



MONTGOMERY
COUNTY

OFFICE OF REENTRY



Moving Forward Housing Directory





ACTION, ALLIANCE, & ACCOUNTABILITY

Serving the citizens of Montgomery County with programs that minimize barriers to effective reentry and promote reduction in recidivism

There is a deep connection between stable housing and reducing recidivism for returning citizens. The Office of Reentry is committed to working with individuals who have experienced barriers due to their criminal background. We recognize that interactions with the criminal justice system may remove people from their community, familiar routines, relationships with family and friends, and their housing. With this in mind, it is our intent that the Housing Directory assist potential renters with locating landlords/property managers who will rent to individuals with criminal backgrounds, and provide support to individuals who are looking for housing opportunities.

Sincerely,

Handwritten signature of John Zimmerman in black ink.

John Zimmerman
Reentry Council
Reentry Housing Subcommittee Co-Chair

Handwritten signature of Jessica Jenkins in black ink.

Jessica Jenkins
Reentry Council
Reentry Housing Subcommittee Co-Chair

A MESSAGE TO PROSPECTIVE TENANTS:

Final decision making regarding apartment rental is at the discretion of the landlord/property manager after completing the application process. There is no warranty or guarantee regarding property conditions nor the current existence or reliability of any of the features listed herein; and therefore, the renter should always do their own inspection before relying upon any information contained in this document. While all efforts have been made to include correct and current information, the Office of Reentry cannot guarantee the availability of any listings beyond the original date of posting and the information listed is subject to change without further notice. All inquiries regarding status of property should be directed to the landlord/property manager.

A MESSAGE TO LANDLORDS/PROPERTY MANAGERS:

Thank you for your participation. If you have any concerns regarding your participation in this directory or if you would like to modify or be removed from this directory, please contact:

Amy Piner, Program Coordinator of Administration-Office of Reentry
937-496-7047 or 937-546-9448
pinera@mcoho.org

1133 S. Edwin C. Moses Blvd., Suite 370, Dayton, Ohio 45417

A NOTE TO VICTIMS

Justice involved individuals impact every zip code in Montgomery County in a variety of different ways. These crimes often produce profound wounds in their victims, who are our parents, spouses, siblings, children, friends, and neighbors.

We wish to formally acknowledge that the actions of offenders often have a serious impact on not just the victims themselves, but also their families, and sometimes their entire communities. We express our sincere compassion and empathy to all people who have been victimized.

We also recognize the connection between stable housing and reducing recidivism for returning citizens. The Housing Directory is an effort to help make our homes, neighborhoods, and communities a safer place to live for future generations.

- Montgomery County Reentry Council- Housing Subcommittee

FAIR HOUSING QUESTIONS/COMPLAINTS

WHO DO YOU CALL?

Miami Valley Fair Housing Center: (937) 223-6035

Dayton's Human Relations Council: (937) 333-1403

Legal Aid of Western Ohio, Inc.: (888) 534-1432

HUD Housing Discrimination Hotline: (800) 669-9777

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AGORA REALTY

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: CASEY MCGOWAN	<input type="checkbox"/> No	<input type="checkbox"/> No
AGORA REALTY	Office Phone Number (937) 414-9960	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$25
Website https://www.agorarealtynow.com/	Email Address c.mcgowan1980@gmail.com	<input checked="" type="checkbox"/> First month's rent	<input checked="" type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input checked="" type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input checked="" type="checkbox"/> Gas	Handicap accessible units
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input checked="" type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies	
<input checked="" type="checkbox"/> Consideration of person on individual basis	<input checked="" type="checkbox"/> 4+ BD	<input type="checkbox"/> _____		on rental	
	<input type="checkbox"/> _____				

C WHITING AND SON HOME IMPROVEMENT AND CONSULTANT

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: CARLOS WHITING	<input type="checkbox"/> No	<input type="checkbox"/> No
C WHITING AND SON HOME IMPROVEMENT AND CONSULTANT	Office Phone Number (937) 238-0163	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
Website	Email Address Carlos.Whiting@yahoo.com	<input type="checkbox"/> First month's rent	<input type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: Allows pets, Deposit and monthly fee required
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

