



**COLUMBUS  
COLONY  
HOUSING, II**

1105 Colony Drive  
Westerville, OH 43081  
794-2011 TTY/Voice

Dear Prospective Resident,

Thank you for your interest in **Columbus Colony Housing II**

Columbus Colony Housing II is a **HUD Section 202 PRAC subsidized apartment community** designed to serve **elderly and disabled individuals** in a supportive and inclusive environment. Columbus Colony is an **independent** housing facility located in Westerville, Ohio. Our two-story building offers **49 smoke-free units** thoughtfully adapted to meet a wide range of accessibility needs.

While we proudly maintain a **Deaf housing preference**, Columbus Colony Housing II is **open to all eligible applicants**, and we welcome individuals of all abilities and backgrounds. All apartments are **adapted to support Deaf and Hard of Hearing residents**, and six units are fully equipped as **mobility-accessible apartments**.

Key features of our community include:

- Income-based rent assistance through HUD Section 202 PRAC
- Smoke-free living environment
- Visual alert systems and Deaf-friendly design throughout
- Mobility-accessible units
- 24-hour emergency maintenance
- A welcoming and respectful atmosphere for all residents

Columbus Colony Housing II is committed to fostering a community where every resident is treated with dignity and respect.

Enclosed, you will find our application materials, eligibility guidelines, and important information to help you get started. If you have any questions, need assistance completing the application, please contact our office at the numbers listed above. **Applications can be submitted via email at [info@columbuscolonyhousing.com](mailto:info@columbuscolonyhousing.com), mailed to the address above, delivered in person or faxed to 614-523-3323.**

We look forward to the opportunity to welcome you to our community.

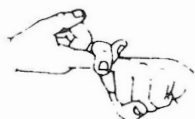
Warm Regards,

Kristaline Carter, BS, COS

Housing Manager



a



voyage by the deaf



# Multifamily HUD Rental Application



<b>Property Name</b>	<b>Property Address</b>	<b>Property Phone</b>	<b>Property Fax Number</b>
		<b>National Relay 711 available</b>	
Property Email Address:			
Property Website: Columbuscolonyhousing.com			

Household Summary Information – List each member applying to reside in the apartment.

First Name	MI	Last Name	Relationship to Head of Household Options: Spouse   Co-Head   Dependent   Live-in Aide   Foster   Other Family Member	Are you enrolled as a student at an institute of higher education? Y/N	Sex M/F
			Head of Household		
Current Housing: Select the option that best describes your current housing ( <u>Select only one</u> )			<input type="radio"/> Substandard <input type="radio"/> Standard <input type="radio"/> Public Housing <input type="radio"/> Lacking a Fixed Nighttime Residence <input type="radio"/> Fleeing/Attempting to Flee Violence		

Does anyone in the household have a pet or assistance animal?  Yes  No

Are there any unborn/adopted/foster children that will be added to this household within the next year?  Yes  No

Are you seeking housing as a result of a Presidentially declared disaster?  Yes  No

How did you hear about us? \_\_\_\_\_

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided, or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation. Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

*We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.*



Rental Application-Member Questionnaire

Do not leave blanks or the form will be considered incomplete.

This questionnaire must be completed for each household member, regardless of age.

Member Name \_\_\_\_\_

Household Member Information

Date of Birth:		SSN:	
Are you disabled?		<input type="radio"/> Yes <input type="radio"/> No	
Are you temporarily displaced from prior home due to a presidentially declared disaster?		<input type="radio"/> Yes <input type="radio"/> No	
Are you a military veteran?		<input type="radio"/> Yes <input type="radio"/> No	
Are you a joint custody dependent pursuant to court documentation?		<input type="radio"/> Yes <input type="radio"/> No	
Are you contending eligible immigration status?	<input type="radio"/> Yes <input type="radio"/> No, I am not claiming to be an eligible US Citizen/Non-Citizen		
Were you 62 years old or older as of 1/31/2010?		<input type="radio"/> Yes <input type="radio"/> No	
If Yes, were you a part of a HUD Housing Program as of 1/31/2010? You will be asked to provide evidence of program participation at a later date (lease or move in 50059).		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Current Full Address: Street Address _____ City, State, Zip: _____			
This section is only required to be answered if the Household Member is 18 of age or older; check "N/A" for minors.			
Cell Phone Number <input type="radio"/> NA _____ Work Phone Number <input type="radio"/> NA _____			
Home Phone Number <input type="radio"/> NA _____			
Do you require any accessibility features in the unit due to a disability? If Yes, check the item below that applies: <input type="radio"/> Wheelchair Accessibility <input type="radio"/> Ramp Access/Unit without stairs <input type="radio"/> Deaf/Hard of Hearing <input type="radio"/> Visual Impairment <input type="radio"/> Other (Explain):			<input type="radio"/> Yes <input type="radio"/> No
Check all that apply:  Race/Ethnicity ( <i>disclosure is optional and only gathered for statistical purposes when updating marketing efforts</i> )		<input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Hispanic/Latino <input type="radio"/> White Alone	

