APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Grand Rapids

Address: 2619 Kalamazoo Ave.

SE Grand Rapids, MI 49507

Phone Number: (616) 248-3499 Fax Number: (616) 248-8353

TDD Number (for the hearing impaired): 1.800.649.3777



Equal Housing Opportunity **5**

PERSONAL INFORMATION

DESIRED UNIT SIZE			DESIRED OCCUPANCY DATE			
NAME OF APPLICA						
NAME OF CO-APPL			*DATE OI	F BIRTH		
APPLICANT'S SOC. SEC. #			-APPLICA	NT'S SOC.	SEC. #	
APPLICANT'S TELE	PHONE NUN	MBER				
MARITAL STATUS	OF HEAD OF	HOUSEHOLD	(please cir	cle)		
Married S	ingle	Widow(er)	I	Divorced		Separated
I NEED A BARRIER *THIS INFORMATION IS NEEDED IN			-	•	S N	IO
<u>N</u> A	ME AND I	RELATIONSE	HPS OF A	ALL OCC	UPANTS:	
NAME			RELATIONSHIP			
	EN	- - <u>IPLOYMENT</u>	INFORM	<u>IATION</u>		
EMPLOYER			YEARS O	F SERVICE		
EMPLOYER ADDRESS POSITION HELD CO-APPLICANT'S EM EMPLOYERS ADDRES	ADDRESS PLOYER		YEARS O	SUPER F SERVICE	CVISOR	
EMPLOYERS ADDRES POSITION HELD	ADDRESS	CITY. WAGE/SALARY	/STATE	ZIP SUPER	TELEPHONE RVISOR	
		RESIDENC	E HISTO	RY		
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

l.	SALARY/WAGES List GI commi	amount (before d ssion, fees, tips, bonuse		s and salaries, overtime pay,	
	Per Mon	th \$	Per Year \$		
2.	NET INCOME FROM BUSIN			EAL OR PERSONAL PROP	
3.	SOCIAL SECURITY/SSI - \$ GI	- List <u>GROSS</u> amount ROSS per month Social	(before Medicare Security/SSI	deduction).	
	\$ <u>G</u> \$ <u>G</u>	ROSS per month Social	Security/SSI		
	PENSION; ANNUITIES; R	RETIREMENT FUNDS	S; IRA ACCOUN	ΓS	
	\$	GRO GRO	SS per month from		
	Φ	<u>GRO</u>	<u>55</u> per monur from		
Ine ecu	ALL OTHER INCOME In employment; Disability Compensaurring contributions or gifts of mo Head of Household in Armed For	ation; Workman's Compen ney; Education Grants; Scl ces; Public Assistance; AF	nsation; Severance pay holarships; VA Benef TDC; Welfare or any o	y; Alimony; Child Support; Regits; Regular pay; Special pay ar ther sources.	
		ASSET INF	ORMATION	BALANCE	
	CHECKING ACCOUNTS				
	Account #	Bank		\$	
	Balance Account #	Bank		\$	
	Balance	in account at present time:		Ψ	
	SAVINGS ACCOUNTS (IN	NCLUDING IRA'S AN Bank/Credit	NNUITIES AND M	ONEY MARKETS) \$	
	Balance	in account at present time			
	Account #Balance	Bank/Credit in account at present time Bank/Credit in account at present time:	Union	 \$	
	CD AND TIME CERTIFIC				
	Account #	Bank		\$	
	Account #	Bank Bank		\$ \$	
	STOCKS AND/OR BONDS	3			
			er owned	Value: \$	
	Type:	Numbe	er owned	Value: \$ Value: \$	
	LIFE INSURANCE POLIC	TIFC			
				Cash Value \$	
	How many? Name o	of Company(ies)		Cash Value \$	
	REAL ESTATE OWNED A):
	Address:	nt sold for): \$	Date sold		
	PROPERTY SOLD UNDE	R LAND CONTRACT	7		
	Original amount of Land	Contract		\$	
	Outstanding balance at pr	esent time		\$	
	Terms of Land Contract:	\$per montl	h. Annual Inter	rest Rate:%	
	Type:		VE Valued at: \$		
	1 ypc.		valueu ai. 5		

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-Applic	ant: I do not wish to furnish this information.	
	Race/National Origin	
Applicant:		Co-Applicant:
()	American Indian, Alaskan Native	(
().	Asian, Pacific Islander	(
().	Black	()
().	Hispanic	()
().		()
()	Female Female	()
()	Male Male	()