



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	\$ 330.00
Refrigerator	\$ 15.00
Tray Carrying	\$ 30.00

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 \$27,450 for one person or \$31,350 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.

EQUAL HOUSING OPPORTUNITY

UPDATE _____

INITIAL APPLICATION DATE _____
(OFFICE USE ONLY)
TIME _____

APPLICATION FOR ADMISSION **SEM VILLA**

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____

NAMES AND TELEPHONE OF TWO PERSONS WE CAN CONTACT IF UNABLE TO REACH YOU:

1. _____
NAME TELEPHONE
RELATIONSHIP

2. _____
NAME TELEPHONE
RELATIONSHIP

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

NAME	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NUMBER

2. RACE OF HEAD OF HOUSEHOLD: (for statistical purposes only)

____ WHITE ____ BLACK ____ AMERICAN INDIAN / ALASKAN NATIVE

____ ASIAN/PACIFIC ISLANDER

3. ETHNICITY OF HEAD OF HOUSEHOLD ____ HISPANIC ____ NON-HISPANIC

4. DO YOU HAVE PETS? _____ YES _____ NO IF YES, WHAT KIND? _____

5. HOW MANY VEHICLES DOES THE FAMILY OWN? _____

MAKE MODEL YEAR COLOR LICENSE PLATE

MAKE MODEL YEAR COLOR LICENSE PLATE

6. DO YOU EXPECT A CHANGE IN YOUR HOUSEHOLD COMPOSITION? _____ YES _____ NO

7. IS HEAD OF HOUSEHOLD OR SPOUSE HANDICAPPED OR DISABLED? _____ YES _____ NO

8. PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS YOUR HOUSEHOLD HAS: _____

PRESENT LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

PREVIOUS LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

ASSET INFORMATION:

1. _____
NAME OF BANK TYPE OF ACCOUNT ACCOUNT NUMBER BALANCE

2. _____
NAME OF BANK TYPE OF ACCOUNT ACCOUNT NUMBER BALANCE

3. _____
NAME OF BANK TYPE OF ACCOUNT ACCOUNT NUMBER BALANCE

DO YOU OWN A HOME OR REAL ESTATE? _____ YES _____ NO IF YES VALUE _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? _____ YES _____ NO

IF YES, LIST AMOUNT \$ _____ DATE OF DISPOSAL _____

INCOME STATUS:

GROSS MONTHLY SOCIAL SECURITY \$ _____
SSI \$ _____
GROSS MONTHLY PENSION \$ _____
GROSS MONTHLY EMPLOYMENT \$ _____
VETERANS PENSION \$ _____
INTEREST EARNED MONTHLY ON BANK ACCOUNTS,
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

2. _____
NAME OF INSURANCE COMPANY MONTHLY/QUARTERLY PREMIUM

EVICTION:

HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

ARE YOU A LIFETIME REGISTERED SEX OFFENDER? _____ YES _____ NO

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 CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

SEM VILLA IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS.

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF HOUSEHOLD

DATE

SIGNATURE OF MANAGER

DATE

EQUAL HOUSING OPPORTUNITY

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.

1. Have you been evicted from a federally assisted site for drug-related criminal activity?
_____ yes _____ no
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 or dishonesty ?
_____ yes _____ no
7. Have you been convicted of any crime involving violence? _____ yes _____ no
8. Are you currently charged with any of the above criminal activities? _____ yes _____ no
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? _____ yes _____ no
If yes, please list names used _____

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