

Applicant Name:		For Office Use Only Management Initials _____	
Home Ph.:	Cell Ph.:	Date:    /    /	Time:

Email: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

Please provide the following information:

- Everyone's drivers license or State I.D. card or alien registration card.
  - Income Verification for the entire household (i.e., Check stubs, Social Security, SSI, ADC; etc.
  - Verification of Social Security Numbers for all household members.
  - Verification of age for all household members.
- Each household member 18 years of age and older must complete a separate application in its entirety.
  - ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
  - All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
  - If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
  - As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
  - After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Selection Criteria, your application will be declined.
  - Management will conduct a full investigation of your application, including a credit, criminal check, sex offender query, terrorist alert query, and landlord verification.. After information is received and compiled you will be notified in writing of a scheduled informal interview with the manager, or you will be sent a denial letter.
  - We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. Upon completion of processing your application, including the informal interview, you will receive a letter from our office notifying you of the decision on your application. If you are approved, you will be placed on the waiting list by the date and time of your application. TTY/ITD: 711

**Failure to contact the office every six (6) months will result in your application being denied.**

**MANAGEMENT USE ONLY**

Completed application received?    Date \_\_\_\_\_    Time \_\_\_\_\_    Initials \_\_\_\_\_  
 Criminal history verified / Sex Offender registry?    Date \_\_\_\_\_  
 All income and asset verifications received? Gross Annual Income= \$ \_\_\_\_\_  
 Move-out verification from a Federal Assisting program confirmed?    \_\_\_ Yes    \_\_\_ No    \_\_\_ N/A  
 EIV Existing Tenant Search Report produced on ALL household members.

X \_\_\_\_\_  
Signed by Property Manager or Designate for Final Approval    Date



## HOUSEHOLD INFORMATION

Full Name of Household as they appear on SS Card	Relationship	Sex (Optional)	Age	Date of Birth	Race/Ethnicity of Head of Household	Social Security NO. or Alien Registration No	Drivers License Number
1.	Head						
2.							
3.							
4.							

- Is any household member a U.S. Military Veteran?     \_\_\_ Yes   \_\_\_ No
- Are you currently receiving Section 8?                 \_\_\_ Yes   \_\_\_ No
- Will any of the household members live anywhere where except in your apartment?   \_\_\_ Yes   \_\_\_ No
- Is there a part or full-time student over age 18 in this household?                 \_\_\_ Yes   \_\_\_ No
- Are there any other persons who will live in your apartment on a less than full-time basis?   \_\_\_ Yes   \_\_\_ No
- Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?   \_\_\_ Yes   \_\_\_ No
- If you answered "YES" to any question above, please explain: \_\_\_\_\_
- Were you 62 or older as of 1/31/2010 and do not have a SSN?   \_\_\_ Yes   \_\_\_ No
- If you answered "YES" to the question above, were you receiving HUD assistance at another location on 01/31/2010?   \_\_\_ Yes   \_\_\_ No
- How did you learn about this apartment community? \_\_\_\_\_

## RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

<b>Present Address</b>	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of rent:	City:	State:	Zip:	
<b>Previous Address</b>	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of Rent:	City:	State:	Zip:	
<b>Previous Address</b>	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip:	To:	Landlord Phone:			
	Reason for Moving:						Street Address:		
	Was this Federally Assisted Housing? Yes No				Amount of Rent:	City:	State:	Zip:	



You must report ALL states you have resided in. All Household Members are required to report this information.

State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:

- Have you or any member of your household ever been evicted?  Yes  No If yes, from where? \_\_\_\_\_  
When? \_\_\_\_\_ Why? \_\_\_\_\_
- Have you or any member of your household ever been evicted from federally assisted housing for drug related criminal activity?  Yes  No If yes, from where? \_\_\_\_\_  
When? \_\_\_\_\_
- Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or previous landlord?  Yes  No If yes, to whom and how much? \_\_\_\_\_  
\_\_\_\_\_
- Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?  Yes  No  
If yes, please explain: \_\_\_\_\_

### ASSET INFORMATION

You must report ALL Assets below. Use an additional sheet if necessary.

<b>CHECKING</b>	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number.	
	City:	Stat	Zip:		
<b>SAVINGS</b>	Name of Bank:			Current Balance:	Current Interest Rate:
Account No:	Address:			Bank Phone Number.	
	City:	Stat	Zip:		
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:				
Account No:	City:	Stat	Zip:	Institution Phone Number.	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value	Annual Income:
Type of Asset:	Address:				
Account No:	City:	Stat	Zip:	Institution Phone Number.	

