



321 Woodland Pass Ste 100
East Lansing, MI 48823

PHONE: (517) 351-1544
MI TDD/TTY: 7-1-1
TX TDD: 800-735-2989
Rev: 3-2023

Dear Applicant,

Thank you for your interest in an MRD property.

The first step toward making Mackinaw II Apartments your next home is completing the attached application and returning it to the property office.

When a completed application is received in the property office, the application will be reviewed to ensure it is filled out completely. The Rental History will be reviewed, if the rental history meets management qualifications, then the Credit and Criminal screening will be completed. If the applicant qualifies for housing at this property, then the applicant will be placed on the wait list. Within two weeks of submitting this application you will have a response informing you of the status of your application.

If an applicant/s have been on the property waitlist for 12 months or more, when a unit becomes available, at that time the Rental History, Credit and Criminal screening will be rerun to ensure the applicant/s still meets the properties qualifications. If the household does not meet property criteria, then the applicant/s will be notified and removed from the waitlist.

Before moving in, all applicants will need to provide all household members' social security cards and birth certificates also household members over the age of 18 will need to provide picture Id's.

Please contact the office at Mackinaw II Apartments if you have any other questions regarding the application or move in process. We look forward to working with you, we know you'll love living at any of our MRD properties.

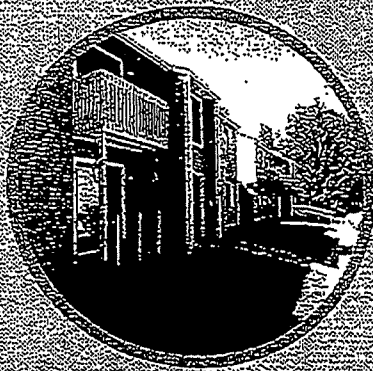
Sincerely,
Property Manager

Mackinaw II Apartments
1327 Mackinaw Ave.
Cheboygan, MI 49721
231-627-7835
mackinawapartments@mrdhousing.com

This institution is an equal opportunity provider.

Equal Housing Opportunity





1327 Mackinaw Avenue
Cheboygan, Michigan

CONTACT

PHONE:
(231) 627-7835

WEBSITE:
mrhousing.com

EMAIL:
Mackinawapartments@mrhousing.com

Dear Applicant,

**Thank you for your interest in
Mackinaw II Apartments!**

Please complete the application and return the original to our office.

Processing Fee

There is no fee for processing a HUD application.

The Wait List

Once the completed application has been received your name will be added to the waitlist while your eligibility is determined.

Prepare Ahead of Time

Below is a list of the documents that will be required at move-in:

- Picture Identification (Driver's license or State issued I.D.) for the adults in the household
- Birth Certificates for all members of the household
- Social Security Cards for all members of the household

Call the leasing office if you need any assistance looking for your new home.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.



HUD Rental Application

Unit Size Desired: _____

MRD APARTMENTS

MI TDD/TTY: 7-1-1

TX TDD/TTY: 800-735-2989

Date Received

Time Received

Received By: _____

a.m. ☒ p.m. ☐Property Name: Mackinaw IIAddress: 1327 Mackinaw Ave.City: Cheboygan State: MI Zip: 49721Phone: 231-627-7835 Fax: 231-627-6511

Please Print

Equal Housing
Opportunity

(1) Full Name of Applicant _____ Soc. Sec # _____ - _____ - _____

If you have no Social Security number, you claim you are exempt because:

☐ You are an ineligible non-Citizen Or

You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address _____ How Long _____

City _____ State _____ Zip Code _____

Driver's License # _____ ID# _____ Date of Birth _____

Phone # (____) _____ Cell # (____) _____ Message # (____) _____

Email: _____

May we contact you at work? ☐ Yes ☐ No Are you a Student enrolled in an institute of higher education? Yes ☐ No ☐If yes, where do you attend school? _____ full-time ☐ part-time ☐**Rental History:**

Present Landlord: _____ Phone# (____) _____

Address _____ City _____ State _____ Zip _____

Contact Name: _____ How long did you live at this address: _____

Reason for leaving: _____

Have you given this landlord notice that you will be moving? Yes or No _____

Previous Landlord: _____ Phone# (____) _____

Address _____ City _____ State _____ Zip _____

Contact Name: _____ How long did you live at this address: _____

Reason for leaving: _____

Did you give this landlord notice that you were moving? Yes or No _____

Complete if applicable: I, _____, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

This institution is an equal opportunity provider.

