

201 Mound Avenue Milford, Ohio 45150-1098 (513) 831-3262

Dear Prospective Resident:

Thank you for your interest in our community! SEM Villa offers affordable senior living for residents 62 years and older. Rent is based on 30% of income + meal program charge. With beautiful grounds and on & off site activities planned by our full time Activities Director, there is something for everyone to enjoy! SEM Villa is a Pet Friendly community. We also have a full time Service Coordinator to help you schedule any services you may need. SEM Villa not only provides a healthful, active and sociable living experience for persons of retirement age, but an affordable one too.

Our current monthly rates being charged are as follows:

Rent	30% of the residents adjusted income
Food	\$ 350.00
A/C & Refrigerator	\$ 10.00

SEM Villa is a "housing only setting" with no licensed services, for applicants 62 years of age or older to be eligible annual income must be below \$36,700 for one person or \$41,950 for two persons.

An application is enclosed. Please complete the entire application and return to:

SEM Villa 201 Mound Avenue Milford, OH 45150

If you have any further questions please give us a call at (513) 831-3262.

UPDATE	I	INITIAL APPLICATION DATE				
	T	TIME			(OFFICE USE ONLY)	
APPLICATION FOR ADMISSION	SEM VI	<u>LLA</u>				
APPLICANT NAME					_	
ADDRESS						
CITY	STATE			ZIP		
TELEPHONE ()						
NAMES AND TELEPHONE OF TV  I NAME			CONTA	ACT IF UNABLE TO	REACH YOU:	
					1122111011011	
<b>2.</b> NAME	TELEPHON	NE			RELATIONSHI	
. LIST THE HEAD OF HOUSEHOL NAME	BIRTHDATE	AGE	WHO W			
TVAVIL	DIKTIDATE	AGE	SLA	SOCIAL SECONT	TOWNDER	
2. RACE OF HEAD OF HOUSEHO WHITE BLACK A ASIAN/PACIFIC ISLANDER						
3. ETHNICITY OF HEAD OF HO	USEHOLD	_ HISPAN	NIC	NON-HISPANIC		
4. DO YOU HAVE PETS?Y	TESNC	) IF	YES, W	HAT KIND?		
5. HOW MANY VEHICLES DOES	THE FAMILY	OWN?_				

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
MAKE	MODEL	YEAR	COLOR	LICENSE PLATE
6. DO YOU EXPI	ECT A CHANGE IN	YOUR HOUSEHOLD C	OMPOSITION?	YESNO
7. IS HEAD OF H	OUSEHOLD OR SP	OUSE HANDICAPPED	OR DISABLED?	YESNO
8. PLEASE IDEN	TIFY ANY SPECIAI	. HOUSING NEEDS YO	OUR HOUSEHOLD HAS	S:
PRESENT LAND	<u>LORD</u>			
NAME		TELEPHONE	·	
ADDRESS				
PREVIOUS LANI	<u>DLORD</u>			
NAME		TELEPHONE	·	
ADDRESS				
ASSET INFORMA	ATION:			
1NAME OF BANK		TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
2NAME OF BANK		TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
3NAME OF BANK		TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
NAME OF DAIN		TITE OF ACCOUNT	ACCOUNT NUMBER	DALANCE
DO YOU OWN A	HOME OR REAL ES	STATE?YES	NO IF YES VAL	UE
	OSED OF ANY ASSI		FAIR MARKET VALUE	DURING THE
IF YES LIST AMO	DUNT \$	DATE OF DIS	POSAL	

