



Greater Dayton Premier Management

Enhancing Neighborhoods • Strengthening Communities • Changing Lives

ELIGIBILITY DEPARTMENT

400 Wayne Avenue, Dayton, OH 45410

Phone: 937-910-7500 or 937-910-5400 TDD Number: 937-910-7570

ASSET MANAGEMENT APPLICATION

To apply for GDPM Asset Management Housing, also known as public housing, applicants must attend an orientation. **ALL ADULTS ON THE APPLICATION MUST BE PRESENT FOR THE ORIENTATION. DUE TO LIMITED SPACE FOR COVID PRECAUTIONS, CHILDREN ARE NOT PERMITTED IN THE BUILDING.**

Beginning Tuesday, September 7, 2021 until further notice, Orientation Classes will begin on Monday, Tuesday and Wednesday mornings and afternoons with limited seating. The check-in time for the morning session begins at **9:00 a.m.** The check-in time for the afternoon session begins at **1:30 p.m.** **NO ONE will be accepted after 9:10 a.m. or 1:40 p.m.**

ALL applicants must bring the COMPLETED APPLICATION and the FOLLOWING DOCUMENTATION to the orientation:

- Verification of date of birth for **ALL** family members (birth certificates – copies are accepted, if legible)
- Social Security cards for **ALL** family members
- Driver’s license or State ID for **ALL** members 18 years and older
- Military DD214 (if applicable)
- Proof of either U.S. Citizenship or eligibility immigration status

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

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

Number of Persons in Family	Income Limit
1	
2	\$47,150
3	\$53,850
4	\$60,600
5	\$67,300
6	\$72,700
7	\$78,100
8	\$83,500
	\$88,850

NOTE: If you previously lived in GDPM housing or received a Housing Choice Voucher (Section 8) and owe a previous balance, **YOU MUST PAY THAT BALANCE 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
() Home Phone	() Ext: () 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 "On, 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, biweekly, 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
D Do any household member have the following:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
a) A savings account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	_____
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
- D** Disabled? Family Member: _____
 Doctor's Name: _____
 Doctor's Address: _____
 Doctor's Phone#: _____
- D** Will you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?
- D** 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 to 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:

Handicapped Accessible Unit

Unit for Hearing-Impaired

One-level unit

Extra Bedroom

Live In Attendant

Other modifications to unit

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: _____

Land lord Name: _____

Land lord Add ress: _____

Dates of Residency: _____

Previous Add ress: _____

Land lord Name: _____

Landlord Add ress: _____

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:

APPLICANT CERTIFICATION

I/We certify, S\Ve ar, or affil'n that the informa tion given to Greater Dayton Premier Management regard ing the household composition, income, assets, allowan ces, and deduc tions is accu rate and complete to the best of my/our kno,vleclgc and belief. I\Ve u nderstand that false statements of any information are punisha ble under Federal La\V and the hnvs of the State of Ohio. I/We also u nderstand that this information may be released to the appropriate Federa l, State, or local agencies or \.When releva nt to civil, crimina l or regulatory Investigators or prosecutors. I/We fu rther u ndersta nd that false shltments or false information are grounds for the termina tion of housin g assistance and tenancy.

I/We understand that all chnnges to this applica tion must be reported to GDPM in vriting.

I/We u nderstand that addi tional informa tion may be requested in order to complete the applica tion. Fa ilure to slpply such informa tion when requested may disqualify me from considera tion for admission. I also understand tha t a national criminal background check viii be made.

I/We understand that if I am offered housing that rent is due and paya ble in advance on the first day of each month and shall be considered delinquent after the fifth calend n r day of the month. Failure to Inake timely renta l payments may resu lt in the follo,vin g: addi tional late fees, the loss of housing and nega tive hIndlord and credit reports.

X _____
 Sign1ture: He ulof Household DHtc

X _____
 Signrture: spouse or other 1ulult

X _____
 Oth.,Adu lltuscl1old Mmber -...DHtc —

 \Witness: GDPM Designee DHtc

HOW DID YOU HERE ABOUT GREATER DAYTON PREMIER MANAGEMENT:

Billboard Radio Friend Other

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

OFFICE USE ONLY

BTC Check _____ Balance _____ Date _____ By _____
 SOL Check _____ Stop _____ Data _____ By _____
 Trespass Check _____ Stop _____ Date _____ By _____
 —
 Evict Check _____ Stop _____ Date _____ By _____
 Selected RAD Property _____ Date _____ By _____

GDPM CERTIFICATION

I certify that: (1) the information given to Greater Dayton Premier Management by the household of _____ on household composition, income net family assets, and allowances and deductions has been verified as required by federal law; (2) the family was eligible at admission; and (3) the family has certified that it has given our agency accurate and complete information.

Signature of GDPM designee: _____ Date: _____
 Eligibility • 400 Wayne Avenue • Dayton, OH 45410 • Phone (937)910-7500 • Fax (937)910-5484