



ALLEN PLACE

'Income Restricted' Rental Application

Please complete this application and return with a \$30 check or money order per adult to the Allen Place apartments, C/O Kim Fehrenbach, 11893 Lillian Lee Dr., Interlochen, MI 49643. Checks should be made out to: Michigan Asset Group. If you prefer, you may drop your application off at Allen Neighborhood Center, Attention: Joan.

If you are not certain whether you qualify for 'income restricted', please call Kim at 517-897-5556 for guidance.

Thank you!

Application Instructions

Be sure to read all the instructions. There cannot be any blank fields. If you make a mistake cross it off and initial, whiteout is not allowed.

Page 1 Application.

Choose unit size.

Answer barrier free question

Fill in name, email, and phone number on applicant line

If Co-applicant, Fill in name, email, and phone number on applicant line

Under address section please enter at least 5 years of addresses. Make sure every field is filled out. Do the same for the co-applicant side (no not use the word SAME) all addresses must be written out

Sign and date bottom of page 1.

Page 2 Application.

Fill in all the names people that will be living in the household, birthdates, what is the relationship to the Head of Household (husband, wife, son, daughter, roommate, etc..) and the SS numbers

If employed, fill out employer section completely. Do not leave any blanks. If there is a co-applicant, they must also fill out employer section. If no employer use "NA".

Total Household income

If you received SS or SSI or VA you can enter it in this section.

Answer the criminal questions.

Under asset section – if you have bank accounts, please enter them in this section. Type of asset would be checking, savings, Certificate of Deposits, etc.

Answer question - did you dispose of any assets?

Sign and date the bottom page 2.

Page 3 Application.

Top of page 3 - Answer the car questions – if no car, use "NA". Be sure to put License PLATE number not driver's license.

Answer Student and housing questions.

Enter Personal References - make sure all fields are filled in completely.

Sign and date middle of page 3

Initial under applicant or co-applicant, respectively.

Answer Gender questions

Sign and date bottom of page 3

Race and data ethic forms:

Head of household's name get written above "Name of Head of Household" on all forms and Head of Household's name needs to be written above "Household Member" as well if it is their own form.

Otherwise, Head of household's name gets written above "Name of Head of Household" and another household member's name gets written above Household Member.

Example of the Head of Household member's form:

Jodi Smith
Head of Household

Jodi Smith
Name of Household Member

Example of the Household member's form:

Jodi Smith
Head of Household

John Smith
Name of Household Member

Select one from the Ethnic Category

Select one or more from the Race category

Adult's sign and date their own Race form. For Minors, the Head of household signs their form.

Read, Sign & Date the disclosure form.

Sign & date the Notice of Consent form.

Annual Student Eligibility Certification form

Enter all the names of the household members, check appropriate box from column 1 and from column 2 for each member.

In the middle section, only check appropriate letter that applies. Do not check any other letter because only 1 can be checked. Go to page 2 sign, print and date the page.

Authorization for Criminal History check

Fill in everything on the top half of the form and again no blanks fields.

If you only have a state ID – put the state ID number in the Driver's license field.

On the bottom half of the form, you need 7 years past addresses. Make sure they are fully filled out. Please use actual dates in the to and from dates column. Do not use "current".

Sign and date bottom of form.

CHECKLIST MSHDA PROGRAM Form. 1 per adult

There are 66 questions on the form. You must check either yes or no. This form is what we use to gather all the verifications we need for your income and assets.

Make sure to put your initials in your answer to question #66.

Sign and date the bottom of the form.

If you are having problems filling out the application let me know and we can schedule a date to meet and go through the application together.

kimr@miasset.com

517-897-5556

Preliminary Rental Application Tax Credit/Section 42 Financed Properties

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

Community: Allen Place Office Phone: _____ Date: _____

Unit Size 1 bedroom 2 bedroom 3 bedroom Unit Type: Apartment House

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

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Applicant's History	
Applicant:	Co-Applicant
Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____	Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____

Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____
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Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____
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If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.

