

OVERLOOK MUTUAL HOMES, INC

61 Colin Kelly Drive Riverside, OH 45431 Ph 937.252.5693 Fx 937.252.0221

APPLICATIONS MUST BE COMPLETED (WITH PHOTOCOPIES OF ALL REQUIRED DOCUMENTATION INCLUDING PROOF OF INCOME ATTACHED) TO BE CONSIDERED FOR HOUSING.

1. If you are married:
 - A copy of marriage certificate.
2. If you are married with dependents:
 - A copy of marriage certificate
 - Birth Certificates for listed dependents.
 - Custody papers (if applicable)
 - Legal Guardianship
3. If you are divorced:
 - A copy of divorce decree or dissolution.
4. If you are divorced with dependents:
 - A copy of divorce decree or dissolution
 - A copy of birth certificate for listed dependents
 - A copy of custody papers for listed dependents
 - Legal guardianship documents (if applicable)
5. If you are single with dependents:
 - A copy of birth certificates for listed dependents
 - Legal guardianship documents (If applicable)
6. If you are widowed:
 - A copy of death certificate of deceased spouse
7. If you are widowed with dependents:
 - A copy of death certificate of deceased spouse
 - A copy of birth certificates for listed dependents
 - Legal guardianship documents (if applicable)
8. Copies of 2-4 weeks of pay stubs, a 1099 form or copy of Federal Tax returns.

The estimated cost of moving into Overlook is as follows.

\$1500.00 Membership Payment*
\$ 70.00 Membership Fees
\$ 465.00 First Month's Payment is Pro-Rated (2 Bed)
\$2035.00 Total

* The amount refundable upon vacating, minus any charges owed to the Corporation, and, after the unit has been cleaned, painted, and passes inspection.

A single pet under 30lbs. is permissible with an additional payment of \$20.00 per month, and a non refundable pet deposit of \$150.00.

NOTE: A single person must bring home at least a \$1000.00 per month, and a family \$1500.00 to qualify. With proof of income as listed in #8.

NOTE: A \$20.00 (non-refundable) screening fee (cash or money order only) and a copy of applicants and any other allowable adults driver's license must accompany all applications at time of submission, which will be reviewed and filed within a five day period upon receipt by the manager, unless otherwise notified by this office.

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APPLICATION FOR HOUSING

Applicant's full name _____

Present address _____

Social Security No. _____ Date of Birth ____/____/____ City State Zip
DL# _____

Home Phone No. _____ Work Phone No. _____ Other _____

Employer _____ Address _____

Length of Time on Job _____ Net wage per month: _____ Zip

Spouse's Employer: _____

Address: _____ Zip

Net wage per month: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Spouse's full name _____

Social Security No. _____ Driver's License No. _____

Work Phone No. _____ Other _____

Other Source of Income:

Social Security \$ _____ Pension \$ _____ Child Support \$ _____

Average Monthly Income \$ _____

Have you or your spouse ever lived in Overlook?

Yes _____ No _____ When? _____ Address _____

Reason for Leaving _____ U.S. Citizen? Yes _____ No _____

Have you or your Spouse ever filed Bankruptcy? Yes _____ No _____ When? _____ Why? _____

Have you or your Spouse ever been convicted of a felony?

Yes _____ No _____ If yes, explain _____

Name each person who will reside in your unit (including applicant):

Name	Relationship	Age	Date of Birth
_____	<u>SELF</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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NOTICE:

I (applicant) declare that everything stated in this application is true and correct to the best of my knowledge. Furthermore, Overlook Mutual Homes, Inc. is hereby authorized to verify my (our) credit, employment history, criminal record (if any), housing, and background.

I (we) also authorize the corporation to whom this application is received by, or any other agency the company sees fit to contract with, to investigate the information and/or statements, or any other data obtained from myself or any other source whatsoever, pertaining to my credit and/or financial responsibilities provided herein.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Name of Community or Landlord _____

Residents Name (s) _____

Address of Resident _____

Move in date _____ Move out date _____ Current Rent Amount \$ _____

Number of late payments (last 12 months) _____ Number of NSF payments (last 12 months) _____

Number of occupants _____ Was proper notice given _____

Was the deposit returned _____ If not what kind of damage _____

Any money owed at this time _____ If so how much \$ _____

Any Complaints? _____ Would you re-rent to this person _____

Person giving this information and title _____

Contact information Phone number# _____