

Date: \_\_\_\_\_

Please return to:  
Sandhill Manor  
300 Sandhill Manor Drive  
Houghton Lake, MI 48629

Dear Applicant:

To determine if you qualify as a resident for this housing, Rural Development and Tax Credit regulations requires that you must provide information about all your assets and all your income to the rental agent. Government regulations require that this information be used to determine your eligibility. Your complete and prompt cooperation in providing this information is needed in order to serve your needs.

Please complete each space carefully. If there is a particular category that does not apply to you or there is no income received, you must either write "N/A" (not applicable) or put a zero in the space. Answer all questions- **DO NOT LEAVE ANY SPACE BLANK!**

Failure to provide needed information will be cause to deny residency, and/or if not provided in a timely manner at the time of income recertification or lease renewal, will be cause for eviction. You are required to recertify income to be allowed continued occupancy as a current resident.

If your application is accepted, it will be necessary to provide written verification for all sources of income. We will provide verification forms, when your apartment becomes available, since we must have the most current information.

**THIS APPLICATION MUST BE RETURNED IN ITS ENTIRETY,  
WITH \$ \_\_\_\_\_ APPLICATION FEE, PICTURE ID, AND SOCIAL  
SECURITY CARD FOR PROPER PROCESSING.**

Thank you for your time an interest in our community.

Sincerely,

PK Housing & Management Co.





pkhousing.com

517-347-2081

1784 Hamilton Road  
Okemos MI 48864

**Please DO NOT leave any blanks.**  
*The use of white out, black out or alteration of original information will void this document.*

Revised  
2019

# APPLICATION FOR OCCUPANCY

Official Use Only  
Date Rec'd  
Time Rec'd  
MGR Initials

Sandhill Manor

Community Name

Applicant: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Would you benefit from the features of a barrier-free unit?  YES  NO
2. Do you or any household member smoke?  YES  NO
3. Number of Bedrooms Needed:  1  2  3  4
4. Do you have a Pet?  YES  NO
5. Are you eligible to claim the deduction for elderly or disabled?  YES  NO
6. Are you currently receiving Federal Rent Subsidy at another community?  YES  NO

**Please provide at least THREE (3) years of prior housing. Attach additional pages if necessary**

Applicant	Co-Applicant
Current Address: _____	Current Address: _____
Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____
Current Landlord: _____ Landlord Address: _____	Current Landlord: _____ Landlord Address: _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____
Previous Address: _____	Previous Address: _____
Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____	Previous Landlord: _____ Landlord Address: _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____
Previous Address: _____	Previous Address: _____
Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____	Previous Landlord: _____ Landlord Address: _____
Landlord Phone: (____) _____	Landlord Phone: (____) _____

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



This institution is an equal opportunity provider

TDD # 711





pkhousing.com

517-347-2001

1784 Hamilton Road  
Okemos MI 48864

**Please DO NOT leave any blanks.**  
The use of white out, black out or alteration of original information will void this document.

**HOUSEHOLD COMPOSITION**

Name of Occupant	Relationship to Head of Household	Date of Birth	Social Security Number
1.	Head of Household		
2.			
3.			
4.			
5.			
6.			

Are any household members students?  YES  NO  
If YES, circle line number.

**INCOME**

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Dates Employed: From _____ To: _____	Dates Employed: From _____ To: _____
Wages: \$ _____ per Week / Year (circle one)	Wages: \$ _____ per Week / Year (circle one)
Supervisor: _____	Supervisor: _____
Phone #: _____	Phone #: _____

**Any Additional Income in the Household** (Social Security, SSI, Child Support, Unemployment, Recurring Cash Gifts, etc.)

Source: _____	Amount \$ _____

**ASSETS**

Type of Account	Institution	Current Balance	Interest Rate
1.			
2.			
3.			

Have you disposed of any assets for less than fair market value in the last 2 years?  YES  NO

**ADDITIONAL POINT OF CONTACT – If we are unable to reach you, who else can we contact?**

Name	Relationship	Address	Phone Number

Do you own a car?  YES  NO    Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_  
 Do you own a 2<sup>nd</sup> car?  YES  NO    Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

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



This institution is an equal opportunity provider

TDD # 711





pkhousing.com

517-347-2001

1764 Hamilton Road  
Okemos MI 48864

**Please DO NOT leave any blanks.**  
*The use of white out, black out or  
alteration of original information will void  
this document*

I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance. **Initial:** \_\_\_\_\_

I/we certify that no household member has ever been convicted of a felony and are not presently on a sex offenders list or registry in any state. **Initial:** \_\_\_\_\_

List all states every household member has ever lived: \_\_\_\_\_

I/we certify that all of the information on this application is true and correct to the best of my/knowledge and belief. Inquires may be made to verify this information. **Initial:** \_\_\_\_\_

I/we certify that the rental unit which I/we will occupy will be my/our primary residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location. **Initial:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date

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

**STATEMENT REQUIRED BY THE PRIVACY ACT:**

Rural Development is authorized by the Title V of the Housing Act of 1949, amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary to enable monitoring. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Housing Services, rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

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, audiotape, 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, Office of the Assistant Secretary of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)



This institution is an equal opportunity provider TDD # 711





**Please DO NOT leave any blanks.**  
*The use of white out, black out or alteration of original information will void this document.*

pkhousing.com  
 517-347-2001  
 1784 Hamilton Road  
 Okemos MI 48864

## RACE AND ETHNIC CERTIFICATION

The information solicited on this application is requested in order to determine eligibility for a government housing program and eligibility with respect to the owner's credit and reference policies. Applications will be judged on the basis of these written policies and NOT on the basis of race, color national origin, sex, marital status, age, familial status, or handicap.

The following information is requested by the State Housing Authority to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Law. The law states that a leasing agent may not discriminate based neither on this information nor on whether or not it is furnished.

APPLICANT:	CO-APPLICANT
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Providing this information is optional. If you do not wish to furnish the following information, please initial below.

Applicant:  
 I do not wish to disclose this information

Co-Applicant:  
 I do not wish to disclose this information



This institution is an equal opportunity provider TDD # 711



**Please DO NOT leave any blanks.**  
*The use of white out, black out or alteration of original information will void this document.*

V16

**NOTICE AND CONSENT TO RELEASE**  
**CREDIT & CRIMINAL BACKGROUND INFORMATION**

I hereby, authorize PK Housing & Management Co. or Sandhill Manor Apartments to request and obtain credit & criminal information from the Credit Bureau AmRent, for the purpose of verifying my eligibility to rent from the referenced apartment community.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print the following information:**

First, Middle and Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: (circle one) Male or Female Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employers Name: \_\_\_\_\_

Current Street Address – Include Apt # or Suite # - (NO P.O Box numbers please)  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you applying with someone else? Yes or No. If yes, Who? \_\_\_\_\_

Did you supply a copy of your Drivers License & Social Security Card? \_\_\_\_\_ (If you do not we CANNOT qualify you for an apartment.)

<b>OFFICE USE ONLY:</b>			
Sec. Dep. Amt: _____	Rent Amt: _____	# of Bedrooms: _____	
Current Monthly Income: _____	Current Rent Amt: _____	Marketing Source: _____	

**APPROVED                      APPROVED WITH CO-SIGNER                      DENIED**



This institution is an equal opportunity provider and employer TDD # 711



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD-Assisted-Housing Program and is voluntary. It supports tenancy requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.