Equal Housing Opportunity



(2) Full Name of Co-Applicant _____ Soc. Sec # _____ - _____ - _____

If you have no Social Security number, you claim you are exempt because:

☐ You are ineligible non-Citizen Or

☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address _____ How Long _____

City _____ State _____ Zip Code _____

Driver's License # _____ ID# _____ Date of Birth _____

Phone # (____) _____ Cell # (____) _____ Message # (____) _____

Email: _____

May we contact you at work? ☐ Yes ☐ No Are you a Student enrolled in an institute of higher education? Yes ☐ No ☐

yes, where do you attend school? _____ full-time ☐ part-time ☐

Rental History:

Present Landlord: _____ Phone# (____) _____

Address _____ City _____ State _____ Zip _____

Contact Name: _____ How long did you live at this address: _____

Reason for leaving: _____

Have you given this landlord notice that you will be moving? _____

Previous Landlord: _____ Phone# (____) _____

Address _____ City _____ State _____ Zip _____

Contact Name: _____ How long did you live at this address: _____

Reason for leaving: _____

Did you give this landlord notice that you were moving? _____

Complete if applicable: I, _____, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

You may not live in the unit unless you can establish utilities in the unit. Please check yes or no.

Do you have any current outstanding balances owed to any utility provider?	Yes <input type="checkbox"/>	Which Provider/Company	No <input type="checkbox"/>
Will you be able to establish utilities in your unit?		Which Provider/Company	
Electric.....	<input type="checkbox"/>		<input type="checkbox"/>
Gas	<input type="checkbox"/>		<input type="checkbox"/>
Water.....	<input type="checkbox"/>		<input type="checkbox"/>

Household Composition and Characteristic: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non- citizen eligibility requirements please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application. Live in aids must complete a live in aid questionnaire which is different than the standard application for housing and rental assistance; please contact the property staff if a live in aid will live in the unit.

Other than those household members listed below, do you expect any new additions to the household in the next 12 months?

New Adult _____ Child _____ Child (adoption) _____ Child (foster) _____

Household Member #	Household Member's Full Name	Relationship to Head of Household	Birth date	Social Security #
1).		Head of Household		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
2).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
3).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
4).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	

Please provide a complete list of states where this person has lived:				
5).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				

Unit Size: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance to HUD Handbook 4350.3 Revision 1. Please indicate unit size preference below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size <input type="checkbox"/> 1 Bedroom Unit <input type="checkbox"/> 2 Bedroom Unit <input type="checkbox"/> 3 Bedroom Unit	Special Features <input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Communication Accessible Unit (Hearing) <input type="checkbox"/> Communication Accessible Unit (Visual) <input type="checkbox"/> Special Features: Please List: _____
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General Information: Please list emergency contacts of your choosing (for applicant and co-applicant).

Name _____ Phone # _____
 Address _____ Relationship _____
 Name _____ Phone # _____
 Address _____ Relationship _____

Is anyone in your household enrolled in the U.S. Military or is anyone a veteran of the U.S. Military? ☐ Yes ☐ No
 If yes, please explain _____

Is anyone in your household a victim of a recent presidentially declared disaster? ☐ Yes ☐ No
 If yes, please explain _____

Have you or anyone in the household ever been evicted or been requested to vacate a residence? ☐ Yes ☐ No
 If yes, please explain including dates and addresses: _____

Has anyone in the household been convicted of a crime? ☐ Yes ☐ No
 If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.
 Felony _____ Misdemeanor _____

Have you or anyone in the household subject to a lifetime state sex offender registration in any state? ☐ Yes ☐ No
 If yes, please explain _____

Have you ever been evicted from federally funded housing program for a lease violation including drug use or failure to report a crime? ☐ Yes ☐ No

If yes, When _____

Have you or anyone in the household ever broken an apartment or residential lease contract? ☐ Yes ☐ No

If yes, please explain including dates: _____

Have you or anyone in the household ever been sued or served for non-payment of rent? ☐ Yes ☐ No

If yes, please explain including dates: _____

Do you have now or ever had pests (roaches, bed bugs, rodents, etc?) ☐ Yes ☐ No

If yes, please explain including dates: _____

How did you hear about our community? _____

Income and Expense Information (All applicable forms of income and expense will be verified.)

