

HUD APPLICATION ASSISTANCE AND INFORMATION

PLEASE carefully read and follow the instructions on Part I of this packet
BEFORE completing the attached application (Part II).

It will be necessary for you to make an appointment BEFORE returning this application to our business office. This will allow time to check your application for completeness. Appropriate assistance will be provided in a confidential manner.

Lynn Street Manor

Office hours: **8:00 a.m. – 4:00 p.m.** Telephone Number: **989-733-2661** Fax: 989-733-8572
If you have a hearing impairment, please contact us through the Michigan Relay Center (TDD) at **1-800-649-3777**.

PART I **COMPLETING THE APPLICATION**

Please **PRINT** all sections in ink. Do not leave any section blank – even those, which do not apply to you. Enter “no” or “none” if the question does not apply. Make sure that all adult applicants have signed the application.

Please **ANSWER** all questions truthfully. Your answers will be verified. Any misrepresentation of information related to eligibility, allowance, rent, family composition or prior housing history **is grounds for rejection**. The information is needed to adequately determine your eligibility for housing, to determine if a barrier-free unit or accommodation is needed, and to determine your rent should you become a resident.

All adult household members (head, spouse/co-applicant) will complete and sign this application form. Additionally, each adult applicant must:

1. Submit proof of their current address: a copy of their driver's license or state ID. If these items are not available, the following proof of address may be considered: vehicle registration, utility bill in their name, payroll stub, letters mailed, etc.
2. Submit a list of States that all applying members have ever resided.
3. Submit a copy of their social security card; or proof of their social security number; or the reason they do not have a social security number. (This submission applies to all household member also.) This is a HUD requirement.

To prove eligibility as claimed on the application, all household members must submit copies of the following records: *(We will make Xerox copies of all of your original documents if requested.)*



- ✓ Social Security – current benefit/award letter
- ✓ Pensions & Annuities – latest check stub from issuing institution
- ✓ SSI – current benefit/award letter
- ✓ Alimony – copy of court order
- ✓ Employment – most recent pay stub showing year-to-date income, W-2 form, etc.
- ✓ Unemployment Compensation – latest check stub, determination letter, etc.
- ✓ Public Assistance – award/benefit letter
- ✓ Asset Income – most current – monthly statements from banks and/or credit unions, stocks, bond certificates, mortgage note, property tax statement showing state equalized value, income tax return, certificates of deposit, other investment companies, etc.
- ✓ Any Other Sources – benefit statements, award letters, check stubs, etc.
- ✓ Birth Certificates – to prove age

NOTE: This is NOT an all inclusive list. Other documents may be requested as proof of claim(s).

After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the waiting list, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

As long as your application is on file with us, it is YOUR responsibility to contact us whenever your address, telephone number, income situation or household size changes. In accordance with program regulations, information obtained may be released to appropriate Federal, State or local agencies.

PENALTIES FOR MISUSING THIS CONSENT

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the application form. Use of the information collected based on this application form is restricted to the purposes cited. Any person who knowingly or willfully 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, the PHA or the owner responsible for the unauthorized disclosure of improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

WARNING: Section 1001 of Title 18, United States code provides: “Whoever, in any matter within any jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals or covers up ... a material fact, or makes any false, fictitious or fraudulent statements or representation, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.”



PART II

Lynn Street Manor RENTAL APPLICATION (HUD)

MANAGER'S USE ONLY:

Completed application date: ____/____/____

Time Received: ____:____ a.m. / p.m.

Waiting list priority code: ____

Date renewed: ____/____/____; ____/____/____

Telephone: (H) _____ (W) _____

Unit type qualifications: 1 BR ____ 2 BR ____ Handicapped unit ____

Move in Date: ____/____/____

Comments: _____

For marketing purposes, please let us know how you heard of us:

___ Newspaper Ad ___ Resident Referral ___ Web Site ___ Drive-by ___ Other: _____

HOUSEHOLD COMPOSITION

Applicant Name(s): _____

Current

Address: _____
Street Apt. # City State Zip

Telephone Home: _____ Work/Other: _____

List all persons, including yourself, who will reside in the apartment, NOTE: The number in the left-hand column is the household member number and is the number requested in the remaining sections of the application:

Please Print

FULL NAME	RELATIONSHIP	SEX	AGE	DATE OF BIRTH	INCOME SOURCE(S)	SOCIAL SECURITY NUMBER
1.						
2.						
3.						
4.						



RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing.

- 1) Race of Household, please check one: ☐ White ☐ Black
☐ Native American/Alaskan/Hawaiian
☐ Asian/Pacific Islander
- 2) Ethnicity of Household, please check one: ☐ Hispanic ☐ Non-Hispanic

HOUSEHOLD COMPOSITION (Continued)

- Will any of the above household members live anywhere except the apartment?
☐ YES ☐ NO
If YES, please explain: _____
- Are there any other persons who will live in the apartment on a less than full-time basis?
☐ YES ☐ NO
If YES, please explain: _____
- Have you, your spouse or co-applicant ever used different names from the names shown above?
☐ YES ☐ NO
If YES, please list names used and dates when such names were in use: _____

- Have you, your spouse or co-applicant ever been evicted or otherwise removed from rental housing?
☐ YES ☐ NO
If YES, please provide landlord name, address, phone number and dates: _____

- Has any place where you, your spouse or co-applicant were living been destroyed or damaged by fire?
☐ YES ☐ NO
If YES, please provide details: _____

➤ Are you or any household member subject to state lifetime sex-offender registration **in any state?**

☐ YES ☐ NO

If YES, please provide details: _____

ASSETS

List for all household members: checking/savings accounts, stocks, bonds, land, real estate, real estate contracts, interest, dividends, etc.

Household Members Number	Description Of Asset*	Name of Institution/Bank	Estimated Current Value	Estimated Annual Income from Assets Including Interest

* Please provide documentation for all **assets** listed above. Xerox copies are preferred.

INCOME FROM EMPLOYMENT

List all full/part-time and/or seasonal employment for head, spouse or co-applicant and other household members age 18 or older, including the self-employed.

Household Members Number	Place of Employment	Employer Address	Employer Phone	Supervisor	Est. Total Gross Earn. Coming year \$ *

* A copy of your most recent pay stub showing year-to-date income will provide sufficient information at this time.

OTHER INCOME SOURCES

List gross non-employment income for all household members. This includes income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, and all other income.

Household Members Number	Source of Income and Who pays it	Address of Source of Income	Contact Person Name and Telephone	Est. Total Gross Earn. Coming year \$ *

* Please provide documentation for all income sources listed.

CREDIT HISTORY

List the names of all utility companies with which you now have or have had accounts at the two most current addresses.

Name of Utility Company	Type (Electric, Gas, Etc.)	Name of Acct. Holder	Property Address

HOUSING HISTORY

We are **requiring a 3-year history**. Please enter the information asked for below for your current and two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name.

Applicant Street Address	City, State and Zip Code	Monthly Rent \$	Telephone ()
Landlord/person in Charge Street Address	City, State and Zip Code	App. Paid Utility \$	L.L. Phone ()
Names of Household Members	Security Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO	Move-in Date:	Do you have a signed lease agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant Street Address	City, State and Zip Code	Monthly Rent \$	Telephone ()
Landlord/person in Charge Street Address	City, State and Zip Code	App. Paid Utility \$	L.L. Phone ()
Names of Household Members	Security Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO	Move-in date:	Move-out date:
Did you fulfill lease term? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____			

Applicant Street Address	City, State and Zip Code	Monthly Rent \$	Telephone ()
Landlord/person in Charge Street Address	City, State and Zip Code	App. Paid Utility \$	L.L. Phone ()
Names of Household Members	Security Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO	Move-in date:	Move-out date:

Did you fulfill lease term? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____ 			

In accordance with the HUD PIH 2012-28 Ruling, you must provide a list of any and all States in which you, co-applicants and any of the household members have ever resided. Failure to provide this information or provide false information is cause for application Denial.

Head of Household	Co-head/Other Household Members
--------------------------	--

State	State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have resided in more than 5 states in your lifetime, you must attach a separate list with the additional states in which you have resided in.

QUESTIONS FOR ALL APPLICANTS

The following questions pertain to you and all household members. Answer YES or NO in response to each question and use the space provided to explain any YES answers.

