



CITY WEST

1202 Linn Street
 Cincinnati, OH 45203
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<http://www.citywestohio.com>

APPLICATION

Your Name: _____
 (The person listed here should be a head of the household. Please list this person and any co-head of household in the chart below.)

Your Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

I. Members of the Household

Please indicate the bedroom size of unit for which you wish to be considered: _____
 Please note that certain types of units are only available in certain parts of the community.

Approximately when would you like to establish residency at City West? _____

List the names of the people in your household including yourself, students temporarily away at school, or live-in aides:

Name	Relationship to Head	Birth Date	Sex M/F	Social Security Number:
	Head of Household			
	Co-Head of Household			

Are any of the members of the household listed above full-time students: Yes No

If, yes, please list the names of any full-time students and the schools they attend:

Name	School (Name of School and Address)

II. Rental History

Please provide your entire rental history for the **past FIVE years**.

Current Residence	Dates of Residence	# of Years	Landlord's Name, Address, Phone
Street Address: City, State, Zip:	From: To:		
If you have not lived at your current address for five years or more, you must complete the following:			
Previous Residences During the Last 5 Years:	Dates of Residence	# of Years	Landlord's Name, Address, Phone
Street Address: City, State, Zip:	From: To:		
Street Address: City, State, Zip:	From: To:		
Street Address: City, State, Zip:	From: To:		

How much are you currently paying in monthly rent? _____

Does your monthly rent amount include utilities? Yes No

III. Employment/Income

Please provide employment and income information for any member of the household receiving income:

	Head of Household	Co-Head of Household	Other Household Member: _____ (Name)
Name of Employer:			
Employer's Address:			
Employer's Phone/Fax:			
Job or Position:			
Start date of Employment:			
Salary/Pay:	\$ _____ per _____ (hour/week/month)	\$ _____ per _____ (hour/week/month)	\$ _____ per _____ (hour/week/month)
Additional Jobs (please describe)			
Other Income:			
Pension/Retirement	\$ _____ per month Name/Address of Pension:	\$ _____ per month Name/Address of Pension:	\$ _____ per month Name/Address of Pension:
Alimony/Child Support	\$ _____ per month Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per month Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Insurance	\$ _____ per month Name/Address of Source:	\$ _____ per month Name/Address of Source:	\$ _____ per month Name/Address of Source:
Social Security/SSI	\$ _____ per month	\$ _____ per month	\$ _____ per month
Unemployment	\$ _____ per month	\$ _____ per month	\$ _____ per month
TANF/AFDC	\$ _____ per month	\$ _____ per month	\$ _____ per month
Other Income	\$ _____ per month Source:	\$ _____ per month Source:	\$ _____ per month Source:

IV. Credit History and Assets

Please provide information regarding any bank accounts, retirement accounts, IRA's, CDs or other assets belonging to any member of the household:

Member of Household	Name and Address of Financial Institution	Type of Account	Approximate Balance

Do you or any household member own real estate either as sole owner or jointly with another party? Yes No

V. Other Household Information

Do you expect any changes in your household composition or in other information (income, employment, etc.) provided in this application in the next year? Yes No If yes, please explain:

Does your household have a Section 8 voucher, or have you applied for a Section 8 voucher? Yes No

Does anyone in your household need the features of an accessible unit? Yes No

Are you applying for the residences dedicated to senior citizens? Yes No If yes, you will need to fill out an Affordable Unit Application Supplement available at the City West Property Management office.

Are you applying for a reduced rent or rental assistance? Yes No If yes, you will need to fill out an Affordable Unit Application Supplement available at the City West Property Management office.

Total Household Annual Income for last year: \$ _____

VI. Certification

Please read each item carefully before signing this form.

1. I hereby certify that the information provided in this application form is correct to the best of my knowledge.
2. I understand that additional information and verifications may be necessary to complete the admission process, and also that I may be required to fill out this form again or update certain information as my name approaches the top of the waiting list.
3. I hereby give CITY WEST, as management agent, authorization to verify the information on this application form.
4. I understand that making intentional false statements or misrepresentations on this application form is grounds for rejection of this application.

Sign below (all members of the household 18 years or older must sign this application form):

Name

Date

Name

Date

Name

Date