INCOME STATUS:		
GROSS MONTHLY SOCIAL SECURITY	\$	
SSI	\$	
GROSS MONTHLY PENSION	\$	
GROSS MONTHLY EMPLOYMENT	\$	
VETERANS PENSION	\$	
INTEREST EARNED MONTHLY ON BANK ACC STOCKS, IRA, ETC	*	
OTHER INCOME	. \$	
TOTAL PROJECTED MONTHLY INCOME	\$	
TOTAL PROJECTED ANNUAL INCOME	\$	
MEDICAL EXPENSES:		
DO YOU HAVE MEDICAL INSURANCE?	YES	_NO
IF YES LIST (PLEASE NOTE, LIFE INSURANCE	NOT APPLICABLE)	
1		
NAME OF INSURANCE COMPANY	MONTHLY/QUARTERLY	PREMIUM
2NAME OF INSURANCE COMPANY	MONTHLY/QUARTERLY	PREMIUM
EVICTION:		
HAVE YOU EVER BEEN EVICTED?	YESNO	
IF YES, PLEASE EXPLAIN		
HAVE YOU EVER LIVED IN SUBSIDIZED HO	USING IN THE PAST? _	YES NO
HAVE YOU OR ANY MEMBER OF YOUR HOUND OR FELONY? YES NO	USEHOLD BEEN CONVI	CTED OF A MISDEMEANOR
ARE YOU A LIFETIME REGISTERED SEX OF	FFENDER?	_ YESNO
LIST ALL STATES YOU HAVE LIVED IN?		

LIST OTHER NAMES KNOWN BY:		
ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE?	YES	NO
WAITING LIST		
I/WE UNDERSTAND THE MANAGEMENT OF THIS PROPERTY CANNO WAIT WILL BE ON THE WAITING LIST.	T DETERMINE HO	OW LONG MY
APPLICANT CERTIFICATION		
I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORM TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLIC SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CRED CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OR INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REAND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WAS A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFUNDER FEDERAL LAW.	MATION IS BEING I/WE AUTHORIZE CATION. I UNDERS DIT HISTORY, CIVI , EMPLOYMENT/S VTHER NECESSAR PORTS MAY BE CH H AN UPDATE, RE ITH THE RENTAL THAT THE STATI ST OF MY/OUR KN FORMATION ARE	COLLECTED THE THE TAND THAT IL AND ALARY Y DETAINED NEWAL, OR LEASE OF EMENTS NOWLEDGE PUNISHABLE
THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIG STATUS.	GIN, RELIGION OR	FAMILIAL
SIGNATURE OF HOUSEHOLD	DATE	
SIGNATURE OF HOUSEHOLD	DATE	

EQUAL HOUSING OPPORTUNITY

DATE

SIGNATURE OF MANAGER

## CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

SEM Villa Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

Have you been evicted from a federally assisted site for drug-related criminal activity?
2. Do you currently use illegal drugs or abuse alcohol? yes no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no
4. Have you been convicted of any drug-related crime? yes no
5. Have you been convicted of any felony? yes no
6. Have you been convicted of any crime involving fraud of dishonesty?
7. Have you been convicted of any crime involving violence? yes no
8. Are you currently charged with any of the above criminal activities? yesno
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s)
10. Have you ever used or been known by any other name?
I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize SEM Villa Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.
I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to SEM Villa Apartments, to a public housing authority, or to an agency contracted by SEM Villa Apartments to conduct criminal background checks.
Applicants Signature Date
Applicants Name (please print)

## AT THE TIME AN APARTMENT BECOMES AVAILABLE WE WILL NEED COPIES OF THE FOLLOWING INFORMATION:

CURRENT SOCIAL SECURITY BENEFIT LETTER
PENSION LETTER
6 MONTHS OF MOST RECENT BANK STATEMENTS
CD'S, STOCKS, SAVINGS, MONEY MARKET ACCOUNTS
HOME APPRAISAL
HEALTH INSURANCE PREMIUM PAYMENT PROOF
PRINT OUT OF 1 YEAR PRESCRIPTION EXPENSES
MEDICAL EXPENSES (DOCTOR'S, HOSPITAL VISITS ETC.)
BIRTH CERTIFICATE
SOCIAL SECURITY CARD
DRIVER'S LICENSE OR STATE ID