

GREATER DAYTON PREMIER MANAGEMENT



Eligibility Department

400 Wayne Avenue

Dayton, OH 45401-8750

Phone: 937-910-7500

TDD Number: 937-910-7570

ASSET MANAGEMENT APPLICATION

GDPM has changed the application process for Asset Management housing, formerly known as public housing. Applicants wishing to apply for Asset Management Housing must attend an orientation/application appointment.

*****ALL ADULTS ON THE APPLICATION MUST BE PRESENT
FOR THE ORIENTATION/APPLICATION APPOINTMENT*****

Orientations class will be held on Tuesday, Wednesday, and Thursday mornings and afternoons. The check-in time for the morning session begins at 8:00 a.m. the check-in time for the afternoon session begins at 12:30 p.m. **No one will be accepted after 8:15 am for the morning orientation, or 1:15 p.m. for the afternoon. Please keep in mind that there is limited seating.**

All applicants must bring the following documentation in order to apply:

- Verification of date of birth for **ALL** family members (birth certificates).
- Social Security cards for **ALL** family members.
- Driver's License or State ID (All members 18 years and older).
- DD214 (if applicable).
- Proof of either U.S. Citizenship or eligible immigration status.

***IF ANY DOCUMENTATION IS MISSING, YOU CANNOT ATTEND THE ORIENTATION. PLEASE CHECK CAREFULLY THAT YOU HAVE ALL NECESSARY DOCUMENTS.**

To be eligible for Asset Management Housing, your income must be within the following guidelines:

<u>Number of Persons in Family</u>	<u>Income Limit</u>
1	\$39,550
2	\$45,200
3	\$50,850
4	\$56,500
5	\$61,050
6	\$65,550
7	\$70,100
8	\$74,600

If you have lived in GDPM Housing or the Housing Choice Voucher Program (Section 8) program, you may owe a balance. Any balances must be **PAID IN FULL** before we can offer you housing.



Greater Dayton Premier Management

Application for Asset Management Housing

Applicant's Name	Alternate/Emergency Contact Person
Address	Telephone Number with Area Code
City, State, Zip	Email Address
() - () - Ext: () - -	
Home Phone	Work Phone + Extension Cell Phone

Bedroom Size

<input type="checkbox"/> Efficiency	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedrooms	<input type="checkbox"/> 3 Bedrooms
<input type="checkbox"/> 4 Bedrooms	<input type="checkbox"/> 5 Bedrooms	<input type="checkbox"/> Other: _____	

Statement of Family Composition

List all persons who will reside with you, if housed with GDPM: (Use the back of this sheet if necessary.)

Full Name	Social Security	Date of Birth	Age	Sex	Relationship to Head of Household
					SELF

Yes No

- Is anyone in your household a full-time student and 18 years and older? Please list her/his name and the name of the school(s) s/he attend: _____
- Is the head of household, or spouse, elderly (62 or older)?
- Are you or your spouse working over 20 hours per week?
- Are you homeless? (must provide documentation)
- Are you a victim of domestic violence?
- Are you a veteran of the armed forces?
- Are you being involuntarily displaced from your home by a government agency?
- Are you a participant in the Day-Mont West Sojourner program?
- Do you pay for medical insurance?
- Do you pay expenses relating to a handicap or disability?
- I pay medical expenses out of my own pocket: \$ _____ per _____.
- I pay child care expenses out of my own pocket: \$ _____ per _____.
Provider _____
- I pay attendant care expenses out of my own pocket: \$ _____ per _____



Annual Income Checklist

- 1) Will any household member be receiving any type of income from employment? **Yes** **No**
 If yes, list name, company name, and company address of such family member(s) who will receive employment income.

Family Member Name(s)	Employer's Name and Address	Dates Worked	Pay Rate	Hours per Pay Period/ Frequency of pay (weekly, bi-weekly, monthly)
		From: To:		
		From: To:		
		From: To:		

- 2) Will any household members be receiving income from a family-operated business or be otherwise self-employed? **Yes** **No**
 If yes, list names of such family members who will receive income from self-employment.

Family Member Name (s)	Dates Worked	Income Amount	Frequency (weekly, bi-weekly, monthly)
	From: To:	\$	
	From: To:	\$	

- 3) Will any household member be receiving Social Security or SSI benefits? **Yes** **No**
 If yes, list names of such recipients.

	\$	Per	
	\$	Per	
	\$	Per	

- 4) Will any household member be receiving periodic payments from annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? **Yes** **No**
 If yes, list names of such recipients.

