



Green Meadows Apartments  
900 NorthMeadow Dr  
Gaylord, MI 49735  
P#989-732-4581  
F#989-732-4586

Thank you for your interest in Green Meadow Apartments! Once you have filled out the application and are ready to turn back in please include a \$25 dollar money order per adult household member made out to "Green Meadow Apartments" to begin the criminal and back ground screening portion of the application.

Thank You!

Green Meadow Apartments

# Application For Occupancy

Green Meadows Apartments  
900 Northmeadows Drive  
Gaylord, MI 49735  
Phone: 989-732-4581  
Fax: 989-732-4586

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

Application #: \_\_\_\_\_

Please complete all sections and sign the last page.

Name: \_\_\_\_\_

Street Address/Apt #: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check what size units you would want to be considered for:  
\_\_\_ One Bedroom \_\_\_ Other, please specify  
\_\_\_ Two Bedrooms \_\_\_\_\_

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a \_\_\_ mobility, \_\_\_ visual, or \_\_\_ hearing disability.

## Housing Status

Name & Address of Present Landlord: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name & Address of Managing Agent: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Managing Agent Telephone Number: \_\_\_\_\_

Is the apartment lease in your name? \_\_\_ Yes \_\_\_ No Do you pay your own rent? \_\_\_ Yes \_\_\_ No If not, who does? \_\_\_\_\_

Are you sharing your apartment? \_\_\_ Yes \_\_\_ No Is your landlord a relative? \_\_\_ Yes \_\_\_ No

Monthly rent: \$ \_\_\_\_\_ Does your rent include utilities? \_\_\_ Yes \_\_\_ No Average monthly utility expenses: \$ \_\_\_\_\_

How much do you contribute to the monthly rent? \$  
(If you do not contribute anything, write "0")

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months Reasons for wanting to move? \_\_\_\_\_

Do you currently have a Section 8 voucher? \_\_\_ Yes \_\_\_ No Please check the size of your present residence:

Is your rent presently being subsidized through Section 8? \_\_\_ Yes \_\_\_ No  
\_\_\_ Studio \_\_\_ Three Bedrooms  
\_\_\_ One Bedroom \_\_\_ Other: please specify  
\_\_\_ Two Bedrooms \_\_\_\_\_

## Housing Status (continued)

Name and Address of Previous Landlord: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Landlord Telephone Number: \_\_\_\_\_ Previous Managing Agent Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Reason for moving:

Previous rent per month:  
\$

## Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Full Name:	Relationship to Head of Household	Birth date	SS#
1.	Head of Household		
2.			
3.			
4.			
5.			

## Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				\$_____ Per_____
2.				\$_____ Per_____
3.				\$_____ Per_____
4.				\$_____ Per_____

## Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$_____ Per_____
2.		\$_____ Per_____
3.		\$_____ Per_____
4.		\$_____ Per_____

## Assets

Complete each category as applicable.

Checking Account

Name of Bank:

Address:

Account Number:

Balance/Date:

\$ / as of

Money Market Account

Name of Bank

Address:

Account Number:

Balance/Date:

\$ / as of

Stocks and Bonds Value:

\$

Do you own any real estate? ☐ Yes ☐ No

Passbook/Savings Account

Name of Bank:

Address:

Account Number:

Balance/Date:

\$ / as of

Savings Certificate

Name of Bank

Address:

Account Number:

Balance/Date:

\$ / as of

Savings Bond/s Value:

\$

If yes, what is the current value?

Have you ever owned any real estate?

☐ Yes ☐ No

If yes, when? When sold? For how much?

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years?

☐ Yes ☐ No

If yes, list each asset and the amount received for each asset.

## Full-Time Student Status

List all persons who full-time students.

Full Name

Name and address of School

Phone

Period of  
Enrollment

1.

2.

3.

4.



## Program Information

Do you presently reside in a development where your rent is based upon your income? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

How did you hear about our development? \_\_\_\_\_

Why are you applying to our development? \_\_\_\_\_

Were you or any member of your household ever convicted of a felony?  
☐ Yes ☐ No

If yes, when? Explain circumstances briefly. \_\_\_\_\_

Have you or any member of your household ever been evicted?  
☐ Yes ☐ No

If yes, when? Explain circumstances briefly. \_\_\_\_\_

Has anyone in your household been convicted of violating any drug-related laws?  
☐ Yes ☐ No

If yes, when? Explain circumstances briefly. \_\_\_\_\_

Do you have a pet? ☐ Yes ☐ No type of pet(s): \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Demographic Data

The following information is required to determine program utilization and for statistical purposes only.  
This information will not affect the processing of this application.

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

## Attention

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

I acknowledge that a credit background check of all adult household members will be part of the application process and I authorize that check. By signing below, I also acknowledge that, upon clearing a credit background check, a further criminal background check will be required of all adult household members.

Signature of applicant \_\_\_\_\_

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

**WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature of applicant: \_\_\_\_\_

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

## Rental Application for Residents and Occupants

1. Criminal and Rental History Sections are now two (2) separate sections
  - a. Rental History (to be completed by all applicants)
  - b. Criminal History (do not complete this section if the unit for which you are apply is located in Detroit)

## NEW DISCLOSURE FOR DETROIT APPLICANTS

**Detroit Fair Chance Housing Ordinance.** Pursuant to Chapter 26, Article V, of the 1984 Detroit City Housing Code, we will not inquire about or request that you disclose your criminal conviction history until we have determined your qualification to rent the unit for which you are applying under all other rental criteria not related to potential past criminal convictions or an unresolved arrest. Once we have determined your qualification to rent the unit for which you are applying under all other rental criteria not related to potential past criminal convictions or an unresolved arrest, we will then perform a criminal conviction history review.

**Adverse Action Based on Criminal Conviction History.** You will be notified of any prospective adverse action and the items forming the basis for the prospective adverse action prior to us taking such action if we intend to base the adverse action related to eligible housing on an item or items in your conviction history. We will also provide you with a copy of your background check report.

You have fourteen (14) calendar days from the notice referenced above to provide us with evidence, in writing, of the inaccuracy of the item(s) of your conviction history or evidence of rehabilitation or other mitigating factors.

We will delay any adverse action for a reasonable period of not less than five (5) calendar days after receipt of the information to reconsider the prospective adverse action in light of the information you provide. Once a determination has been made, we will promptly notify you of any final adverse action based upon your conviction history or contents of your criminal background check.

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### For Office Use Only

Applicant name: \_\_\_\_\_

Applicant Verification Code: \_\_\_\_\_

Did the applicant pass a credit background check? ☐ Yes ☐ No

Date of Verification: \_\_\_\_\_

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

Signature of Verifier: \_\_\_\_\_

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I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

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WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant: \_\_\_\_\_

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



Insert Property Name does not discriminate on the basis of disability in the admission or access to, or employment in, its federally assisted programs and activities.

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