Employment Information:

Applicant's Employer _____ How long _____ Monthly Income _____

Address _____ Phone Number _____

Co-applicant's Employer _____ How long _____ Monthly Income _____

Address _____ Phone Number _____

Income					
Please list total wages, commission, fees, tips and bonuses (before deductions) of all adult members of the household (complete the category that best fits the way your household is paid)					
Head	Hour \$	Hours per week	Week\$	Month\$	Yearly \$
Co-Head	Hours\$	Hours per week	Week\$	Month\$	Yearly \$
If you operate a business or have rental income, Please list the net earned income: (A copy of your tax return will be necessary)					
Head \$			Co-Head \$		
Please list any interest or any other income from household assets:					
Head \$			Co-Head \$		
The full amount received from Social Security (including payments received by adults on behalf of minors or by minors for their support), annuities, insurance policies, retirement funds, pensions, disability or death benefits (excluding lump sum payments).					
Head \$ (per month)			Co-Head \$ (per month)		
Please indicate the amount received from unemployment, disability, workers compensation or severance pay.					
Head \$ (per month)			Co-Head \$ (per month)		
Does an order for child support or alimony (paid to a household member) exist? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please indicate the amount ordered to be paid. (A copy of the court order will be necessary.)					
Head \$ (per month)			Co-Head \$ (per month)		
List all regular pay, special pay (except for person exposed to hostile fire) and allowances of a member of the armed forces who is head of the family or spouse.					
Head \$			Co-Head \$		
Any other income not listed above, including regularly recurring gifts or contributions from outside the household listed above:					
Head \$			Co-Head \$		
Adjustments to Income					
Do you qualify for Medical adjustments or other income adjustments:					
Head: <input type="checkbox"/> YES <input type="checkbox"/> NO			Co-Head: <input type="checkbox"/> YES <input type="checkbox"/> NO		

HUD Rental Application

If Yes, do you have medical expenses that are not covered by insurance?	
Head \$ _____	Co-Head \$ _____
Does anyone in your household pay childcare expenses that allow you to work or attend school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list the amount of child-care expense:	
Head \$ _____ <input type="checkbox"/> per week <input type="checkbox"/> per month	Co-Head \$ _____ (per week or per month)
Adjustments to Income (continued)	
This expense can only be deducted if paid for a member of the household, age 12 or under, and it enables any adult members of the household to work or to attend school. Child-care costs paid by agencies or others outside the household are not deductible.	
Do you pay expenses for care of a minor or an individual with disabilities that allow you to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Head \$ _____ (per week or per month)	Co-Head \$ _____ (per week or per month)
Please list the amount of medical deductions. (Costs that are paid by others or outside agencies are not deductible.)	
Head \$ _____ (per month)	Co-Head \$ _____ (per month)

Elderly households qualify for certain deductions. (Definition- A household where the tenant or co-tenant is at least 62 years old or older disabled of any age.) Does your household fit this definition? ☐ Yes ☐ No (Must be verified)

Animals are not allowed without approval through the Reasonable Accommodation process. If you or a member of your household are disabled or handicapped, and require an accommodation, please obtain a copy of the policy from the manager.

Additional Information: I/We agree to provide copies of picture identification for all adult members of the proposed household, copies of birth certificates for minors of the proposed household and copies of Social Security Cards for all members of the proposed household prior to obtaining occupancy.

Current Residence Information: Does this household or any member of the proposed household (as listed above) currently reside in any subsidized rental unit? Yes or No (circle one). This includes minors who might be included on another parent's lease. If yes, please provide the address of the rental unit and any management company/owner information you may know. If a minor of the proposed household might be included on another parent's lease, please provide the name of the other parent.

Violence Against Women Act: The owner/agent understands that, regardless of whether state or local laws protect victims of domestic violence, rape, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under the Violence Against Women Act. If any resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

The owner/agent will not assume that any act is a result of abuse covered under the Violence Against Women Act. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

Permission for Release of Information:

I/We hereby give my/our permission to Management Resources Development, Inc. and their staff to contact any individuals or businesses that they deem necessary for the purpose of verification of the above information and my abilities to pay rental payments. I/We understand that this may include creditors and credit bureaus, criminal background check, current and past employers, current and past landlords and any other agencies, private or government. It is my/our understanding that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises.