## Rental Application-Member Questionnaire

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age.**



Member Name \_\_\_\_\_

<b>Criminal History Questions</b>	
Is this member 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No, skip to the Income Section
Do you have any felony or misdemeanor convictions of any kind?	<input type="radio"/> Yes <input type="radio"/> No
<i>Note: The specific criminal screening criteria is outlined in the property's Tenant Selection Plan.</i>	
Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity?	<input type="radio"/> Yes <input type="radio"/> No If Yes, what year? _____
Are you currently engaged in illegal drug use as defined by federal law?	<input type="radio"/> Yes <input type="radio"/> No
List here all states you have ever resided in (regardless of duration): _____	
Do you have a state sex offender lifetime registration requirement? <input type="radio"/> Yes <input type="radio"/> No If Yes, which state?	
<b>Rental History Questions</b>	
<b><i>You have rental history if your name was listed on a prior lease as a lease signer. Lack of rental history will not be considered a negative factor.</i></b>	
Current Landlord Name	Rent you pay each month \$ _____
Landlord Email Address	Landlord Phone Number
Landlord Mailing Address	City, State, Zip
Do you currently live in HUD subsidized housing?	<input type="radio"/> Yes <input type="radio"/> No If Yes, are you currently receiving assistance? <input type="radio"/> Yes <input type="radio"/> No
Prior Landlord Name	Landlord Email Address:
Apartment Community Name	Landlord Phone Number
Street Address	City, State, Zip

## Rental Application-Member Questionnaire

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age.**



**Member Name** \_\_\_\_\_

<b>Income</b>		
Live-In Aides and Foster Children/Foster Adults may skip the Income and Asset Sections		
<b>Traditional Employment:</b>		
Do you have an employment income?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, is it <input type="radio"/> Full Time or <input type="radio"/> Part Time?
Start date:	Employer Company Name:	
	Address:	
	Phone Number:	Employer Email:
Do you have a second job?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, is it <input type="radio"/> Full Time or <input type="radio"/> Part Time?
Start date:	Employer Company Name:	
	Address:	
<small>(use additional pages if necessary)</small>	Phone Number:	Employer Email:
<b>Other Types of Earned Income:</b>		
Do you receive any of the other following types of income?	Describe the income source	
Business Income documented on Schedule C of tax return.	<input type="radio"/> Yes <input type="radio"/> No	
Rideshare, delivery App income (Uber, Lyft, Door dash, etc.)	<input type="radio"/> Yes <input type="radio"/> No	
Day Laborer, Contract Work, Seasonal Migrant Work Pay	<input type="radio"/> Yes <input type="radio"/> No	
<b>Benefits:</b>		
Do you receive any of the other following types of income?	Gross Monthly Amount (before any deductions or withholding):	
Social Security	<input type="radio"/> Yes <input type="radio"/> No	
SSI Disability	<input type="radio"/> Yes <input type="radio"/> No	
SSP (State Supplemental Payment)	<input type="radio"/> Yes <input type="radio"/> No	
Dual Entitlement Benefits	<input type="radio"/> Yes <input type="radio"/> No	
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No	
TANF	<input type="radio"/> Yes <input type="radio"/> No	
VA Benefits	<input type="radio"/> Yes <input type="radio"/> No	
Long/Short Term Disability	<input type="radio"/> Yes <input type="radio"/> No	
Court Ordered Child Support	<input type="radio"/> Yes <input type="radio"/> No	Case Number(s):
Rental Income	<input type="radio"/> Yes <input type="radio"/> No	
Alimony	<input type="radio"/> Yes <input type="radio"/> No	