- ☐ YES ☐ NO **Does** any member of your household receive regular cash contributions from agencies or from individuals not living with you? If YES, list: _____

- ☐ YES ☐ NO **Does** any member of your household receive income from assets, including interest, dividends, stocks, bonds or real estate contracts? If YES list: _____

- ☐ YES ☐ NO **Have** you sold or given away any real property or other assets in the past two years? If YES, list: _____

- ☐ YES ☐ NO **Do you**, or any other member of your household currently use any illegal drug or other illegal controlled substance? If YES, describe: _____

- ☐ YES ☐ NO **Have** you or any other member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking or manufacture of an illegal drug? If YES, explain circumstances, outcome and present status: _____

- ☐ YES ☐ NO **Have** you or any member of your household been involved in criminal activity that poses a threat to the health, safety or welfare of other? If YES, when and where? _____

- ☐ YES ☐ NO **Have** you, your spouse or your co-applicant ever applied for a government subsidized apartment before? If YES, when and where? _____

- ☐ YES ☐ NO **Are** you or any member of your household involved in a pattern of abuse of alcohol that would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents?
If YES, describe: _____

ALLOWANCES

The following information is necessary only if the applicant is claiming special allowances, which may result in a lower rent payment. This information will not be used in evaluating your application or to discriminate you in any way.

Handicapped Care / Expenses:

List amounts you pay for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work: \$ _____ If such amounts are claimed, list the name of the handicapped/disabled family member on whose behalf they are claimed: _____.

Elderly Household Allowance:

An elderly household is one in which the head, spouse/co-head is 62 or older. Such households qualify for a \$400 annual deduction in computing rent.

Please CHECK HERE to claim this deduction: ☐

Medical Expenses: (Prescriptions, doctor bills, health insurance, etc.)



Elderly households qualify for medical expense deductions. If your household is an elderly household, please CHECK HERE ☐ and indicate the medical expenses you anticipate for the coming year: \$ _____.

NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

This property is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations, as well as structural modifications to the unit or premises. (NOTE: If this property is not subject to 504 requirements, the applicant must pay for any structural modifications allowed, and in addition, pay to have the premises restored to original condition.)

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist and otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- Making or allowing alterations to a unit so it could be used by a family member with a wheelchair,
- Installing or allowing installation of strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member,
- Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted,
- Making large-type documents for a reader available to a vision impaired applicant during the application process,
- Making a sign language interpreter available to a hearing impaired applicant during the interview,
- Permitting an outside agency to assist an applicant with a disability to meet the property applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family has a disability or handicap and you think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to the families that actually need these features. (Please print)

Applicant name(s): _____

Applicant's Signature: _____ Date: _____

Spouse/Co-Applicant: _____ Date: _____

1. ☐ I choose not to complete this form.

2. Do you, or does any member of your family have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for hearing impaired |
| <input type="checkbox"/> One level unit | <input type="checkbox"/> BR/bath on first floor |
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Handicapped parking space |

3. Can you and all your family members go up and down stairs unassisted?

- ☐ YES ☐ NO

If NO, please indicate how we should accommodate your family:

4. Will you or any of your family members require a live-in aide to assist you?

- ☐ YES ☐ NO

If YES, please explain: _____

5. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

6. What is the name of the family member who needs the features you have identified above?

7. Who should be contacted to verify your need for the features you have identified above?

Name: _____ Telephone: _____

Address: _____

City: _____

State: _____ Zip: _____

EMERGENCY REFERENCE I

Name(s): _____

Telephone: Home: () _____ Work/Other: () _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY REFERENCE II

Name(s): _____

Telephone: Home: () _____ Work/Other: () _____

Address: _____

City: _____ State: _____ Zip: _____

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move-in has occurred, terminate my/our Rental Agreement.

I/We authorize management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, criminal background screening services and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom I/ we have or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition and to **renew this application every six months**.

I/We have read, and understand, the information in this application, in particular, the information contained in the instructions for Head of Household and I/we agree to comply with such information.

I/We understand that if this application is placed on a Waiting List, I/we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that I/we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.

I/We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681 a(d), seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all our income is available for its needs.

I/We understand that this application will expire automatically after six (6) months unless we come into the office to renew.

SIGNATURES:

Applicant

Date

Spouse/Co-Applclicant

Date

Other

Date

