

## **APPLICATION INSTRUCTIONS**

**\*\* Please use blue ink, if you can\*\***

**\*\* If you make a mistake on any of the forms, cross it out and initial it. If you scribble something out, initial it \*\***

- **Rental Application:**
  - Do NOT leave anything blank. If something does not apply to you, write "NA" in the blank. Make sure to circle yes or no on all the questions
  - You MUST include five years of addresses on page one
  - Sign and date where indicated
- **Race and Ethnic Data Reporting Form**
  - One of these forms MUST be completed for each person that will be living in the unit. The date at the top is just the date you are completing it.
  - Name of Head of Household is either yourself or the individual that will be first on the lease. Name of Household Member is the person who will answer the questions and sign the form
- **Disclosure Under Fair Housing Reporting Act and Authorization**
  - Sign and date
- **Previous Landlord Verification**
  - Sign and date at the top ONLY. We will send the form to your current and/or previous landlords
- **Notice of Consent**
  - Sign and date. We will send this form to banks and employers to obtain verification of your accounts and/or employment
- **Authorization for Criminal History Check**
  - You MUST include seven years of address. Sign and date.
- **MSHDA Checklist**
  - Check yes or no to each statement EXCEPT #66. You will put your initials in the correct box for #66
  - Some statements have blank spots for you to fill in, such as #4, where if employed, you would list your employer. #33 and 34, you would list the bank or credit union name
  - ALL questions MUST be answered YES or NO. Do not leave blank, do not put NA. If the questions doesn't apply to you, then it's no

- **Annual Student Eligibility Certification**

- EVERYONE MUST fill out the Annual Student eligibility Certification form even if you are not a student
- IF THERE ARE NO STUDENTS: list every person living in the household *even the children*. Check boxes yes or no for each person. Check box A and enter head of Household's name in the line on A. Go to second page and Sign, Print your name and date
- IF YOU ARE A STUDENT: check B or C. For C answer all questions. Sign, print your name and date

## Preliminary Rental Application Tax Credit/Section 42 Financed Properties

*Please note that this is a preliminary application and gives no lease or rent rights.*

Community: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Size      1 bedroom    2 bedroom    3 bedroom      Unit Type:    Apartment    House

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

Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone (    ) \_\_\_\_\_

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

### Applicant's History

#### Applicant:

#### Co-Applicant

**Current Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_

To: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

***If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet. Additionally, please list EACH state that you have ever resided in.***

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

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD/TTY Dial 711



Please list all persons that will occupy the residence.

<u>Name</u> (First, Middle Initial, Last)	<u>Maiden Name</u> (If Applicable)	<u>Date of Birth</u>	<u>Relationship of Head</u> <u>Of Household</u>	<u>Social Security</u> <u>Number</u>
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

### Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time: _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

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

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

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: \_\_\_\_\_

Have you ever been convicted of a crime, felony, misdemeanor? **Yes or No**

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

Are you or any member of the household required to register as a lifetime sex offender in any state? **Yes or No**

Provide asset information below:

<u>Type of Assets</u>	<u>Name of Bank,</u> <u>Stock or Bond</u>	<u>Account Number</u>	<u>Balance/</u> <u>Current Value</u>	<u>Rate of</u> <u>Interest</u>	<u>Dividend</u>	<u>Real Estate</u>
1.						
2.						
3.						
4.						
5.						

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

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

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date



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TDD/TTY Dial 711



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

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

Are you a full-time student in an institute of higher education? **Yes** or **No**

Are any members of your household full-time students in an institute of higher education? **Yes** or **No**

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

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

PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

Head of Household	Date	Co-Applicant, Spouse/Co-Head	Date
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Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicants Initials       Co-Applicants Initials       Managers Initials

## HUD, RURAL DEVELOPMENT & MSHDA APPLICANTS

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.

Applicants Initials       Co-Applicants Initials       Managers Initials

## RURAL DEVELOPMENT

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).