Affidavit of Residency:

I/We certify to the apartment owner and to Rural Development that if I/we become a resident that it will be my/our permanent and primary residence and that I/we do not and will not maintain a separate rental unit in a different location.

WARNING:

WARNING: Title 18 Section 1001 of the U.S. Codes 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 purpose 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 the **Social Security Act of 208 (a) (6), (7) and (8), Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8). **

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ Yes Paper Copy ☐
☐ No Electronic copy ☐

Applicant _____ Date _____

Applicant _____ Date _____

Applicant _____ Date _____

Applicant _____ Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Complete for each member of the proposed household as numbered on the first page of this application.

(Check one)

(Check all that apply)

A P P L I C A N T	Hispanic or Latino	Non Hispanic or Non Latino	American Indian/ Alaska Native	Asian	Black or African American	Native Hawaiian / Pacific Islander	White
1							
2							
3							
4							
5							
6							

Management Resources Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1998)

Name: Rebecca Hartupee
Address: 321 Woodland Pass Suites 100
City: East Lansing State: MI Zip code: 48823
Telephone- Voice: 1-517-708-2169
Telephone- TTY: 1-800-649-3777

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: 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.

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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.

Authorization for Landlord Reference

Name of Landlord _____ Address _____ Address _____ Telephone Number _____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Current Landlord <input type="checkbox"/> Previous Landlord </div> <div> Name of Applicant/Co-Applicant _____ Rental Unit Address _____ </div> </div>
<p>The individual(s) listed above has/have completed an application for housing with our apartment community and has listed you as a previous or current Landlord. Please answer each question and return the form to the address shown below or via fax. Thank you in advance for your cooperation and prompt return. The signature below provides you permission to provide information regarding the residency</p>	
Applicant's Signature _____ Please return form to:	Co-Applicant's Signature _____ Manager's Signature _____

THIS SECTION INTERNAL USE ONLY

Applicant's Name _____	Dates of Residency	
Street: _____	From: _____	To: _____
City: _____	State: _____	Zip: _____
Please list all members living with household: _____		
RENT PAYMENT HISTORY		
How much is (was) applicant rent? _____	\$	
Is (was) applicant current on Rent?	Yes	No
Is (was) applicant ever late paying rent? _____	How late? _____	How Often? _____
If this property received federal assistance, did the applicant and his/her family fully and accurately disclose employment, income and changes in family composition as required?	Yes	No
If no, describe: _____		
Has this tenant had 2 or more NSF's within the last 24 months?	Yes	No
Have you ever had to evict this tenant?	Yes	No
Have you ever filed against this tenant (with the courts) within the last 24 months?	Yes	No
Does this applicant have an outstanding balance with MRD that cannot be paid prior to application being accepted	Yes	No
CARE OF UNIT		
Does (did) the applicant or guests keep the unit clean?	Yes	No
Has (had) the applicant or guest damaged the unit or common area?	Yes	No
If yes, how extensive? _____	How Often? _____	
Describe: _____		
Does the resident have now or had in the past Bed Bugs issues?	Yes	No
Has (had) the applicant paid for the damage(s)?	Yes	No
will (did) you keep any Security Deposit for damages?	Yes	No
How much does the applicant owe for damages or is it for Break Lease Fee?		
GENERAL INFORMATION		
Does (did) the applicant or guest create any physical hazards to the premises or residents?	Yes	No
Does (did) the applicant or guest interfere with the rights and quite enjoyment of residents?	Yes	No
If yes, describe: _____		
Has (had) the applicant given you any false information?	Yes	No
Does (did) the applicant have a pet? If Yes what kind and how many?	Yes	No
Did (does) the applicant satisfy the requirements of tenancy such as notice to vacate, ect?	Yes	No
If no, why not: _____		
Has the tenant received any lease violations within the last 24 months?	Yes	No
Are you related to this applicant family?	Yes	No
Would you rent to this applicant again?	Yes	No
If no, why not: _____		
Signature: _____	Date: _____	