Original Application Date: _____ Time: _____ AM _____PM_____

Update: _____ Time: _____ AM _____PM_____

APARTMENT SIZE: _____

FOURMIDABLE

HOW DID YOU HEAR ABOUT US? _____

SUBJECT: ***APPLICANT FOR RESIDENCY – GOVERNMENT ASSISTED***

COMMUNITY: **The Grove** ***PROGRAM:*** *RD & LIHTC*

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, sexual assault and/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 sexual orientation, gender identity, sexual orientation, marital status, 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

Rev.3/2024

FOURMIDABLE

SUBJECT: APPLICANT/RESIDENT AUTHORIZATION FOR THE RELEASE OF INFORMATION

COMMUNITY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

APPLICANT/RESIDENT: _____

ADDRESS: _____

I authorize the release of any information (including documentation and other material(s)) pertinent to eligibility for residency.

Information inquiries about:

- Credit History
- Household Composition
- Identity and Marital Status
- Residences and Rental History
- Criminal Activity
- All Household Income and Assets
- Social Security Numbers
- Medical Expenses

Individuals or Organizations That May Release Information:

- Banks and Other Financial Institutions
- Law Enforcement Agencies
- Employers, Past and Present
- Schools and Colleges
- U.S Department of Veterans Affairs
- Welfare Agencies
- Courts
- Credit Bureaus
- Landlords
- Social Security Administration
- Utility Companies

Providers of:

Alimony, Child Support, Credit, Handicapped Assistance, Pensions, Annuities, any household income

I agree that the photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my application for residency may be denied or terminated.

_____ _____

Applicant/Resident Signature Date Applicant/Resident Signature Date

_____ _____

Applicant/Resident Signature Date Applicant/Resident Signature Date

_____ _____

Applicant/Resident Signature Date Applicant/Resident Signature Date

I certify that the above-named individual has read this document fully, or that I have read it to him/her. I have explained the contents and answered any questions to the best of my ability, and he/she understood the significance of this document at the time of the signing.

_____

Management Signature Date

EQUAL HOUSING OPPORTUNITY

Rev. 08/2024