CHAMBERLAIN APARTMENTS I & II

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: SANDY HAMMOND	<input type="checkbox"/> No	<input type="checkbox"/> No
CHAMBERLAIN APARTMENTS I & II	Office Phone Number (937) 224-3000	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$35
Website	Email Address sandyh@denizenque.com davidl@denizenque.com	<input checked="" type="checkbox"/> <i>First month's rent +</i> \$150/\$199	<input checked="" type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input checked="" type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input checked="" type="checkbox"/> Gas	Checks Landlord References
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	Pet Policy: Cats only, \$150 pet deposit, \$25 monthly fee
<input checked="" type="checkbox"/> Credit	<input type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water and trash	Lease Period: There is a fee after 1 year
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies on rental	
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

COCKRELL, FERRIS

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: FERRIS COCKRELL	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 604-3854	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$35
Website	Email Address	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

COMTECH REALTY

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name COMTECH REALTY	Name: JIMMIE GIBSON	<input type="checkbox"/> No	<input type="checkbox"/> No
Office Phone Number (937) 287-2929		<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$ <u>30</u>
Website http://www.comtechrealty.com/	Email Address Livingquarters4you@gmail.com office@comtechrealty.com	<input type="checkbox"/> First month's rent	<input checked="" type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number Mike Baughman (retired) Cell: (937) 689-2433	<input checked="" type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/ Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: fees for pets vary
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input checked="" type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water and trash (apartments only)	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> Consideration of person on individual basis	<input checked="" type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

COUNTY CORP

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name COUNTY CORP	Name: JENNIFER BABROS	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
Office Phone Number (937) 531-7028		<input checked="" type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
Website www.countycorp.com	Email Address jbabros@countycorp.com	<input checked="" type="checkbox"/> First month's rent	<input type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/ Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	No Pets Allowed.
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input checked="" type="checkbox"/> Apartment	<input type="checkbox"/> Electric	If someone has an emotional support companion, it doesn't fall under the no pets allowed policy.
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

DEWS, DENISE

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: DENISE DEWS		
PRIVATE OWNER	Office Phone Number (937) 689-9519	<input type="checkbox"/> No	<input type="checkbox"/> No
2 Bed/ 1 Bath \$575		<input checked="" type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
Website	Email Address Dewsrn2005@yahoo.com	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

FELIX HOLDINGS LLC

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: KRISTINA LEWIS		
FELIX HOLDINGS LLC	Office Phone Number (631) 291-5564	<input type="checkbox"/> No	<input type="checkbox"/> No
Room rental, master lease		<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$ _____
Website	Email Address klewis1999@yahoo.com felixholding@gmail.com	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input checked="" type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input checked="" type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

GEM CITY PROPERTY MANAGEMENT LLC

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name GEM CITY PROPERTY MANAGEMENT LLC	Name: MARK KOLB	<input type="checkbox"/> No	<input type="checkbox"/> No
Office Phone Number (937) 331-9774	Office Phone Number (937) 331-9774	<input checked="" type="checkbox"/> Yes \$_____	<input checked="" type="checkbox"/> Yes \$25
Website www.gemcitypropertymanagement.com	Email Address gemcitypropertymanagement@sbcglobal.net	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Has some handicap accessible units
<input type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	Pet Policy: Allows pets, (\$300 refundable deposit, \$30 per month)
<input type="checkbox"/> Other_____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies on rental	
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input checked="" type="checkbox"/> 3-year_____			

GOLD COAST REALTY CO.

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name GOLD COAST REALTY CO.	Name: ROBERT ROTHMAN	<input type="checkbox"/> No	<input type="checkbox"/> No
Office Phone Number (937) 702-9044	Office Phone Number (937) 702-9044	<input checked="" type="checkbox"/> Yes \$_____	<input checked="" type="checkbox"/> Yes \$35
Website www.goldcoastrealtyco.com	Email Address robert@goldcoastrealtyco.com	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number (937) 307-8452	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Income Requirements: 3x monthly rent
<input checked="" type="checkbox"/> Eviction-None w/in 5 yrs	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	<input checked="" type="checkbox"/> Varies on rental
<input type="checkbox"/> Other_____	<input checked="" type="checkbox"/> 3 BD	<input checked="" type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input checked="" type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			

HICKMAN, NANCY

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: NANCY HICKMAN		
PRIVATE OWNER	Office Phone Number (937) 397-2668	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
Only houses available		<input checked="" type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
Website	Email Address njcaldwell7@gmail.com	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: fees for pets vary
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			

M&T PROPERTY & JANITORIAL SERVICE LLC

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: TENA DUNSON		
M&T PROPERTY & JANITORIAL SERVICE LLC	Office Phone Number (937) 972-1686	<input type="checkbox"/> No	<input type="checkbox"/> No
Website	Email Address dellyshelp1124@gmail.com	<input checked="" type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
	Cell Phone Number (937) 389-0068	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
		<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			