## Rental Application-Member Questionnaire

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age.**



Member Name \_\_\_\_\_

<b>Other Income:</b>		
Do you receive any of the other following types of income?		Name of individual/agency providing income
Regular, reoccurring assistance from friends/family to help with bills (amount and from whom can vary. Include Cash App, Venmo, Zelle, PayPal, cash deposits in bank)	<input type="radio"/> Yes <input type="radio"/> No	
Voluntary Child Support Payments (not court ordered)	<input type="radio"/> Yes <input type="radio"/> No	
Periodic Retirement Payments/Pension Payments	<input type="radio"/> Yes <input type="radio"/> No	
Adoption Assistance Payments	<input type="radio"/> Yes <input type="radio"/> No	
<b>Are you a student in an institute of higher learning (post high school educational institution) <input type="radio"/> Yes   <input type="radio"/> No</b>		
If Yes, you will be asked to complete a Student Status Certification Form that included additional questions about Student Financial Assistance you may receive and what your tuition and other course related expenses and room and board costs are.		
<b>Assets</b>		
Checking account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name(s):
Savings Account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name(s):
Reloadable Debit Card or Pay Cards	<input type="radio"/> Yes <input type="radio"/> No	<b>List the card or financial institution name:</b>
Money Market/CD Account(s)	<input type="radio"/> Yes <input type="radio"/> No	Single <input type="radio"/> Joint <input type="radio"/> Financial Institution Name:
Stocks/Bonds	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Mutual Funds/Annuity- not part of Retirement Account	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	Financial Institution Name:
Revocable Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable Financial Institution Name:

## Rental Application-Member Questionnaire

**Do not leave blanks or the form will be considered incomplete.**

**This questionnaire must be completed for each household member, regardless of age.**



**Member Name** \_\_\_\_\_

Cash on hand (maintained in your home/safe deposit box/etc.)	<input type="radio"/> Yes <input type="radio"/> No	If Yes, amount:
Do you own real estate (including a dwelling or land)?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, when requested, you will be asked to provide additional verification documentation regarding this property.
Do you own any recreational vehicles, 4 wheelers, golf carts, boats, campers, private planes?	<input type="radio"/> Yes <input type="radio"/> No	
Do you own collections of Antique cars, art, stamps, jewelry, equipment/machinery, gems, precious metals, or other items kept as an investment?	<input type="radio"/> Yes <input type="radio"/> No	Please describe:

*Note: During the final interview, prior to potential move in, all adult applicants will be required to provide a copy of their last year's tax return to confirm the amount of refund paid, if any.*

### Expenses/Deductions

#### Health and Medical Care and Attendant Care & Auxiliary Apparatus Deduction

Is the Head, Co-Head or Spouse 62 or older or disabled?	<input type="radio"/> Yes <input type="radio"/> No	If No, skip the Health and Medical Care and Attendant Care & Auxiliary Apparatus Section.
Medicare Premiums	<input type="radio"/> Yes <input type="radio"/> No	
Prescription copay costs	<input type="radio"/> Yes <input type="radio"/> No	If Yes, list pharmacy name:
Installment payments on outstanding medical bills	<input type="radio"/> Yes <input type="radio"/> No	If Yes, what is name of entity paid:
Medical insurance other than Medicare	<input type="radio"/> Yes <input type="radio"/> No	If Yes, list name of company:
Routine doctor visits	<input type="radio"/> Yes <input type="radio"/> No	Name(s) of Doctor(s):
Expenses related to care of an Assistance Animal	<input type="radio"/> Yes <input type="radio"/> No	Describe:
Over the Counter medication used to treat a specific medical condition	<input type="radio"/> Yes <input type="radio"/> No	Describe:

**Rental Application-Member Questionnaire**  
**Do not leave blanks or the form will be considered incomplete.**  
**This questionnaire must be completed for each household member, regardless of age.**



**Member Name** \_\_\_\_\_

<b>Child Care Expense Deduction</b>		
Are you paying out of pocket expenses for the childcare of a child under the age of 13?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, provide name(s) of child(ren):  Name and Contact info of provider/facility name:
If Yes, does childcare enable members to	<input type="radio"/> work <input type="radio"/> seek employment <input type="radio"/> go to school <input type="radio"/> none	

Member Signature or Parent Signature for Minor Questionnaire

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	
Date _____	
Time _____	Initials _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

# Family Summary Sheet

Member #	Last Name	First Name	Relationship	Date of Birth
Head			HOH	
2				
3				
4				