	\$	Per	
	\$	Per	
	\$	Per	



5) Will any household member receive unemployment compensation, disability compensation, worker's compensation or severance pay? **Yes** **No**

If yes, list family members who are recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____
_____	\$ _____	Per _____

6) Will any household member be receiving public assistance benefits (**Cash, Food stamps**)? **Yes** **No**

If yes, list recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____
_____	\$ _____	Per _____

7) Will any household member be receiving alimony or child support payments? **Yes** **No**

If yes, list first names of such family members who are recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____
_____	\$ _____	Per _____

8) Will any household member, be receiving pay as a member of the Armed Services? **Yes** **No**

If yes, list family members who are recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____
_____	\$ _____	Per _____

9) Will any household member be receiving lottery winnings, paid periodically? **Yes** **No**

If yes, list family members who are recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____
_____	\$ _____	Per _____

10) Will any household member be receiving recurring monetary contributions or other gifts or payments from a non-household member? **Yes** **No**

If yes, list first names of recipients.

_____	\$ _____	Per _____
_____	\$ _____	Per _____



Asset Checklist

		Value of Asset	Name of Financial Institution/Provider
1) Do any household member have the following:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
a) A savings account?		\$ _____	_____
b) A checking account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
c) A safety deposit box?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
d) Cash home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
e) Cash anywhere else?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
2) Do you have trust funds available to your household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
3) Do you have equity in rental property or other capital investments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
4) Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
5) Do you have any retirement/pension funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
6) Will you receive any lump sum receipts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
7) Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
8) Do you have "Whole Life" insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
9) Have you disposed of any assets for less than Fair Market Value in the past two years? (If yes, please complete the Asset Divestiture Certification Form)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____

OPTIONAL DECLARATION

There are certain housing programs benefits that are available to applicant families who have a family member who is a person with a disability. If you or any family member qualifies and you would like to be considered for these benefits, please indicate below:

Yes

Disabled? Family Member: _____
 Doctor's Name: _____
 Doctor's Address: _____
 Doctor's Phone#: _____

Will you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?

Will you or anyone in your household require a live-in care attendant?
 Name of live-in attendant: _____
 Relationship (if any): _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize GDPM's programs and services please inform us.



Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

Greater Dayton Premier Management (GDPM) is a public agency that provides low rent housing to eligible families, elderly families and single people. GDPM is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, age, disability or familial status. In addition, GDPM has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change GDPM can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of GDPM’s programs. Examples of reasonable accommodations would include:

- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a GDPM family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with GDPM staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the GDPM's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information the GDPM, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with GDPM, that is your right.

It is the policy of Greater Dayton Premier Management (GDPM) to ensure that communications with applicants, residents, program participants, and members of the public with disabilities are as effective as communications with others. If you need assistance in this area, please request a copy of GDPM’s Effective Communication Policy that describes the auxiliary aids and services that GDPM can provide.



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for Asset Management housing at the GDPM. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name: _____

Date: _____

1. Will you, or any member of your family require any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Handicapped Accessible Unit | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Extra Bedroom |
| <input type="checkbox"/> Live In Attendant | <input type="checkbox"/> Other modifications to unit |
| <input type="checkbox"/> Unit for Vision-Impaired | _____ |

2. Can you and all family members use the stairs unassisted? Yes No

If No, please indicate how GDPM should accommodate your family:

3. Will you or any of your family members need a live-in aide to assist you? Yes No

If Yes, please explain: _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

5. What is the name of the family member needing the features identified above?

Applicant Signature: _____ **Date:** _____



PREVIOUS LANDLORD INFORMATION

- 1) Have you ever been a resident with Greater Dayton Premier Management Housing before? Yes No
If yes, where did you live and when.

- 2) Have you ever lived or are currently living in public housing or subsidized housing? Yes No
If yes, where did you live and when.

- 3) Please list your current and previous addresses and landlord information for the last **five (5) years**. Please attach a sheet of paper to the application if more space is needed.

Present Address: _____

Landlord Name: _____

Landlord Address: _____

Dates of Residency: _____

Previous Address: _____

Landlord Name: _____

Landlord Address: _____

Dates of Residency: _____

Previous Address: _____

Landlord Name: _____

Landlord Address: _____

Dates of Residency: _____

Were you referred to our agency by a current GDPM resident? Yes No

RELEASE OF INFORMATION

GDPM has my authorization to correspond with the following agencies and/or persons on my behalf:



