



Lighthouse Village Apartments

400 Duncan Ave

Cheboygan, MI 49721

P: 231-597-9419

F: 231-597-9456

lighthousevlg@continentalmgt.com

Thank you for your interest in Lighthouse Village Apartments! Here is all the paperwork you will need to fill out. **YOU MUST FILL OUT ALL PAPERWORK.** We will also need any income that you may receive such as a job, social security, disability, child support, and etc. If you have a job, we will need 6 CONSECUTIVE paystubs from you. We will also need 6 months of bank statements for checking and 1 month for savings and any other asset that you may have. Everyone over 18 must fill out an application, fill out a MSHDA checklist, sign the consent, and provide everything that is needed. If nothing applies to you on the application, please put NA.

When you have all the paperwork together then bring it back to the office ASAP. We will need to have a copy of a driver's license and social security card for anyone 18 and over. And if there are any children, we will need a copy of their birth certificate and social security card.

There is also a \$25 application fee for each adult that will have to be in a money order.

If you have any questions, please feel free to contact the office. **PLEASE DO NOT SEARCH FOR ME ON FACEBOOK AND CONTACT ME ON MESSENGER. YOU MAY CALL THE OFFICE OR SEND AN EMAIL TO THE ONE PROVIDED ABOVE.**

Thank you,

Hailey Jeter

Property Manager

Application For Occupancy

Lighthouse Village Apartments
400 Duncan Ave.
Cheboygan, MI 49721
Phone: 231-597-9419
Fax: 231-597-9456

Date Received: _____

Application #: _____

Please complete all sections and sign the last page.

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

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

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

Housing Status

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

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

Landlord Telephone Number: _____ Managing Agent Telephone Number: _____

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

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

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

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

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

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

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

Housing Status (continued)

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

Previous Landlord Telephone Number: _____ Previous Managing Agent Name: _____ Telephone Number: _____

Reason for moving:

Previous rent per month:
\$

Household Information

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

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

Income from Employment

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

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

Income from Other Sources

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

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

Assets

Complete each category as applicable.

Checking Account Name of Bank:	Passbook/Savings Account Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Money Market Account Name of Bank	Savings Certificate Name of Bank
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Stocks and Bonds Value: \$	Savings Bond/s Value: \$
Do you own any real estate? ___Yes ___No	If yes, what is the current value?
Have you ever owned any real estate? ___ Yes ___No	If yes, when? When sold? For how much?
Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years? ___ Yes ___No	If yes, list each asset and the amount received for each asset.

Full-Time Student Status

List all persons who full-time students.

Full Name	Name and address of School	Phone	Period of Enrollment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Program Information

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

How did you hear about our development?

Why are you applying to our development?

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

If yes, when? Explain circumstances briefly.

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

If yes, when? Explain circumstances briefly.

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

If yes, when? Explain circumstances briefly.

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

Demographic Data

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

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

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

Attention

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

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

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

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

Signature of applicant

Date

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

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

Signature of applicant: _____

Date: _____

Rental Application for Residents and Occupants

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

NEW DISCLOSURE FOR DETROIT APPLICANTS

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

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

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

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

For Office Use Only

Applicant name: _____

Applicant Verification Code: _____

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

Date of Verification: _____

Date: _____

Signature of Verifier: _____

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

Signature of applicant

Date

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

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

Signature of applicant: _____

Date: _____



Lighthouse Village Apartments does not discriminate on the basis of disability in the admission or access to, or employment in, its federally assisted programs and activities.

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:
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	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			
	Yes	No	COMPLETE EACH ITEM:
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.
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)
CHILD SUPPORT			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

ASSETS			
(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.
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 <input type="checkbox"/> full <input type="checkbox"/> 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.)
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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>_____</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>
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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



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.¹ 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