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 _____



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

TDD 1-800-649-3777



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

Applicant	Co-Applicant
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: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
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** or **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** or **No**

If "yes", please explain: _____

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: _____

Provide asset information below:

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** or **No**

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

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date



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A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 4. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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TDD 1-800-649-3777



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 6/30/2017)

Allen Place 1611 E. Kalamazoo, Lansing, MI, 48912
Name of Property Project No. Address of Property

Michigan Asset Group LIHTC
Name of Owner/Managing Agent Type of Assistance or Program Title:

Insert Name of Head of Household

Insert Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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TDD 1-800-649-3777



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Name of Owner/Managing Agent Type of Assistance or Program Title:

Insert Name of Head of Household

Insert Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

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TDD 1-800-649-3777



DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

Michigan Asset Group, LLC. Is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

Housing at Allen Place

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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TDD 1-800-649-3777



If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize Allen Place to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

Housing purposes

I understand that Michigan Asset Group, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that Michigan Asset Group, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Co-Applicant

Date

Witness

Date



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TDD 1-800-649-3777



AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Michigan Asset Group, LLC. It is Michigan Asset Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name (no nicknames) _____					
Maiden Names(s), Nickname(s), Other Name(s) (please include dates used) _____				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number _____			Date of Birth _____		
Driver's License Number _____				State _____	
Is Your Driver's License Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ <i>Please give details</i>					
All addresses for the last 7 years: (Street / City / County / State / Years From-To)					
In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.					
	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
(Attach additional pages if necessary)					

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X	_____	_____
	Signature	Date



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Full Name <i>(no nicknames)</i> _____					
Maiden Names(s), Nickname(s), Other Name(s) <i>(please include dates used)</i> _____				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number _____			Date of Birth _____		
Driver's License Number _____			State _____		
Is Your Driver's License Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ <i>Please give details</i>					
All addresses for the last 7 years: <i>(Street / City / County / State / Years From-To)</i>					
In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.					
	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
<i>(Attach additional pages if necessary)</i>					

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X		
	Signature	Date



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RENTAL HISTORY VERIFICATION

I authorize Allen Place to obtain information on my rental history by contacting any references necessary to evaluate renting risks. I hereby release all references to give Waverly Place all requested information.

Signature _____ **Date** _____

Applicant Name _____ Date _____

Address to be Verified _____

Name of Landlord: _____

() Current Landlord () Previous Landlord () Other _____

Dates of Applicants Residency: From _____ To _____

1. Rent Payment

- A. Is/Was applicant current on rent? _____
- B. Has/Had he/she ever been late? _____ How late? _____ How Often? _____
- C. Have/Had you ever begun eviction proceedings for non-payment? _____
- D. Monthly Rental Rate? _____

2. Caring for the Apartment

- A. Does/Did the applicant keep the apartment clean? _____
- B. Has/Had the applicant damaged the apartment? _____
If yes, describe _____
- C. Has/Had the applicant paid for the damage? _____
- D. Will/Did you keep any of the security deposit? _____

3. General

- A. Did the applicant give a 30 day notice to vacate? _____
- B. Does/Did the applicant permit persons other than those on the lease to live in the apartment? _____
- C. Has/Had the applicant or family members damaged or vandalized the common areas? _____
- D. Does/Did the applicant create any physical hazards to the project or residents? _____
- E. Does/Did the applicant interfere with the rights and quiet enjoyment of other residents? _____
- F. Did the applicant give you any false information? Describe _____

- G. Would you re-admit this applicant? _____
If no, why not? _____

Check One:

- _____ Verified by Telephone
- _____ Completed by Previous Landlord

Landlord or Signature of Person Completing this Form _____

Date _____



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- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

Yes No Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

Yes No Document Attached:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident Printed Name of Applicant/Tenant Date

Signature of Applicant/Resident Printed Name of Applicant/Tenant Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ⁱ Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.

	Yes	No	COMPLETE EACH ITEM:
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)

CHILD SUPPORT

30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? • Yes • No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.

ASSETS

(Include all assets held or owned either in or outside of the United States)

33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.

	Yes	No	COMPLETE EACH ITEM:
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____

Yes	No	COMPLETE EACH ITEM:
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ALLOWANCES / DEDUCTIONS			
(Complete the items below for Section 8, Section 236, and Moderate Projects Only)			

57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays · full · partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.

OTHER ITEMS			
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65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
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DISPOSAL / DIVESTITURE OF ASSETS			
(all tenants and prospective residents in all types of projects must complete the section below)			

66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>
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Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.

	Yes	No	COMPLETE EACH ITEM:
25			I am a member of an Indian Tribe receiving gaming payments.
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)

CHILD SUPPORT

30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? • Yes • No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.

ASSETS

(Include all assets held or owned either in or outside of the United States)

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Date