

30100 John Rivers Drive
New Haven, MI 48048
www.pinewoodsapartments.com
info@pinewoodsapartments.com

Phone: 586-749-6570
Fax: 586-749-7001
TTY: 711

Dear Applicant,

Thank you for your interest in Pinewoods Apartments! We offer affordable income-based housing, and our waitlists are currently open!

Please fill out the attached application and checklist, and call (586) 749-6570 to make an appointment for turn-in. If you are unable to come in, please deliver via mail with all supporting documents to the address above.

Mandatory Supporting Documents:

- **Valid ID (Anyone 18+)**
- **Social Security Card (Everyone)**
- **Birth Certificate (Everyone)**

Upon turning in your application, we run credit and criminal background checks. Approved or denied, you will receive either a call and/or a letter letting you know your application status. We look forward to having you as a potential resident!

Best Regards,

New Haven Housing Commission

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



www.FOURMIDABLE.com



Original Application Date: _____ Time: _____ AM _____ PM _____

Update: _____ Time: _____ AM _____ PM _____



APARTMENT SIZE: _____

HOW DID YOU HEAR ABOUT US? _____

SUBJECT: *APPLICANT FOR RESIDENCY – GOVERNMENT ASSISTED*

COMMUNITY: *Pinewoods Apartments*

PROGRAM: *PUBLIC HOUSING*

APPLICANT NAME (FIRST, MIDDLE, LAST): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____

PREVIOUS ADDRESS: _____

LIST ALL STATES YOU AND ANY OTHER MEMBERS OF YOUR HOUSEHOLD HAVE RESIDED IN: _____

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBER'S FULL FIRST NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO HOH *	SEX	MARITAL STATUS**	DATE OF BIRTH	SOCIAL SECURITY #	STUDENT Y OR N

*(HOH) Head of Household, (CH) Co-Head or Other Adult, (S) Spouse, (D) Dependent, LA (Live-In Aid)

** (S) Single; (M) Married; (SP) Separated, (D) Divorced, (W) Widowed

If separated or divorced, list the name and address of spouse/ex-spouse as follows:

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____

YES NO Are you or any household member currently a student at an institution of higher education?

YES NO Are you or any household member subject to a lifetime sex offender registration program in any state?

YES NO Are you or any household member currently a student at an institution of higher education?

YES NO Does anyone live with you now who is not listed above?

If yes, explain:

YES NO Have you, or any member of your household ever used a different name from the above name shown?

If Yes, please list names used and dates when such names were used:

YES NO Will any of the above household members live anywhere except the apartment?

YES NO Are there any other persons who will live in the apartment on less than a full-time basis

If either question is answered yes, please explain: _____

It MAY be a requirement of eligibility into this housing program that you, your spouse, or head of household fall into one of the following categories. Please check all items that may apply:

Age 62 and over Disabled N/A

If any of the above categories were checked, is a reasonable modification required and, if so, what kind?

Apartment with Accessibility Features Site Impaired Apartment Hearing Impaired Apartment

Other: _____

YES NO Are you or any household member now living or have lived in a federally subsidized housing apartment?

If yes: Name of the Community: _____

Address: _____ City, State, Zip: _____

Name of Manager: _____ Phone No.: _____

Move-in Date: _____ Move-out Date: _____

YES NO Are you a Section 8 Voucher holder?

II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the tables below.

Do you, or any member of your household:

YES NO

- YES NO Work full-time, part-time, or seasonally?
- YES NO Own your own business?
- YES NO Expect to work for any period during the next year?
- YES NO Work for someone who pays cash?
- YES NO Expect a leave of absence from work due to layoff, medical, maternity, or military leave?
- YES NO Now receive or expect to receive unemployment benefits?
- YES NO Now receive or expect to receive child support?
- YES NO Entitled to child support that he/she is not now receiving?
- YES NO Now receive or expect to receive alimony?
- YES NO Have entitlement to receive alimony that is not currently being received?
- YES NO Now receive or expect to receive public assistance (excluding Food Stamps)?
- YES NO Now receive or expect to receive Social Security benefits?
- YES NO Now receive or expect income from pension or annuity?
- YES NO Now receive or expect regular contributions from organizations or from individuals not living in the apartment?
- YES NO Receive income from assets including interest from checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- YES NO Do you own a property (house, land, mobile home, etc.)?
- YES NO Have you sold or given away real property or other assets (including cash) in the past two years?
- YES NO Does any member of your household receive money from school-aid, scholarships, or educational grants?

TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Household Member	Employment Income	Total Weekly Wages	AFDC Monthly	Child Support Monthly	Social Security Monthly	Unemployment Benefits Monthly	ALL Other Income

III. ASSETS: Please answer each of the following questions. For each “yes”, provide details in the tables below. List all checking, debit cards, prepaid cards, and savings accounts, including IRAs, Keough Accounts, 401 K, and Certificates of Deposits, including balance and interest rate information that is owned by ANY household member:

Household Member	Type of Asset	Current Balance	Interest Rate

List the value of all stocks, bonds, trust, real estate and other assets owned by any household member:

Type of Asset	Current Market Balance

List any value of any assets disposed of for less than their fair market value during the past two years:

Type of Asset	Current Market Balance

V. EXPENSES

YES NO Do you have expenses for child care of a child aged 12 or younger that allows the HOH to work outside of the home? If YES, please provide the name, address, and telephone number of the care provider.

Name: _____ Address: _____

Telephone Number: _____

What is the weekly cost to you of the child care? _____

YES NO Is the child care expenses paid by DHS?
If yes: Full _____ Partial _____

YES NO Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide the name, address, and telephone number.

Name: _____ Address: _____

Phone No.: _____

VI. RENTAL HISTORY: Please list last 2 Years of residential history for the past 2 Years. Please list the current first:

Current Landlord: _____ How long have you lived here? _____
Address: _____ Current Rent: _____
City, State, Zip: _____ Reason for leaving? _____
Phone No.: _____

Prior Address: _____ How long did you live there? _____
_____ Move out Date: _____
City, State, Zip: _____
Prior Rent Amount: _____ Reason for leaving? _____
Prior Landlord Name _____ Prior Landlord Address _____
Prior Landlord Phone Number: _____

Prior Address: _____ How long did you live there? _____
_____ Move out Date: _____
City, State, Zip: _____
Prior Rent Amount: _____ Reason for leaving? _____
Prior Landlord Name _____ Prior Landlord Address _____
Prior Landlord Phone Number: _____

YES NO Have you or any member of your household ever been evicted or otherwise removed from rental housing?

YES NO If yes, please list names, address and dates: _____

YES NO Has any place where you or any member of your household were living, been destroyed or damaged by fire?

If yes, please list names, addresses, and dates: _____

VII. EMPLOYMENT HISTORY

Name and address of Head of Household's CURRENT Employer:

Name of Employer: _____
Address: _____ City, State, Zip: _____
Phone No.: _____ Date of Hire: _____

Name and address of Head of Household's PAST Employer:

Name of Employer: _____
Address: _____ City, State, Zip: _____
Phone No.: _____ Date of Hire: _____
Date Left: _____

Name and address of Spouse/Co-Head's CURRENT Employer:

Name of Employer: _____

Address: _____ City, State, Zip: _____

Phone No.: _____ Date of Hire: _____

Name and address of Spouse/Co-Head's PAST Employer:

Name of Employer: _____

Address: _____ City, State, Zip: _____

Phone No.: _____ Date of Hire: _____

VIII. EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address: _____ Phone No. _____

City, State, Zip: _____

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

City, State, Zip: _____

IX. VEHICLE REGISTRATION

YES NO Do you or any household members have a vehicle?

If yes, how many? _____

X. OTHER

YES NO Are all household members U.S. Citizens?

YES NO Has any household member ever been convicted or pled guilty to a violent crime?

YES NO Has any household member ever been convicted or pled guilty to a drug related crime?

YES NO Has any household member ever been convicted or pled guilty to a sex related crime?

YES NO Do you or any other member of your household currently use any illegal drug or other illegal controlled substance? If yes, which household member(s)? _____

YES NO Is the household member seeking treatment?

If yes, Name of Facility: _____ Contact: _____

Address: _____

YES NO Have you or any member of your household ever been convicted of any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others. If yes, which household member(s)? _____

Where did the incident take place? _____

Explain the circumstances, outcome and present status: _____

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, family composition, or federal preference changes.

APPLICATION CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the housing application.

I/We understand that before acceptance, a credit report, current and previous landlord verification, and background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, family composition or federal preference changes.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested to monitor this marketing agent’s compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished.

Furnishing this information is optional.

If you do not wish to furnish the following information, please initial below.

APPLICANT: I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN:

American Indian _____ Alaskan Native _____ Asian _____ Black or African American _____
Hispanic or Latino _____ White _____ Native Hawaiian or Other Pacific Islander _____
Other _____

SEX: Female _____ Male _____

CO-APPLICANT: I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN:

American Indian _____ Alaskan Native _____ Asian _____ Black or African American _____
Hispanic or Latino _____ White _____ Native Hawaiian or Other Pacific Islander _____
Other _____

SEX: Female _____ Male _____

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Family Member 18 years or older

Date

Signature of Management

Date

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



Eligibility Checklist

NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety. **If you make a mistake, please cross out, and initial correction.**

Date: _____

Name: _____

S.S.# (Last four digits): _____

Document YES answers with third-party verification.

