APPLICATION FOR OCCUPANCY

Community Name: <u>Baldwin House Hazel Park</u>

Address: 777 E. Woodward Hts. Blvd.

Hazel Park, MI 48030

Phone Number: <u>248-545-0707</u> Fax Number: <u>248-545-0270</u>

TDD Number (for the hearing impaired): 1.800.649.3777



Equal Housing Opportunity



PERSONAL INFORMATION

DESIRED UNIT SIZE	E	DESIRED	DESIRED OCCUPANCY DATE		
NAME OF APPLICA	NT		*DATE OF BIRTH*DATE OF BIRTH CO-APPLICANT'S SOC. SEC. #		
NAME OF CO-APPL	ICANT				
		UMBER			
		OF HOUSEHOLD (pleas			
Married	Single	Widow(er)	Divorced	Separated	
		CCESSIBLE UNIT (please	, ATEC	NO	
<u>N</u> A	AME ANI	O RELATIONSHIPS (OF ALL OCCUPA	ANTS:	
NAME			RELATIONSH	IP	
	<u>]</u>	EMPLOYMENT INFO	<u>ORMATION</u>		
EMPLOYER ADDRESS	5		RS OF SERVICE		
POSITION HELD CO-APPLICANT'S EM	ADDRESS PL OVER	WAGE/SALARY		OR	
		WAGE/SALARY_		TELEPHONE OR	
		RESIDENCE HIS	STORY		
PRESENT ADDRESS_	ADDRESS	CITY/STATE	ZIP	TELEPHONE	

Complete all applicable information for Resident, Spouse, Co-Resident. Attach an additional sheet if more space is needed. This information is to be completed by the applicant (Not by the agency, employer, or bank).

INCOME INFORMATION

	commission, fees, tips, bon	iuses. Indicate source.
	Per Month \$	Per Year \$
NET INCOME		ON OR RENTAL OF REAL OR PERSONAL PROPERTY Annually from
SOCIAL SEC	URITY/SSI – List <u>GROSS</u> amor <u>GROSS</u> per month Soc <u>GROSS</u> per month Soc	unt (before Medicare deduction). cial Security/SSI
\$	GROSS per month So	cial Security/SSI
PENSION; A	NNUITIES; RETIREMENT FU	
	\$\$ \$	ROSS per month from
employment; Disa urring contributior Head of Househol	s or gifts of money; Education Grants;	npensation; Severance pay; Alimony; Child Support; Regular; Scholarships; VA Benefits; Regular pay; Special pay and allowa; AFDC; Welfare or any other sources.
	ASSET I	NFORMATION DALLANGE
CHECKING A	ACCOUNTS	BALANCE
Accoun	t # Balance in account at present time	\$
Accoun	Balance in account at present time	e: \$
Account	Balance in account at present time	e:
SAVINGS AC	COUNTS (INCLUDING IRA'S	ANNUITIES AND MONEY MARKETS)
Accoun	t #Balance in account at present time	edit Union \$
Accoun	# Balance in account at present time Balance in account at present time	edit Union \$
	Balance in account at present time	e:
CD AND TIM	E CERTIFICATES	
Account	# Bank # Bank	
Account	# Bank	
STOCKS AND		
	Type:Nu	Imber owned Value: \$ Imber owned Value: \$
	Type: Nui	mber owned value: \$
	ANCE POLICIES	
How many? _	Name of Company(ies)	Cash Value \$ Cash Value \$
	Name of Company(ies)	Cash Value \$
REAL ESTATA	TE OWNED AT PRESENT TIM	IE OR SOLD WITHIN LAST 2 YEAR PERIOD: Market Value: \$
	off Value \$ear period, list amount sold for):	Market Value: \$ Date sold
Mortgage Payo		CT
PROPERTY S	SOLD UNDER LAND CONTRA	
PROPERTY S	nount of Land Contract	\$
PROPERTY S Original an Outstanding	nount of Land Contractg balance at present time	

WE CERTIFY THAT THE PRECEDING INFORMATION IS ACCURATE AND COMPLETE AND I/WE ACKNOWLEDGE THAT INACCURACIES AND/OR OMISSIONS MAY BE THE BASIS OF IMMEDIATE CANCELLATION OF MY/OUR APPLICATION BY MANAGEMENT. MANAGEMENT HAS THE RIGHT TO INVESTIGATE MY CREDIT, EMPLOYMENT, AND INCOME RECORDS, AND HAS THE RIGHT TO VERIFY MY CREDIT REFERENCES AND TO REPORT TO CREDIT BUREAUS AND OTHER INTERSTED PARTIES THE WAY I/WE PAY THIS ACCOUNT. THE UNDERSIGNED UNDERSTANDS THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT CONSTITUTE ACCEPTANCE FOR RENTAL ON THE PART OF MANAGEMENT.

SIGNATURE OF APPLICANT	DATE	
SIGNATURE OF CO-APPLICANT	DATE	

STATEMENT REQUIRED BY THE PRIVACY ACT.

The Michigan State Housing Development Authority (MSHDA) is authorized by Title V of the Housing Act of 1949, amended (42 U.S.C. 1471 et seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for MSHDA to deny eligibility because of the refusal to disclose the Social Security Number

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the LIHTC program and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.

APPLICANT VOLUNTARY INFORMATION

The information solicited on this application is requested in order to determine eligibility for a government housing program and eligibility with respect to the owner's credit and reference policies. Applicants shall be judged on the basis of these written policies and NOT on the basis of race, color, national origin, religion, sex, marital status, age, familial status or handicap.

The following information is requested by the Michigan State Housing Development Authority 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. Providing 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.		
Co-Applica	nt: I do not wish to furnish this information.		
	Race/National Origin		
Applicant:		Co-Appli	icant:
().	American Indian, Alaskan Native	()
()	Asian, Pacific Islander	.()
()	Black)
ὶ	Hispanic	(í
	White)
()	Female Female	()
()	Male Male	()