half times the monthly rent to be eligible for the unit that you have applied for; unless your household receives rental assistance.

If you have been denied occupancy at any Woda Cooper Companies managed property within the last six months or should you owe money to any Woda Cooper Companies managed property, your application will not be considered for occupancy until the six months has expired or money owed has been repaid to Woda Management & Real Estate, LLC.

“Woda Management & Real Estate, LLC, a division of Woda Cooper Companies, Inc. are an Equal Opportunity Housing provider. We do not discriminate against any applicant on the basis of race, color, national origin, age, disability, religion, sex and familial status, sexual orientation, gender identity (including gender expression), marital status and reprisal.”



<i>For Office Use Only</i>	
Date Received:	_____
Time Received:	_____ AM / PM
Mgr. Signature:	_____

The Woda Group Rental Application

(Market Rate Only)

Wellington Terrace

Applicant Name: _____	
Previous Names (maiden, alias, previous married, pre-adoptive): _____	
Address: _____	City _____ State _____ Zip Code _____
Phone Number: _____	<input type="checkbox"/> N/A Email Address: _____ <input type="checkbox"/> N/A
Cell Phone Number: _____	<input type="checkbox"/> N/A Will you accept our text message? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Best time and method for us to contact you? _____	

How many bedrooms are you requesting? 1-BR 2-BR 3-BR 4-BR Other (Please Specify): _____

How did you hear about our community? _____

Desired Move-In Date: _____ **OR** **ASAP**

Yes No **Do you wish to have priority for an apartment with special design features for persons with disabilities?**

Household Composition						
<i>List all household members who will live in the apartment within the next twelve months. Be sure to include any temporarily absent family members who are still considered family members and who will be returning to the household.</i>						
Last Name	First Name	Middle Initial	Relationship to Head of Household	Gender M/F	Social Security Number	Date of Birth (mm/dd/yyyy)
			Head of Household			

*Copies of **BIRTH CERTIFICATES** and **SOCIAL SECURITY CARDS** for ALL household members along with **VALID DRIVER'S LICENSE** or **VALID STATE I.D.** for ALL adult household members will be required to process this application for occupancy. You may be required to provide criminal background verifications if management is unable to obtain a copy.*

Yes No **Do you expect any changes to your household composition in the next twelve months?**
If yes, please explain: _____

Yes No **Is there any temporarily absent family members not listed above?**
If yes, please explain: _____

HOUSEHOLD SOURCE OF INCOME:

(Must be able to demonstrate that the household's income is at least two and one-half time the rent)

Employment Wages or Salaries?

Job 1 Household Member at this Employer: _____
 Name of Employer: _____
 Address: _____
 Phone Number: _____ Email Contact: _____
GROSS INCOME: \$ _____ Weekly Monthly Yearly

Job 2 Household Member at this Employer: _____
 Name of Employer: _____
 Address: _____
 Phone Number: _____ Email Contact: _____
GROSS INCOME: \$ _____ Weekly Monthly Yearly

Other income source: Yes No

Household Member Receiving Benefit(s): _____
 Name of Source: _____ Type of Source: _____
 Source Address: _____
 Source Phone Number: _____
GROSS INCOME: \$ _____ Monthly Other (Explain): _____

OTHER INFORMATION:

- Yes No **Does your household currently have a Section 8 Voucher for rental assistance?** If yes, please list name of agency: _____
- Yes No **Are you able to obtain utility service in your name?**
- Yes No **Do you have or plan to obtain renters insurance?** *Renters insurance is recommended.*
- Yes No **Have you or any member of the household been evicted, or are currently under eviction from a rental unit?** If yes, please explain: _____
- Yes No **Do you owe a previous landlord any money?** If yes, please list name: _____
- Yes No **Have you or any member of the household been charged or convicted of a felony?**
- Yes No **Are you or any member of the household registered on a sex offender registry (national or state)?**
- Yes No **Have you or any member of the household ever filed for a Bankruptcy?** If yes, please list under what name: _____ AND when _____
- Yes No **Have you or any member of the household ever had a foreclosure on Real Estate?** If yes, please list property address: _____ AND when _____
- Yes No **Have you or any member of the household has had a drug related conviction?** If yes, please list under what name: _____ AND when _____
- Yes No **Do you or any member of the household have pets?**
If yes, description of pet: _____

EMERGENCY CONTACT: (LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION)

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone Number: _____ Email Address: _____ N/A
 Relationship: _____

VEHICLES: How many vehicles do you own? None 1 2 Other: _____

(Please provide vehicle information below). *If more than 2 vehicles, please provide the same information on an additional page.*