INCOME			
Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Name of Source (Employer, Agency, Office, etc.)
I have changed jobs in the past 12 months	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Job 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Job 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Self-Employment	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
<small>Includes digital income sources such as and others: App Based Driving Services (e.g. Uber, Lyft, DoorDash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video-based platforms (e.g. YouTube Influencer)</small>			
Quarterly SSI State Payments	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Supplemental Security Income (SSI)	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Social Security Disability (SSD)	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Pension / Veteran's Administration	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
TANF / AFDC / Families First	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Unemployment Benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Worker's Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Educational Financial Assistance	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
OTHER:	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Do you receive regular or periodic payments from:		Amount?	How Often?
Persons not Living in the Unit? Holder/Provider Name: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Trust, Annuity or Other Claims? Holder/Provider Name: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Peer-to-Peer Payment System? <small>(e.g. PayPal, Venmo, Blockchain, Square, etc.)</small> Holder/Provider Name: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____	
Do you have an Informal Agreement (Not Court Ordered) for Child Support? If YES, Person's Name? _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		Amount \$ _____
Do you have a Court-Ordered (or agreement) for Child Support or Alimony? <small>(This means there is an order for you to receive child support or alimony, <u>not</u> pay support to someone else)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>		Ordered Amount: \$ _____
Are you currently receiving child support or alimony?	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount Received: \$ _____
Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? List State _____ & County _____ where granted.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		

		ASSET SOURCES		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Checking Account?	Current Balance	\$ Interest Rate %
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Savings/Holiday Account?	Balance	\$ Interest Rate %
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Certificates of Deposit (CD)?	Cash Value	\$ Interest Rate %
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Direct Express, Way2Go Card? (or any card where benefits or pay are deposited)	Balance	\$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Cash on Hand?	Amount	\$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Cryptocurrency? (e.g. Bitcoin, Ethereum, etc.)	Cash Value	\$ Annual Earnings \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Internet Based Funding? (e.g. Go Fund Me)	Cash Value	\$ Annual Earnings \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Stocks, Bonds or Annuities?	Cash Value	\$ Annual Earnings \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Money Market or Mutual Funds?	Cash Value	\$ Annual Earnings \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Venmo, PayPal, Cash App or other payment	Cash Value	\$ Interest Rate \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have Treasury Bills?	Cash Value	\$ Annual Earnings \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Safety Deposit Box? What is held in the Box?		Cash Value \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any Personal Property held as an Investment? *		Cash Value \$
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you own a Home, Rental Property or other Capital Investments? (Market Value less unpaid balance and selling costs = Cash		Cash Value \$

Current Status/Intention of Home, Rental Property or other Capital Investment:

Keeping Selling Renting Being Foreclosed Giving Away

Notes: _____

YES NO Have you received any Lump Sum Amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements)
 When? _____ Amount: \$ _____
 When? _____ Amount: \$ _____

YES NO Do you have Whole Life Insurance or Universal Life Insurance policies?
 Cash Value \$ _____ Annual Earnings \$ _____
 Cash Value \$ _____ Annual Earnings \$ _____

YES NO **Have you sold, given away or otherwise transferred ownership of any assets for less than value within the last two (2) years?**
 If yes, list items:

YES NO Are there minor children in the household that have any assets (**Savings Account, Certificates of Deposit, Savings Bond(s), etc.**)? If yes, please provide:
 Who: _____ Type: \$ _____ Cash Value: \$ _____ Interest Rate: _____
 Who: _____ Type: \$ _____ Cash Value: \$: _____ Interest Rate: _____
 Who: _____ Type: \$ _____ Cash Value: \$: _____ Interest Rate: _____
 Who: _____ Type: \$ _____ Cash Value: \$: _____ Interest Rate: _____

YES NO Other Assets not listed above: _____

*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

CHILD CARE EXPENSES

For childcare expenses of children 12 years old or younger (If there are no children in the household – Skip This Section)

YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you pay child care expenses for a child age 12 or under?	If Yes, how much?	\$ _____ Per ___ Week ___ Bi-Weekly ___ Month
YES <input type="checkbox"/> NO <input type="checkbox"/>	Does anyone else (person, Agency) pay any of this amount?	If Yes, how much?	\$ _____ Per ___ Week ___ Bi-Weekly ___ Month Name of Person/Agency:
YES <input type="checkbox"/> NO <input type="checkbox"/>	Are child care expenses for you to be able to work, look for work, or go to school?		