Applicants Initials       Co-Applicants Initials       Managers Initials

GENDER DESIGNATION: (Applicant) ☐ I do not wish to furnish this information  
☐ Male ☐ Female

GENDER DESIGNATION: (Co-Applicant) ☐ I do not wish to furnish this information  
☐ Male ☐ Female

Additional information will be required at a later date to complete the processing for residency.

Head of Household	Date	Co-Applicant, Spouse/Co-Head	Date
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TDD/TTY Dial 711



# Race and Ethnic Data Reporting Form

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 5/31/2011)

## Northwind Apartments

Name of Property Project No. Address of Property

## Northwind Apartments

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature

Date

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

---

**Signature**

---

**Date**

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## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

---

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

---

**Name of Head of Household** **Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
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Native Hawaiian or Other Pacific Islander	
White	
Other	

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**Signature**

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**Date**

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2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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## DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

Northwind Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

Housing at Northwind Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

**I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize Northwind Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:**

Housing purposes

**I understand that Northwind Apartments, and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that Northwind Apartments, and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.**

**I acknowledge that I have received a copy of this document for my records.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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# NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information:

## Northwind Apartments

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

### Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

### Signatures:

_____ Head of Household	_____ Date
_____ Co-Applicant	_____ Date
_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date



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TDD 1-800-649-3777



## AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Michigan Asset Group, LLC. It is Michigan Asset Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

**Full Name** (no nicknames) \_\_\_\_\_

**Maiden Names(s), Nickname(s), Other Name(s)** (please include dates used) \_\_\_\_\_ ☐ **Male** ☐ **Female**

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Is Your Driver's License Valid?** ☐ Yes ☐ No ⇨ Please give details

**All addresses for the last 7 years:** (Street / City / County / State / Years From-To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /

(Attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

**X** \_\_\_\_\_  
**Signature**
**Date**



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



## AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Michigan Asset Group, LLC. It is Michigan Asset Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

**Full Name** (no nicknames) \_\_\_\_\_

**Maiden Names(s), Nickname(s), Other Name(s)** (please include dates used) \_\_\_\_\_ ☐ **Male** ☐ **Female**

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Is Your Driver's License Valid?** ☐ Yes ☐ No ⇨ Please give details

**All addresses for the last 7 years:** (Street / City / County / State / Years From-To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

(Attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

**X** \_\_\_\_\_  
**Signature**
**Date**



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TDD 1-800-649-3777







Michigan State Housing Development Authority

## ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name:

MSHDA #:

Unit Address/Number:

TIC Effective Date:

	Name of Household Member	Currently a Student	If not currently a student, was the member a student at any time during the past year?
Head		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

A. ☐ At least one household member (\_\_\_\_\_) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.<sup>1</sup> A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.

B. ☐ Household contains all students, but is qualified because the following occupant (\_\_\_\_\_) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is required for the part-time student.

C. ☐ Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) ☐ Yes ☐ No Program:
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation. ☐ Yes ☐ No
- At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

☐ Yes, Program Name:

☐ No

- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

☐ Yes      ☐ No      Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

☐ Yes      ☐ No      Document Attached:

*Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant      Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant      Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

<sup>i</sup> Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.

Michigan State Housing Development Authority  
**CHECKLIST MSHDA PROGRAMS**

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

**Complete a separate form for each household member who is age 18 or older or an emancipated minor.**

Name:	Unit Number:
-------	--------------

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.

	Yes	No	COMPLETE EACH ITEM:
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
<b>CHILD SUPPORT</b>			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? • Yes • No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.

<b>ASSETS</b> (Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.

	Yes	No	COMPLETE EACH ITEM:
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____
	Yes	No	COMPLETE EACH ITEM:

ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays • full • partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.

OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)

DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

Michigan State Housing Development Authority  
**CHECKLIST MSHDA PROGRAMS**

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

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Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date