



John Arthur Flats

Studio, 1-, and 2-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- **Pre-application MUST be filled out in its entirety to be eligible for housing.**
- **Pre-application MUST be returned VIA US MAIL and should be addressed to: John Arthur Flats, PO BOX 17234, 5115 Vine Street, Cincinnati, OH 45217**
- **Once your Pre-Application is received, the John Arthur Flats leasing office will reach out to schedule an appointment. Please bring all of the following documents to your appointment.**
- **APPLICATION FEE** - Please bring a Check or Money Order made out to John Arthur Flats for \$25 per adult that will be residing in the apartment (including live-in aid).
- **PROOF OF INCOME** – A current letter (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/salary, hours worked per week, and any other type of income you may be receiving
- **PROOF OF BANKING** - Six (6) current bank statements from your financial institution for EACH account
- **ASSETS** - A current (not more than 90 days) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, etc.
- **SCHOOL VERIFICATION** – A current letter (not more than 90 days) from the school/college, for any member of your household 18 years and older if they are attending school/college
- **ADDITIONAL INCOME** – it is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing
- **BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS** - for all household members.
- **VALID GOVERNMENT ISSUED ID, DRIVER'S LICENSE OR PASSPORT** – for all household members 18 years and older
- **FEDERAL INCOME TAXES** – You can obtain these from the IRS if you do not have your latest tax return. If you did not file taxes, you will need to provide proof that you were not required to file taxes. You can call the IRS and visit their official website at www.irs.gov.

FOR MORE INFORMATION:

JohnArthurFlats.com | JohnArthurFlats@Pennrose.com

T: 513.806.2333 | TDD: 800.545.1833 x647



John Arthur Flats

Address: 4145 Apple Street
Cincinnati, OH 45223

Phone: 513.806.2333

Fax: 513.672.9868

Email: JohnArthurFlats@pennrose.com

TTY: 800.545.1833 x647

To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

Applications MUST BE returned via US Mail to John Arthur Flats PO BOX 17234, 5115 Vine Street, Cincinnati, OH 45217

HEAD OF HOUSEHOLD

M	F
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NAME: _____ SSN: _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
 (House #) (Street Name) (Apt. #)

(City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____

DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required. Paid via money order or certified funds only.

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
PBV	<input type="checkbox"/>	30%	<input type="checkbox"/>	MKT	<input type="checkbox"/>

May 2022