ELDERLY, HANDICAP, OR DISABLED EXPENSES

I am the Head of Household, Spouse, or Co-Head who is age 62 Plus, or Disabled (If not Skip This Section)

Please Note: *If the HOH, Spouse, or Co-Head is Elderly or Disabled, then medical expenses are eligible deductions for ALL Members*

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay Medicare premiums?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay other Medicare premiums, like for prescriptions, that are taken directly from Social Security Benefit payment?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay medical insurance premiums?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay, out-of-pocket, for prescriptions?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay for doctor visits or hospital costs?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you need to pay for a care attendant for a disabled member so you can work, if you are HOH, Spouse, or Co-Head?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay out-of-pocket for any supplies or medical equipment, such as wheelchair, personal medical supplies, etc.?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay for any medical insurance premiums for other household members?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay for any medical expenses for other household members?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you pay for any dental, eyeglass, hearing aid, or hearing aid batteries?	Amount	\$ _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you make monthly payments for a medical bill that were not covered by insurance or other assistance?	Amount	\$ _____

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature

Date

Print Name



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New Haven Housing Commission PREFERENCE CERTIFICATION

I, _____, hereby certify that I qualify for the preference(s) checked below. I understand that the verification of the preference(s) for which I am certifying is required.

- A) Applicants who are current residents of the Village of New Haven or work in the Village of New Haven
- B) Seniors, Disabled and Near Elderly for One Bedroom apartments
- C) Income Targeting
- D) I do not have a Preference

Based on the above preferences, all families in **preference A** will be offered housing before any families in **preference C**.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled or displaced will be offered housing before other single persons.

Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Applicant Signature

Date

Printed name

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



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SMOKE-FREE POLICY AND **PROHIBITION ON POSSESSION, USE, SMOKING AND** **CULTIVATION ON MARIJUANA**

Pinewoods Apartment Housing Commission
30100 John Rivers Drive.
New Haven, MI 48048

May 17, 2024

Smoke-Free Policy

Due to the increased risk of fire, increased maintenance costs, and the health effects of secondhand smoke, the New Haven Housing Commission ("NHHC") in its capacity as a landlord of public housing units adopts this Smoke-Free Policy.

Effective August 1, 2018, smoking is prohibited, in all NHHC-owned properties. Smoking is prohibited by residents, their guests and visitors, NHHC employees and service providers, and all other persons, within all living units, in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, reception areas, stairways, offices and elevators, within 15 feet of building entrances, windows, porches, balconies, patios or ventilation systems to any enclosed areas where smoking is prohibited and. Residents are only allowed to smoke in designated areas (if applicable).

"No Smoking" signs will be posted outside and inside buildings.

Definition of Smoking

The term "smoking" means inhaling, exhaling, breathing, burning, carrying, or possessing any lighted cigar, cigarette, pipe, weed, plant, marijuana, other tobacco product or related substance or product.

NHHC Not a Guarantor of Smoke Free Environment

By its adoption of a Smoke-Free Policy and its efforts to designate smoking areas on portions of the property (if applicable), neither the NHHC nor any of its officers, agents or employees are guarantors of a resident's health or of the smoke-free condition of the non-smoking portions of the property. However, NHHC will take reasonable steps to enforce the Smoke-Free Policy.

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711



www.FOURMIDABLE.com



Disclaimer

NHHC's adoption of a smoke-free living environment and its efforts to designate smoking areas on portions of the property (if applicable) does not in any way change the standard of care that the NHHC has under applicable law to render the property any safer, more habitable or improved in terms of air quality standards than any other rental premises. NHHC specifically disclaims any implied or express warranties that the property will have any higher or improved air quality standards than any other rental property. NHHC cannot and does not warrant or promise that the property will be free from secondhand smoke. NHHC's ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by residents and residents' guests. Residents with respiratory ailments, allergies or other conditions relating to smoke are put on notice that NHHC does not assume any higher duty of care to enforce this policy than any other obligation it has under the Lease.

Marijuana

The possession, use, smoking or cultivation of marijuana on NHHC owned properties is prohibited, notwithstanding any rights provided under the Michigan Medical Marijuana Act.

Lease Violation

Residents are responsible for the actions of their household, their guests and visitors. Failure to adhere to any of the conditions of this policy will constitute a material and a serious violation of the Lease. In addition, residents found to have violated this policy will be responsible for all costs to remove smoke odor or residue.

Enforcement

NHHC is not required to take steps in response to smoking unless NHHC has actual knowledge or evidence of smoking. Evidence of smoking in a household includes, but is not limited to, smelling fresh or stale smoke, observing ashes or cigarette butts, observing burn marks on furniture, appliances or flooring.

In order to implement this policy in a fair manner, DHC will use the following guidelines.

- **1st Violation** — Verbal warning and provision of smoking cessation materials.
- **2nd Violation** — Written warning letter, provision of smoking cessation materials
- **3rd Violation** - 30-day Termination Notice with **NO** option to remedy.

Signature Date Signed

HEAD OF HOUSEHOLD: _____ **DATE:** _____

CO-HEAD/SPOUSE: _____ **DATE:** _____

OTHER ADULT: _____ **DATE:** _____

If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice, please contact our office for assistance. If you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA). FOURMIDABLE does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, actual or perceived gender identity, sexual orientation, or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248)593-4600 or TYY 711

