APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Lakeside I

Address: 15731 19 Mile Road

Clinton Township, MI 48038

Phone Number: <u>586-263-0081</u> Fax Number: <u>586-412-1672</u>

TDD Number (for the hearing impaired): 1.800.649.3777



Equal Housing Opportunity



PERSONAL INFORMATION

DESIRED UNIT SIZE DESIRED OCCUPANCY DATE				
		*DATE OF BIRTH		
		*DATE OF BIRTH		
	LICANT'S SOC. SEC. # CO-APPLIC			
APPLICANT'S TELEPHONE NU	JMBER			
MARITAL STATUS OF HEAD (
Married Single	Widow(er)	Divorced	Separated	
I NEED A BARRIER FREE/ ACC *THIS INFORMATION IS NEEDED IN ORDER TO DETER	MINE YOUR ELEGIBILITY FOR SENIOR HO	DUSING YES NO		
<u>NAME AND</u> NAME	RELATIONSHIPS O	F ALL OCCUPANTS: RELATIONSHIP		
<u>E</u>	MPLOYMENT INFOI	<u>RMATION</u>		
EMPLOYER	EMPLOYERYEARS OF SERVICE			
EMPLOYER ADDRESS POSITION HELD CO-APPLICANT'S EMPLOYER EMPLOYERS ADDRESS				
EMPLOYERS ADDRESS ADDRESS POSITION HELD	WAGE/SALARY	ZIP TELEPHO SUPERVISOR	ONE	
	RESIDENCE HIST	TORY		
PRESENT ADDRESSADDRESS	CITY/STATE	ZIP TELEPHO	ONE .	

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, bonuses. In	
	Per Month \$	Per Year \$
NET INCOME		RENTAL OF REAL OR PERSONAL PROPERTY lly from
SOCIAL SEC	URITY/SSI – List GROSS amount (before GROSS) per month Social Sector GROSS per month Social Sector GROSS per month Social Sector GROSS	ore Medicare deduction). prity/SSI
\$	GROSS per month Social Secu	urity/SSI
PENSION; A	NNUITIES; RETIREMENT FUNDS; IR	
	\$ GROSS p	er month fromer month from
	\$ GROSS p	
urring contribution Head of Househol		n; Severance pay; Alimony; Child Support; Regular ships; VA Benefits; Regular pay; Special pay and allowan Welfare or any other sources.
	ASSET INFOR	
CHECKING A	ACCOUNTS	BALANCE
Accoun	t # Bank Balance in account at present time:	\$
Accoun	Balance in account at present time:	\$
recoun	Balance in account at present time:	Ψ
SAVINGS AC	COUNTS (INCLUDING IRA'S ANNUI	TIES AND MONEY MARKETS)
Accoun	t #Balance in account at present time	on\$
Accoun	# Balance in account at present time Bank/Credit Unic Balance in account at present time:	on\$
	Balance in account at present time:	
CD AND TIM	E CERTIFICATES	
Account	# Bank # Bank	<u> </u>
Account	# Bank	\$
STOCKS ANI		
	Type:Number ow	vned Value: \$ vned Value: \$
	Type: Number ow	rned Value: \$
	ANCE POLICIES	
How many? _	Name of Company(ies)	Cash Value \$ Cash Value \$
	Name of Company(ies)	Cash Value \$
REAL ESTATAddress:	'E OWNED AT PRESENT TIME OR S Market	OLD WITHIN LAST 2 YEAR PERIOD: Value: \$
Mortgage Payo	ff Value \$ear period, list amount sold for): \$	Date sold
If sold within last 2 y	SOLD UNDER LAND CONTRACT	
		Ф
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-Applicant:	I do not wish to furnish this information.		
	Race/National Origin		
Applicant:		Co-Ar	oplicant:
()	American Indian, Alaskan Native	()
()	Asian, Pacific Islander	Ĉ)
()	Black	<u>)</u>	Ó
,	Hispanic		í
	White)
() Fem	ale Female	()
() Male	Mala	ì	Ś