## Relationship Codes

HOH- Head of Household

Spouse, Live in Aide, Other Adult, Co-Head, Dependent

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

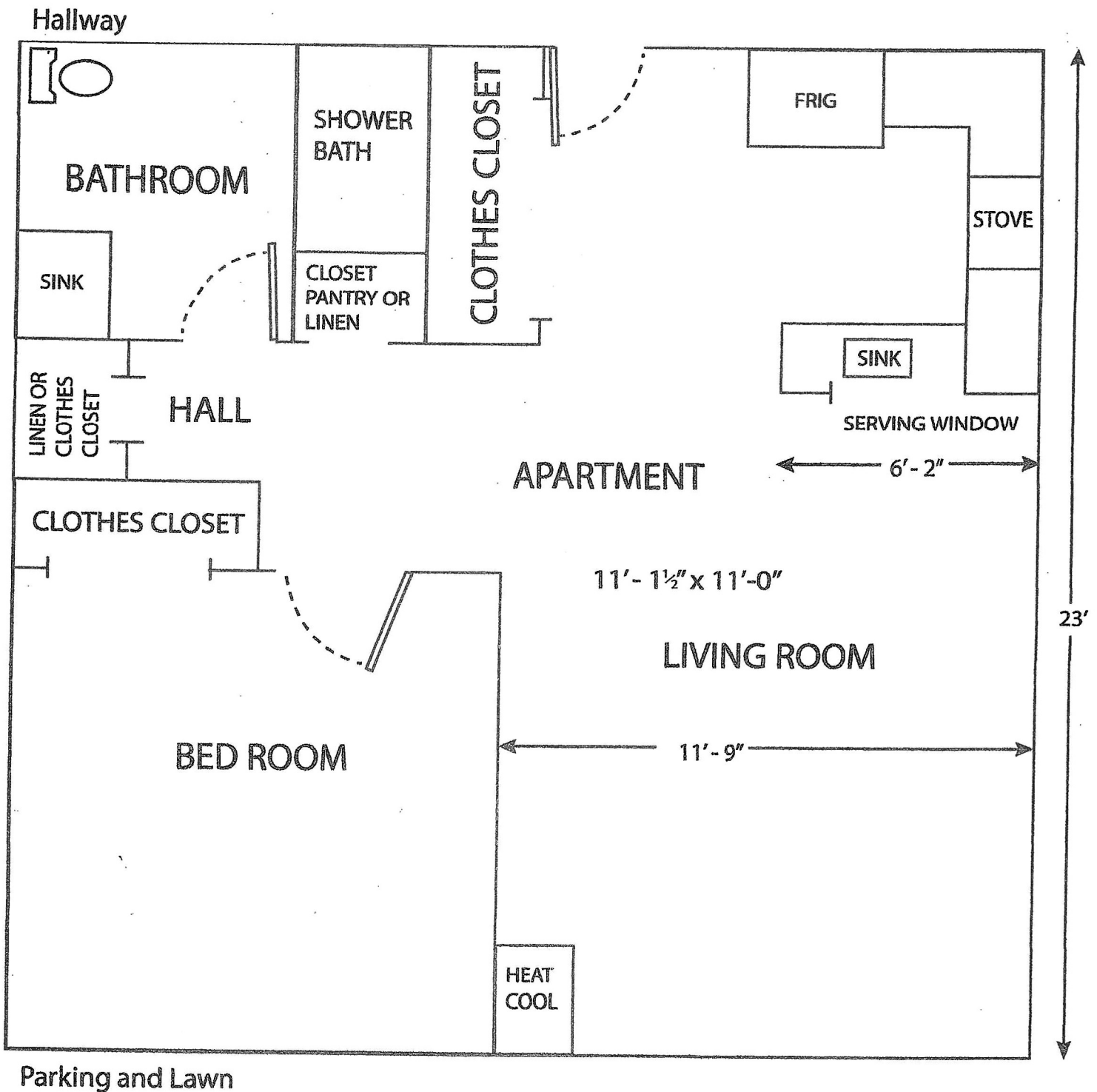
# Owner Family Summary Sheet

Member #	Relationship	Last Name	First Name	Date of Birth	Sex	Declaration	Date Verified
1	HOH						
2							
3							
4							

1= Citizen

2= Non-Citizen

3= Resident Alien



CCH2 - Square Footage - 453