



VILLAS OF WAYNE TRAIL

701 Village Lane
Defiance, OH 43512
vwinkle@levingrp.com

419-784-5773
fax 419-784-5776
TTY: 800-750-0750

Thank you for your interest in our community.

Please complete the Pre-Application to be put on our waiting list.

Required documents for the Pre-Application:

Include legible copies of the following.
Driver's license (or photo id)
Social Security Card
Income Proof

Villas of Wayne Trail is a tax credit property which has income limits and age restrictions. A complete application will be completed later to verify income, assets, and eligibility for our community.

PRE-APPLICATION FOR RESIDENCE

Please complete and return to:
VILLAS OF WAYNE TRAIL
 701 VILLAGE LANE
 DEFIANCE, OH 43512
 419-784-5773 FAX 419-784-5776
 TTY: 800-750-0750
 vwinkle@levingrp.com

Application Date: _____

Time Received: _____

Directions to Applicant(s): Answer all questions on this application. Proof of identity (a picture ID) and social security cards must be provided for all household members. All adults must sign and date the pre-application.

Size of Unit Requested _____ Date Housing is Needed _____

A. APPLICANT INFORMATION

Please provide the following information for all persons that will be occupying the apartment.

APPLICANT #1

Head of Household				Day Phone	
Current Street Address				Evening Phone	
City				State	Zip
Date of Birth	Age	Male	Female	SS#	

APPLICANT #2

Co-Head of Household				Day Phone	
Current Street Address				Evening Phone	
City				State	Zip
Date of Birth	Age	Male	Female	SS#	

- Do you have any pets? Yes No Type: _____
- Current marital status: Married Divorced Separated Widowed Never Married

B. Income

Please include all types of income received by any persons that will be occupying the apartment. Income includes, but is not limited to, employment income, social security benefits, pensions, worker's compensation, unemployment compensation, child support, alimony, interest and dividends.

Name of Applicant Receiving Income	Type of Income	Monthly Amount
TOTAL MONTHLY INCOME		
TOTAL ANNUAL INCOME		

C. LANDLORD

In order for your application to be complete, we must have addresses and landlord information for all previous states of residency for the past 3 years.

Current Landlord Rental Address:	City Phone	State Zip	From	To
Former Landlord Rental Address:	City Phone	State Zip	From	To
Former Landlord Rental Address:	City Phone	State Zip	From	To

D. ADDITIONAL INFORMATION

- Have you, your spouse or co-applicant ever been convicted of a felony? Yes No
If yes, please explain: _____
- Are you or anyone or any member of your household subject to State lifetime sex offender registration in any state?
Yes No
- How did you learn about our apartment community?
Resident Newspaper Ad Poster/Flyer Community Agency: Who: _____
Sign Other: _____

COMPLETING THIS SECTION IF OPTIONAL: *Persons of all creeds, ethnic backgrounds, and races are welcome. This apartment community complies with the Federal Fair Housing Law, and does not discriminate against any person because of race, color, religion, sex, national origin, familial status or handicap. For affirmative action purposes, please check one of the following:*
 American Indian/Alaskan/Hawaiian Black/African American Hispanic Asian/Pacific Islander White/Non-minority

By signing below, I/We hereby state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above named apartment community for which pre-application is made, all of whom are listed above.. I/We understand that all of the above information must be obtained in order to establish my/our eligibility for this apartment community. This pre-application is for waiting list only. Future complete application will be necessary. I/We understand that any misrepresentation of information related to eligibility, income/assets, family composition, or prior tenant history is grounds for rejection.

All information provided on this application will be treated in the strictest confidence by management. In accordance with program regulations, information may be released to appropriate Federal, State, or Local agencies.

Signature – Applicant #1

Signature – Applicant #2

Date

Date



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. An owner may be subject to penalties for unauthorized disclosures of improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of the owner responsible for the unauthorized disclosure or improper use.



TO BE COMPLETED BY MANAGEMENT AGENT ONLY

Application Received Via:	Mail	Postmark Date:	Time:
	Hand Delivery	Date:	Time:
Signature of staff person receiving application			Date:
Application Accepted	Yes No	Date:	
Application Cancelled	Yes No	Date:	
Application Rejected	Yes No	Date:	