- Has any household member disposed of any assets for Less than Fair Market Value during the past two (2) years?  
 Yes  No If yes, date disposed of \_\_\_\_\_ Description of Asset? \_\_\_\_\_
- Has any household member sold any Real Estate in the last two years?  
 Yes  No If yes, date of disposal \_\_\_\_\_ Sales Price \$ \_\_\_\_\_ Description of asset \_\_\_\_\_



- Does any household member have any interest in any Real Estate, Boat, or Mobile Home?  
 Yes \_\_\_ No \_\_\_ If yes, description of asset \_\_\_\_\_ Value\$ \_\_\_\_\_  
 Annual income from asset \$ \_\_\_\_\_

### SOURCES OF INCOME

You must report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:			Phone Number:		
City:	State	Zip:	Income: _____ per _____ (hr/wk/mo/yr/etc)		
Name of Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:		Average Annual Income from this Source:
Address:			Phone Number:		
City:	State	Zip:	Income: \$—per _____ (hr/wk]mo/yr/etc)		

### CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? a Yes a No
Phone:	City:	Stat	Zip:	
		Amount you pay: \$_____ per _____		
Name of Provider:		Street Address:		Does this expense allow you to work, seek employment or attend school? Yes D No
Phone:	City:	Stat	Zip:	
		Amount you pay: \$_____ ner _____		

### HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? a Yes a No
Phone:	City:	Stat	Zip:	
		Amount you pay: \$_____ per _____		
Name of Provider:		Street Address:		Does this expense allow you to work or seek employment? a Yes a No
Phone:	City:	Stat	Zip:	
		Amount you pay: \$_____ ner _____		



## AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:		License Plate Number:	State:	Insurance Agent:		Phone:
Color:	Year:	License Expiration Date:		Street Address:		Policy No:
Name on Registration:		VIN #	City:	State	Zip:	Expiration Date:
Make and Model Number:		License Plate Number:	State:	Insurance Agent:		Phone:
Color:	Year:	License Expiration Date:		Street Address:		Policy No:
Name on Registration:		VIN #	City:	State	ZIP	Expiration Date:

## RENTERS INSURANCE

We recommend you carry renters insurance. Your personal belongings are not covered by our insurance. If you have coverage, please provide the information below. please provide information below.

Insurance Agent:			Phone:
Street Address:			Policy No:
City:	State:	Zip:	Expiration Date:

## PERSONAL REFERENCES

List two (2) references (Not related to you).

Name:		Address:		
Phone No:		City:	State:	Zip:
Name:		Address:		
Phone No:		City:	State:	Zip:

## EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:



## ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any that applies to you:

Head of Household and/or Spouse is:  62 years of age or older  Handicapped  Disabled

My household requires an accessible (barrier-free) unit:  yes  no

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:			Description of Expense: _____ Amount you pay: \$ _____ per _____
Phone:	Policy No:	City:	Stat	Zip:	
Name of Provider:		Street Address:			Description of Expense: _____ Amount you pay: \$ _____ per _____
Phone:	Policy No:	City:	Stat	Zip:	
Name of Provider:		Street Address:			Description of Expense: _____ Amount you pay: \$ _____ per _____
Phone:	Policy No:	City:	Stat	Zip:	

## PERSONAL & EVICTION HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of personal, eviction, and criminal history. You must answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

- Are you or any member of your household a current user of or addicted to a controlled substance?  
 Yes  No If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Details \_\_\_\_\_
  
- Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?  
 Yes  No If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Details \_\_\_\_\_
  
- Have you or any member of your household currently or in the past used illegal drugs?  Yes  No  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_
  
- Do you or any member of your household use marijuana? \*  Yes  No If yes, who?  
 \_\_\_\_\_ When? \_\_\_\_\_  
 Details \_\_\_\_\_
  
- Are you or any member of your household subject to a lifetime sex offender registration?  Yes  No  
 If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Details \_\_\_\_\_
  
- Are you or any member of your household an alcohol abuser whose behavior could interfere with others' health, safety and right to peaceful enjoyment?  Yes  No If yes, who?  
 \_\_\_\_\_ When? \_\_\_\_\_  
 Details \_\_\_\_\_

\*Please note, Marijuana, although legal in Michigan is still considered to be an illegal substance at the federal level and its use is prohibited at Coogan Terrace.



**APPLICANT CERTIFICATION**

1. We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, any criminal background checks, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or Local agencies.
3. If your application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the Management Office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and Security Deposits.
8. We authorized management to obtain one or more "Consumer Reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

**FAIR CREDIT REPORTING ACT**

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES; SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND, POLICE RECORDS, SEX OFFENDER REGISTRY, AND ALSO TERRORIST ALERT QUERY. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS. BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

**WARNING:**

TITLE 18, SECTION 1001 OF THE U.S.CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDELENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT, HUD, THE PHA, AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA, OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THE VERIFICATION FORMS ARE RESTRICTED TO THE PURPOSES CITED THEREIN. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS, OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENTALTY PROVISIONS FOR MISUSING THIS SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208(A)(6), (7)AND (8). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408 (A) (6), (7) AND (8).

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I HAVE READ AND UNDERSTAND THE ABOVE.

APPLICANT SIGNATURE

Date

MANAGEMENT SIGNATURE

Date

The Owner does not discriminate against persons with disabilities.  
Our Section 504 Coordinator is Cynthia Telfer  
3501 Oakwood Blvd., Melvindale, MI 48122 (313-429-1095

