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| For Office Use Only | Date Rec'd | Time Rec'd | Initials |
|---------------------|------------|------------|----------|

Preliminary Rental Application

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

Community VILLAGE PINES OF MONROE Office Phone (734) 243-5500 Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

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

Would you request a disability adjustment to income? Yes No

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Current Marital Status: Unmarried Married Widowed Separated Divorced

Do you have any pets: No Yes. If yes, please list type of pet: _____

How were you referred to our community? _____

Applicant's History

| Applicant: | Co-Applicant |
|---|---|
| <p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____ Address: _____ Phone _____</p> | <p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____ Address: _____ Phone _____</p> |
| <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____ Address: _____ Phone _____</p> | <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____ Address: _____ Phone _____</p> |
| <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____ Address: _____ Phone _____</p> | <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____ Address: _____ Phone _____</p> |



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

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| | |
|--|--|
| <p>List ALL States you <u>and all members of your household</u> have resided in:</p> <p>_____</p> | <p>List ALL States you <u>and all members of your household</u> have resided in:</p> <p>_____</p> |
|--|--|

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.

Please list all persons that will occupy the residence.

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

Employment

| <u>Applicant</u> | <u>Co-Applicant</u> |
|--|---|
| 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: <input type="checkbox"/> Part-Time <input type="checkbox"/> | Status: _____ Full-Time: <input type="checkbox"/> Part-Time: <input type="checkbox"/> |
| 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 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 No

If "yes", please explain: _____

Have you or any member of your household ever been convicted of a crime, felony, misdemeanor? Yes No

If "yes", please explain: _____

Are you, or any member of your household subject to a lifetime sex offender registration requirement by any state?

Yes No

If "yes", please explain: _____



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

Do you own a car? _____ Model/Year _____ License # _____

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

Do you, or anyone in your household, or guests, smoke or intend to smoke? Yes No

Are you a student? Yes No If yes: Full Time Part Time

Are any members of your household students? Yes No If yes: Full Time Part Time

If "yes", please explain: _____

Provide asset information below: (also include Checking account, savings account, CD, etc.)

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

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

If "yes", please list asset and value received: _____

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

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.

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



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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.

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

IMPORTANT NOTICE:

Once you have completed your application, you must call and schedule an appointment. Appointments are scheduled Monday through Friday, from 7:30 a.m. until 4:00 p.m. You must bring the following documentation (in its original format – no photo copies) to your appointment:

1. State Issued Picture ID for all adults
2. State issued Birth Certificates for everyone listed on the application
3. Social Security Cards for everyone listed on the application
4. Documentation of all household income. This could include 6 – 8 current, consecutive check stubs, your current award letter from social security, public assistance, completed income taxes, etc.

If you have any questions, please feel free to contact our office. We are available Monday through Friday, from 7:30 am until 4:30 pm.



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