MAK GREGOR MANAGEMENT

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name MAK GREGOR MANAGEMENT	Name: MATT HEIDENREICH	<input type="checkbox"/> No	<input type="checkbox"/> No
Office Phone Number (937) 274-8142	Office Phone Number (937) 274-8142	<input type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$50
Website www.rentmgm.com	Email Address Matt@RentMGM.com	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number (937) 274-5678	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input checked="" type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/ Comments
<input checked="" type="checkbox"/> Criminal	<input checked="" type="checkbox"/> Efficiency	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: Allows pets, but varies on rental
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	Handicap accessible units
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies on rental	
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input checked="" type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

MANCO PROPERTY SERVICES

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name MANCO PROPERTY SERVICES	Name: CYNDEE HENRY & KAREN LEWIS	<input type="checkbox"/> No	<input type="checkbox"/> No
Office Phone Number (937) 277-9551	Office Phone Number (937) 277-9551	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$45 per adult
Website www.mancopropertieservices.com	Email Address cyndee@mancopropertieservices.com karen@mancopropertieservices.com	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/ Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: Allows pets, but varies on rental
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	Handicap accessible units
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input checked="" type="checkbox"/> Other__Landlord and Job__	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies on rental	
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

MEGEN-D INVESTMENTS LLC

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: GALEN CURRY		
MEGEN-D INVESTMENTS LLC	Office Phone Number (937) 580-7499 (937) 901-4803 (could be old)	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
Website	Email Address curry.megend08@gmail.com	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

METZNER, BILL

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: BILL METZNER		
PRIVATE OWNER	Office Phone Number (937) 620-9646	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$25
Website	Email Address	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

NILES INVESTMENTS, LTD

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name NILES INVESTMENTS, LTD	Name: IESHA NILES	<input type="checkbox"/> No	<input type="checkbox"/> No
Website https://nile-investments-ltd.business.site/	Office Phone Number (937) 263-1363	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$20 per person
	Email Address Iesha.Nile47@gmail.com	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input checked="" type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

PEPZEE REALTY OF OHIO LLC

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name PEPZEE REALTY OF OHIO LLC	Name: JEANNIE KELLER & BRENDA MENDIZABAL	<input type="checkbox"/> No	<input type="checkbox"/> No
Website www.pepzee.com	Office Phone Number (937) 275-0001	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$30 per person
	Email Address info@pepzee.com	<input checked="" type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal-No criminal hx w/in 2 yrs, no violent hx w/in 5 yrs	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Equipped to have pets
<input checked="" type="checkbox"/> Eviction-None w/in 2yrs	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	Income Requirements: Verifiable Income, net 3x the rent
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input checked="" type="checkbox"/> 2-year		<input checked="" type="checkbox"/> Varies on rental	
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

POSTELL, DEVIN

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: DEVIN POSTELL	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 580-5383	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$ _____
Website	Email Address devinpostell4@gmail.com	<input type="checkbox"/> First month's rent	<input checked="" type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input checked="" type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

PRUNTY, SAINT

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: SAINT PRUNTY	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 263-5352	<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> Yes \$ _____
1/2 doubles/ Single Family Homes	Email Address	<input type="checkbox"/> First month's rent	<input type="checkbox"/> Fee waived if Reentry Classes are completed
Website	Cell Phone Number	<input type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

REDDY, SHAM

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: SHAM REDDY	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 545-0822	<input type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$35
Website www.gdreia.com	Email Address sreddy4u@aol.com	<input type="checkbox"/> First month's rent	<input type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input checked="" type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

SOLOMON, LARISA

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: LARISA SOLOMON	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 831-1883	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$40
Website	Email Address larisasolo66@yahoo.com	<input checked="" type="checkbox"/> First month's rent	<input type="checkbox"/> Fee waived if Reentry Classes are completed
	Cell Phone Number	<input checked="" type="checkbox"/> Amounts vary	<input type="checkbox"/> App. fee refunded if application is denied for disclosed info

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	Pet Policy: Allows pets, has fees for pets
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input checked="" type="checkbox"/> Credit	<input type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input checked="" type="checkbox"/> Checks Rental Hx	<input checked="" type="checkbox"/> 3 BD	<input checked="" type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> Consideration of person on individual basis	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

