



**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.

EQUAL HOUSING OPPORTUNITY



MAKE MODEL YEAR COLOR LICENSE PLATE

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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 OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF A MISDEMEANOR OR FELONY?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**ARE YOU A LIFETIME REGISTERED SEX OFFENDER?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**LIST ALL STATES YOU HAVE LIVED IN?** \_\_\_\_\_



## 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