

Application can be faxed or mailed back to: Stratford Group Ltd.  
 Phone number 989/354-2424 PO Box 517  
 Fax number 989/354-4969 Alpena MI, 49707

*Please complete both the front and back of the application packet, incomplete applications will be returned.*

For Office Use Only	Date Rec'd	Time Rec'd	Initials
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### Preliminary Rental Application

*This is a preliminary application and gives no lease or rent rights.*

Apartment Community \_\_\_\_\_ City \_\_\_\_\_ Occupancy Date \_\_\_\_\_

Circle one Unit Size: 1 2 3 4 Unit Type: Up \_\_\_\_\_ Down \_\_\_\_\_

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes or No**

Would you or a member of the household request a disability adjustment to income? **Yes or No**

Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Status: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced (check one)

Co-Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Co-Applicant Status: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced (check one)

Reason for moving? \_\_\_\_\_

#### List all addresses you have lived at in the past 2 years

Applicant	Co-Applicant
<b>Current: - rent or own (circle one)</b>	<b>Current: - rent or own (circle one)</b>
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Move in _____ Move out _____ Rent Amount \$ _____	Move in _____ Move out _____ Rent Amount \$ _____
Landlord's Name _____	Landlord's Name _____
Landlord's Address _____	Landlord's Address _____
Landlord's Phone Number _____	Landlord's phone number _____
<b>Previous Residence - rent or own (circle one)</b>	<b>Previous Residence - rent or own (circle one)</b>
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Move in _____ Move out _____ Rent Amount \$ _____	Move in _____ Move out _____ Rent Amount \$ _____
Landlord's Name _____	Landlord's Name _____
Landlord's Address _____	Landlord's address _____
Landlord's Phone Number _____	Landlord's Phone Number _____

If you have resided at additional addresses within the past two (2) years, please attach previous address on a separate sheet of paper

#### Please list all persons that will occupy the residence – to include applicant and co-applicant

Name: First, middle initial, last	Relation name if applicable	Date of Birth	Relationship to Head of Household	Social Security numbers
1. _____	_____	_____	Head of Household	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

If you have more than 6 occupants, please list on a separate sheet of paper

Equal Housing Opportunity

"This Institution is an equal opportunity provider."

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***Our communities will be SMOKE Free effective April 30, 2019 call about pet policies as they differ by community.***

**Employment**

Applicant	Co-Applicant
Employer	Employer
Address	Address
Phone Number	Phone Number
Length of Employment	Length of Employment
Supervisor	Supervisor
Status? (Check one) Full Time: _____ Part Time: _____	Status? (Check one) Full Time: _____ Part Time: _____
Salary/Wages \$ _____ per _____	Salary/Wages \$ _____ per _____
Position	Position
Average Hours Worked Per Week	Average Hours Worked Per Week

**Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):**

Source: \_\_\_\_\_ who is receiving \_\_\_\_\_ \$ \_\_\_\_\_ how often \_\_\_\_\_  
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**Type of Assets Name or Bank, Provide asset information below: (also include Checking account, savings account, CD, IRA etc.)**

Name of Asset or Bank/Credit Union	Applicant or Co-Applicant	Starting address
1.		
2.		
3.		
4.		
5.		

Have you or any member of your household disposed of any assets in the last two years? **Yes or No**

If "yes", please list asset and value received: \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Model/Year License # \_\_\_\_\_

Do you own a 2<sup>nd</sup> car? \_\_\_\_\_ Model/Year License# \_\_\_\_\_

Are you or any member of your household a full-time student? **Yes or No**

Have you or any member of your household been a student of in the past 12 months? **Yes or No**

Does any household member plan on becoming a student of higher education in the next 12 months? **Yes or No**

**Applicant PERSONAL REFERENCES:** List 2 people (*not related to you*) that we can contact for a personal reference:

Name	Address/city/state/zip	relationship	Phone number

**Co-Applicant PERSONAL REFERENCES:** List 2 people (*not related to you*) that we can contact for a personal reference:

Name	Address/city/state/zip	relationship	Phone number

Are you or any member of the household subject to life-time registration as a sex offender? **Yes or No**

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes or No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes or No**

If "yes", please explain: \_\_\_\_\_

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Have you or any member of your household ever been convicted of a crime, felony, misdemeanor? Yes or No  
If "yes", please indicate who and explain: \_\_\_\_\_

Have you or any member of your household lived in subsidized housing? Yes or No

If "yes" who, when and where? \_\_\_\_\_

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No

If "yes", please indicate who and explain: \_\_\_\_\_

**Applicant List all states lived in:** \_\_\_\_\_

**Co-Applicant List all states** \_\_\_\_\_

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

\_\_\_\_\_  
Applicant – Head of Household

Date \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant– Co-Head of Household

Date \_\_\_\_\_

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income)

I/We certify that the preceding information is accurate and complete, and I/We acknowledge that the inaccuracies and/or omissions may be the basis of immediate cancellation of my/our application by Stratford Group Ltd.

***I/we consent that Stratford Group Ltd. has the right to investigate and verify my credit, employment and income records and to order a credit report on myself/ourselves from the local credit bureau. Stratford Group Ltd. has the right to investigate and request written references of my present and past landlord references. Stratford Group has the right to obtain a criminal background report.***

\_\_\_\_\_  
Applicant – Head of Household

Date \_\_\_\_\_

**Ethnicity**

Applicant

\_\_\_\_\_  
Hispanic or Latino  
\_\_\_\_\_  
Not Hispanic of Latino  
\_\_\_\_\_  
Male \_\_\_\_\_ Female

**Race**

\_\_\_\_\_  
American Indian or Alaskan Native  
\_\_\_\_\_  
Asian  
\_\_\_\_\_  
Black or African American  
\_\_\_\_\_  
Native Hawaiian or Pacific Islander  
\_\_\_\_\_  
White

\_\_\_\_\_  
Co-Applicant – Co-Head of Household

Date \_\_\_\_\_

**Ethnicity**

Co-Applicant

\_\_\_\_\_  
Hispanic or Latino  
\_\_\_\_\_  
No Hispanic of Latino  
\_\_\_\_\_  
Male \_\_\_\_\_ Female

**Race**

\_\_\_\_\_  
American Indian or Alaskan Native  
\_\_\_\_\_  
Asian  
\_\_\_\_\_  
Black or African American  
\_\_\_\_\_  
Native Hawaiian or Pacific Islander  
\_\_\_\_\_  
White

Please complete the above information: For information requested in the preliminary application relating to sex, age, national origin, Rural Development regulations require us to provide the following statement: "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 prohibit 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 to not furnish it the owner/agent is required to note the race, ethnicity and sex of the individual applicant on the basis of visual observation or surname.

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## NON- DISCRIMINATION Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a

letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture

SW Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue,  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).