



5450 Salem Ave., Dayton, Ohio 45426 937.837.9251
 Email- cpaschal@mcbdds.org

MVIO Tenant Application for Housing

APPLICANT INFORMATION				
LAST NAME		FIRST NAME		BIRTH DATE
PHONE NUMBER		EMAIL		
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
LIVES With:		RELATIONSHIP		PHONE
ACCESSIBILITY NEEDS / HOUSING PREFERENCES example - Zero step entry, accessible bathroom, grab bars				
1		3		
2		4		
SELF PRESERVATION				
<p>Definition of Incapable of Self Preservation (OBS Chapter 2) - Persons who, because of age, physical limitations, mental limitations, chemical dependency, or medical treatment, cannot respond as an individual to an emergency situation to complete a building evacuation. <u>Please Note:</u> If a person in a wheelchair can operate their wheelchair to assist in their evacuation then they are considered capable of self-preservation, even if assistance is needed transferring into their wheelchair. 2. A person who needs verbal direction or physical guidance is capable of assisting in the completion of their evacuation. Even if it slows their evacuation time, they are still considered capable of self-preservation.</p>				
By definition of Incapable of Self Preservation, Is the applicant Incapable of Self-Preservation?		Yes or No		
INCOME				
AMOUNT		SOURCE		
PAYEE NAME		PAYEE PHONE NUMBER		
PAYEE EMAIL ADDRESS				

GUARDIAN CONTACT

LAST NAME	FIRST NAME	RELATIONSHIP
EMAIL		PHONE NUMBER

EMERGENCY CONTACT

LAST NAME	FIRST NAME	RELATIONSHIP
EMAIL		PHONE NUMBER

MCBDDS

CURRENT SSA	PHONE NUMBER
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RELEASE OF INFORMATION

I/ we, the undersigned, authorize Miami Valley In-Ovations, Inc. (Landlord) and its agents to obtain and verify my employment, criminal history, income, rental and residence history, and behavior history as it relates to violence and property damage. I, hereby release all sources their officers, agents, and employees from liability of any nature, whether caused by negligence or otherwise, which may result from answering questions about my past.

Applicant_____
Date