THOMAS, JOANIE

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: JOANIE THOMAS	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 654-6548	<input checked="" type="checkbox"/> Yes \$ <u>Negotiable</u>	<input type="checkbox"/> Yes \$ _____
Website	Email Address	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
	Cell Phone Number	<input type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input type="checkbox"/> Eviction	<input checked="" type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

WAGNER, LES

Agency/Company	Contact Information	Deposit Required	Application Fee
Agency/Company Name	Name: LES WAGNER	<input type="checkbox"/> No	<input type="checkbox"/> No
PRIVATE OWNER	Office Phone Number (937) 325-6993	<input checked="" type="checkbox"/> Yes \$ _____	<input checked="" type="checkbox"/> Yes \$ _____
Website	Email Address	<input type="checkbox"/> <i>First month's rent</i>	<input type="checkbox"/> <i>Fee waived if Reentry Classes are completed</i>
lesinvests.com	lesinvestsrealestate.com	<input checked="" type="checkbox"/> <i>Amounts vary</i>	<input type="checkbox"/> <i>App. fee refunded if application is denied for disclosed info</i>
	Cell Phone Number		

Background Check	Types of Rental	Lease Period	Types of Housing	Utilities Included	Miscellaneous Features/Comments
<input checked="" type="checkbox"/> Criminal	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Single-family	<input type="checkbox"/> Gas	
<input checked="" type="checkbox"/> Eviction	<input type="checkbox"/> 1 BD	<input type="checkbox"/> 6-months	<input type="checkbox"/> Apartment	<input type="checkbox"/> Electric	
<input type="checkbox"/> Credit	<input checked="" type="checkbox"/> 2 BD	<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> Shared housing	<input checked="" type="checkbox"/> Water	
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 3 BD	<input type="checkbox"/> 2-year			
<input checked="" type="checkbox"/> <i>Consideration of person on individual basis</i>	<input type="checkbox"/> 4+ BD	<input type="checkbox"/> _____			
	<input type="checkbox"/> _____				

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WHAT IS THE REENTRY CAREER ALLIANCE ACADEMY (RCAA)?

The RCAA consists of a career focused work readiness curriculum, concluding with a formal graduation ceremony. The RCAA provides participants with an opportunity to connect with local community resource providers, employers, and case management. The 4-week program model consists of 29 workshops (generally 3 workshops daily), Tuesday through Thursday, from 9am-4pm. Workshop topics include: Reentry Planning, Offender Workforce Development & Retention, Personal/Family & Social Responsibility, Behavioral Health, Housing, Healthcare, Behavioral Management, Financial Literacy, Networking, Legal Issues, Education, and other supportive services. All RCAA intake orientation and workshops are held at the Reentry Training Center (RTC).

For more information contact either office location. Both addresses are located at the same site within the *Job Center/**Job Mall:

Montgomery County Reentry Training Center (RTC)
*1111 S. Edwin C. Moses Blvd., Suite 1175, Dayton, Ohio 45417
Reception: 937-496-6604
(New Address Above Effective: 7/1/2019)

Montgomery County Office of Reentry- Administrative Office
**1133 S. Edwin C. Moses Blvd., Suite 370, Dayton, Ohio 45417
Reception: 937-496-7129

Jamie Gee, Manager:	937-225-6460 937-546-9004
Amy Piner, Program Coordinator of Administration:	937-496-7047 937-546-9448
Quinn Howard, Program Coordinator of Operations:	937-225-6438 937-581-3422
Keith Harrison, Secretary – Job Mall Job Center:	937-496-7129 937-496-6604
Monica Lofton, Case Manager:	937-496-7005

MONTGOMERY COUNTY OFFICE OF REENTRY “MOVE-IN ASSISTANCE PROGRAM” IN PARTNERSHIP WITH THE NEW PATH INC.

Purpose of Move-In Assistance Program: To provide specific assistance through The New Path Inc. (New Path) to RCAA graduates who have completed the program and who have a source of sustainable income.

These forms of assistance are: Rent/utility down payment assistance (\$250 maximum); Furniture and household goods; Food for three days; moving truck and/or physical assistance to move. Both the Office of Reentry and New Path will encourage participants to reciprocate by “paying it forward” and providing volunteer hours helping others in the program. Our goal is to build a supportive community of “neighbors helping neighbors” with the move-in assistance program and provide a pathway for the Office of Reentry referred clients to volunteer to help others in the Move-in Assistance Program.

For more information contact:

William Lutz
Executive Director for The New Path Inc.
blutz@ginghamsburg.org | 937-669-1213

