We are pleased to offer you the opportunity to apply for Queen Esther’s Village Apartments. To make the application process run as smoothly as possible, the steps you must take are detailed below:

- Please fill out the following application. Keep the following things in mind:
  - Please do not date or sign ANY part of the application. This must be done during your return appointment time.
  - If you do not understand a question, please leave the question blank and we will gladly help you when you bring it back.
  - Any person in the home over 18 years of age needs to fill out a separate application. Please take the appropriate number of applications.

- Call our office (330-438-1795) to schedule your appointment.

- There is a $15.00 application fee due at the time of your initial appointment. This fee must be in the form of a money order.

- If you have any questions or concerns, please feel free to contact us at 330-438-1795.

Thank you!

Rita Blaurock
Property Manager
Queen Esther’s Village Apartments
PRE-APPLICATION

Dear Applicant:

We are pleased to offer you the opportunity to apply for Queen Esther’s Village Apartments. To make the application process run as smoothly as possible, complete and return along with a non-refundable application fee of $15 (MONEY ORDERS ONLY) to: 401 Market Ave., North, Suite 104, Canton, Ohio 44702.

- Name of head of household

- How may we reach you? (Please enter a phone number/email)

- How did you hear about Queen Esther’s Village Apartments? (e.g. word of mouth, another agency, Housing Locator, Zillow, our website, Facebook, etc.)

- Please list all family members who will occupy the home.
  a. ___________________________  b. ___________________________
  c. ___________________________  d. ___________________________
  e. ___________________________  f. ___________________________

- List the total gross income (before taxes) per year of ALL members of the household who will occupy the home, including employment income, child support, income from assets, pensions, government benefits, and all other income sources. ______________________

- Do you currently have a Section 8 Voucher? _____Yes _____No  Size_______

- Are you or any adult members of your household full-time students carrying a full course load (as defined by the educational institution) for at least five months per calendar year? _____Yes _____No  If yes, please list what school.

- Would you or any members of your household benefit from handicap accessible home? _____Yes _____No

For your information:

- Completing the application does not guarantee housing
- Credit and background investigations are completed on all perspective residents.
- Pets are not allowed unless needed for a disability and/or handicap.
All sources of income and assets are third party verified.

This is affordable housing leading to home ownership for families making 60% and below the area medium income. This is not subsidized housing or rental housing. The criteria for housing include but are not limited to:

- Satisfactory credit report, which means some established credit or taking responsibility for your credit. No person shall qualify for housing that is late or in default on a student loan.
- No judgments, liens or garnishments within 3 years.
- Sufficient income, no false income.
- Sufficient duration of employment
- No false information
- No evictions
- Ability to maintain utilities in your name.

There is also a minimum income of three time’s monthly rent for non-subsidized housing. For subsidized housing the minimum income is $250 per month for each family member. The monthly payments range from $400 per month to $700 per month. All of the homes are three or four bedrooms.

I/We the undersigned, stated 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 home in the above Section 42 lease development for which application is made, all of whom are listed above. I/We understand providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report will be obtained without further authorization and that I/We will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility for Queen Esther’s Village Apartments.

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

All adults (18 years of age & older) must sign & date the application.

<table>
<thead>
<tr>
<th>Applicant Signature (Head)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature (Co Head)</td>
<td>Date</td>
</tr>
</tbody>
</table>
Authorization of Non-Disclosure and Credit History/Police Check

I hereby grant permission for EANDC to run a credit report/police check and to release information to all of the authorized representatives.

The purpose or need for disclosure is to assist EANDC-Property Management in determining eligibility for housing.

PLEASE PRINT ALL INFORMATION
To be completed by all adult applicants

Name_________________________________________ Date___/___/___
Address________________________________________________________
City__________ State _____________ Zip Code _______________________
Social Security # _______________________ Date of Birth ______________
Driver’s License #_____________ Signature__________________________

Name_________________________________________ Date___/___/___
Address________________________________________________________
City__________ State _____________ Zip Code _______________________
Social Security # _______________________ Date of Birth ______________
Driver’s License #_____________ Signature__________________________

Name_________________________________________ Date___/___/___
Address________________________________________________________
City__________ State _____________ Zip Code _______________________
Social Security # _______________________ Date of Birth ______________
Driver’s License #_____________ Signature__________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:
The EANDC Property Management may use this authorization and the information obtained with it, to administer and enforce rules and policies related to the rental of property owned and/or managed by the above named organization.

Authorization:
I authorize the above named organization to obtain information about me or my family that is pertinent to the rental of property owned and/or managed by the organization.

Information Covered-Inquiries may be made about:

<table>
<thead>
<tr>
<th>Information Covered</th>
<th>Information Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Expenses</td>
<td>Handicapped Assistance Expenses</td>
</tr>
<tr>
<td>Credit History</td>
<td>Identity and Marital Status</td>
</tr>
<tr>
<td>Criminal Activity</td>
<td>Medical Expenses</td>
</tr>
<tr>
<td>Family Composition</td>
<td>Social Security Numbers</td>
</tr>
<tr>
<td>Employment/Income/Pension/Assets</td>
<td>Residences and Rental History</td>
</tr>
</tbody>
</table>

Individuals/Organizations That May Release Information:
Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

<table>
<thead>
<tr>
<th>Individuals/Organizations That May Release Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Banks and Other Financial Institutions</td>
<td>Welfare Agencies</td>
</tr>
<tr>
<td>Courts</td>
<td></td>
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<tr>
<td>Credit Bureaus</td>
<td>Providers of:</td>
</tr>
<tr>
<td>Employers, Present &amp; Past</td>
<td>Alimony</td>
</tr>
<tr>
<td>Landlords</td>
<td>Child Care</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>Child Support</td>
</tr>
<tr>
<td>Schools &amp; Colleges</td>
<td>Credit</td>
</tr>
<tr>
<td>U.S. Social Security Administration</td>
<td>Handicapped Assistance</td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs</td>
<td>Medical Care</td>
</tr>
<tr>
<td>Utility Companies</td>
<td>Pension/ Annuities</td>
</tr>
</tbody>
</table>

Computer Matching Notice & Consent:
I agree that the above named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The government agencies include: U.S. Office of Personnel Management; U.S. Social Security Administration; U.S. Department of Defense; U.S. Postal Service; State Employment Agencies; and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the family.

Conditions:
I agree that photocopies of this authorization may be used for the purpose stated above. If I don’t sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by EANDC Property Management.

______________________________ ____________  ______________________________ ____________  ______________________________ ____________
Signature, Head of Household                  Signature, Spouse                  Signature, Adult applicant
Date                                            Date                                    Date

______________________________ ____________
Signature, Adult applicant