

APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Lakeside I
Address: 15731 19 Mile Road
Clinton Township, MI 48038
Phone Number: 586-263-0081
Fax Number: 586-412-1672
TDD Number (for the hearing impaired): 1.800.649.3777



Equal Housing Opportunity



PERSONAL INFORMATION

DESIRED UNIT SIZE _____ DESIRED OCCUPANCY DATE _____

NAME OF APPLICANT _____ *DATE OF BIRTH _____

NAME OF CO-APPLICANT _____ *DATE OF BIRTH _____

APPLICANT'S SOC. SEC. # _____ CO-APPLICANT'S SOC. SEC. # _____

APPLICANT'S TELEPHONE NUMBER _____

MARITAL STATUS OF HEAD OF HOUSEHOLD (please circle)

Married

Single

Widow(er)

Divorced

Separated

I NEED A BARRIER FREE/ ACCESSIBLE UNIT (please circle)

*THIS INFORMATION IS NEEDED IN ORDER TO DETERMINE YOUR ELEGIBILITY FOR SENIOR HOUSING

YES

NO

NAME AND RELATIONSHIPS OF ALL OCCUPANTS:

NAME

RELATIONSHIP

EMPLOYMENT INFORMATION

EMPLOYER _____ YEARS OF SERVICE _____

EMPLOYER ADDRESS _____

ADDRESS

CITY/STATE

ZIP

TELEPHONE

POSITION HELD _____ WAGE/SALARY _____ SUPERVISOR _____

CO-APPLICANT'S EMPLOYER _____ YEARS OF SERVICE _____

EMPLOYERS ADDRESS _____

ADDRESS

CITY/STATE

ZIP

TELEPHONE

POSITION HELD _____ WAGE/SALARY _____ SUPERVISOR _____

RESIDENCE HISTORY

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

1. **SALARY/WAGES** List **GROSS** amount (before deductions) of wages and salaries, overtime pay, commission, fees, tips, bonuses. Indicate source.

Per Month \$ _____ Per Year \$ _____

2. **NET INCOME FROM BUSINESS OR PROFESSION OR RENTAL OF REAL OR PERSONAL PROPERTY**
\$ _____ Annually from _____

3. **SOCIAL SECURITY/SSI – List GROSS amount (before Medicare deduction).**

\$ _____ **GROSS** per month Social Security/SSI

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4. **PENSION; ANNUITIES; RETIREMENT FUNDS; IRA ACCOUNTS**

\$ _____ **GROSS** per month from _____

\$ _____ **GROSS** per month from _____

5. **ALL OTHER INCOME** Include income from **ALL OTHER SOURCES**, such as: Unemployment; Disability Compensation; Workman’s Compensation; Severance pay; Alimony; Child Support; Regular recurring contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Special pay and allowances for Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources.

\$ _____ **GROSS** per month from _____

ASSET INFORMATION

1. **CHECKING ACCOUNTS** BALANCE

Account # _____ Bank _____ \$ _____

Balance in account at present time:

Account # _____ Bank _____ \$ _____

Balance in account at present time:

2. **SAVINGS ACCOUNTS (INCLUDING IRA’S ANNUITIES AND MONEY MARKETS)**

Account # _____ Bank/Credit Union _____ \$ _____

Balance in account at present time

Account # _____ Bank/Credit Union _____ \$ _____

Balance in account at present time:

3. **CD AND TIME CERTIFICATES**

Account # _____ Bank _____ \$ _____

Account # _____ Bank _____ \$ _____

4. **STOCKS AND/OR BONDS**

Type: _____ Number owned _____ Value: \$ _____

Type: _____ Number owned _____ Value: \$ _____

5. **LIFE INSURANCE POLICIES**

How many? _____ Name of Company(ies) _____ Cash Value \$ _____

Name of Company(ies) _____ Cash Value \$ _____

6. **REAL ESTATE OWNED AT PRESENT TIME OR SOLD WITHIN LAST 2 YEAR PERIOD:**

Address: _____ Market Value: \$ _____

Mortgage Payoff Value \$ _____

If sold within last 2 year period, list amount sold for: \$ _____ Date sold _____

7. **PROPERTY SOLD UNDER LAND CONTRACT**

Original amount of Land Contract\$ _____

Outstanding balance at present time\$ _____

Terms of Land Contract: \$ _____ per month. Annual Interest Rate: _____ %

8. **LIST ALL OTHER ASSETS NOT LISTED ABOVE**

Type: _____ Valued at: \$ _____