- 1) YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE PLATE #: _____ STATE _____
- 2) YEAR _____ MAKE _____ MODEL _____ COLOR _____
 LICENSE PLATE #: _____ STATE _____

CURRENT RESIDENTIAL HOUSING REFERENCES:

(List the past Five Years of history including the time at current residence)

Current Residency Information				
Street Address	City	State	Zip Code	County
Mailing Address (Please check below, and list mailing address if different from current residency address)			Monthly Payment:	
<input type="checkbox"/> If different from current residency address listed above insert here. _____			\$	
<input type="checkbox"/> If same as current residency address listed above check this box.				
Daytime Phone	Email Address	Own/Rent		Date of Move-In
()		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family		____/____/____
Current Landlord's Name	Landlord's Address	Landlord's Contact Phone Number		
		()		

Previous Housing History if Current Residency is less than FIVE YEARS:				
Landlord's Name/Address	Your Address	Own/Rent	Dates Occupied	
Name: _____	_____	<input type="checkbox"/> Own	FROM: _____	
Address: _____	_____	<input type="checkbox"/> Rent	TO: _____	
_____	_____	<input type="checkbox"/> Other _____		
City State Zip	City State Zip			
Phone: () _____	Monthly Rent/Mortgage: \$ _____			
Name: _____	_____	<input type="checkbox"/> Own	FROM: _____	
Address: _____	_____	<input type="checkbox"/> Rent	TO: _____	
_____	_____	<input type="checkbox"/> Other _____		
City State Zip	City State Zip			
Phone: () _____	Monthly Rent/Mortgage: \$ _____			

SIGNATURE CLAUSE:

I/We hereby apply to the above named community for an apartment on substantially the terms set forth herein. I/We warrant to Ownership and Management of the property that all statements contained herein are true and correct. I understand that my acceptance for occupancy is contingent on meeting management, resident selection criteria, and LIHTC Program requirements. I grant the community authority to check my/our credit, income, assets, rental and criminal history, to secure follow up credit reports and income and asset verifications, and to answer questions about its credit experience with me/us. I/We understand that management is relying on this information to prove my household’s eligibility for the LIHTC Program. **I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud and will be grounds for rejection of this application or for eviction.**

Management makes every attempt to ensure that an apartment is available when promised. If Management cannot have an apartment for me/us by the projected move-in date, whether it is not ready for occupancy or because another resident holds over or for any other reason, Management and Ownership are not liable to me/us for losses or damages incurred due to the delay. I/We will not be required to pay any rent until the beginning term of occupancy as specified on the executed lease. If Management and/or Ownership are not able to deliver possession to me/us within thirty days of the original projected date, I/we may cancel the lease without further obligation and any security deposit paid in advance will be refunded within thirty days.

I/We hereby waive any claim to damages by reason of non-acceptance of my application for housing. If rejection of my/our application occurs for the rental of an apartment with the above community, I/we hereby authorize you to share information with any community affiliated with management or the ownership of this community for purposes related to rental of an apartment or residency of any type.

I/We agree that I/we have the legal ability to execute a lease agreement. I/We certify that the apartment will be my/our principal residence and will not sublease this residence. Tenant provided utilities can and will be placed under my/our legal responsibility (if applicable). Before possession is delivered I/we will be required to pay the balance of any deposits and other move-in costs in the form of a check or money order. **NO CASH WILL BE ACCEPTED.**

ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN (INCLUDING SPOUSE UNDER THE AGE OF 18 AND EMANCIPATED MINORS):

_____	_____
Head of Household	Date
_____	_____
Co-Head/Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Manager	Date

Authorization to Release

Consent:

I/We, _____, the undersigned hereby authorize the release of any information requested by Wellington Place for purposes of verifying information on my rental application.

Credit and Criminal Activity	Identity and Marital Status	Student Status
Residences and Rental Activity	Income (including employment if applicable) and Assets	Social Security Numbers
Family Composition	Federal/State/Tribal/Local Benefits	Medical Allowances

The groups or individuals, including any governmental organization, may be asked to release and/or verify the above information (depending on program requirements) including but not limited to:

Courts and Post Offices	Past and Present Employers	Present Landlord
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Veterans Administration	Welfare Agencies	Retirement Systems
Social Security Administration	Utility Companies	Banks and Other Financial Institutions
Previous Landlords (Including PHA's)	Education Institutes	Support and Alimony Providers
Health Care Providers	Life Insurance Agent	

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect.

SIGNATURES:

Applicant/Resident Signature	Print Name	Date
Co-applicant/Resident Signature	Print Name	Date
Adult Member Signature	Print Name	Date
Adult Member Signature	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.