

**BALDWIN HOUSE
LIHTC WAITING LIST POLICY**

Baldwin House Oakland is a residence designated for the elderly. At least one member of the household must be 62 years of age or older, any other member 55 years of age or older.

This policy is provided to any/all person(s) inquiring about the LIHTC Waiting List.

- It is the policy of Baldwin House to have an internal and external waiting list. To be placed on the internal waiting list you must reside in the location for which you are applying. The external waiting list is for resident who do not currently live in the location for which they are applying.
- The internal waiting list will be utilized first. Once exhausted the external waiting list will be used.
- Prospects that would like to be placed on the Baldwin House LIHTC waiting list must complete and submit a pre-screen packet which includes an Application of Occupancy, MSHDA Checklist and a consent form to run a background check on the sex offender registry. It is the policy of Baldwin House to not admit anyone who appears on the sex offender registry.
- Prospects that have completed the pre-screen process and meet eligibility will be added to the appropriate waiting list in the order of the date their written request was received (oldest first).
- When an apartment becomes available, prospects will be called in the order they appear on the list. Prospect will have 24 hours to respond to notification of availability. If we do not receive a response within that time frame we will contact the next prospect on the waiting list. If prospect does not respond/reply to notification of availability, prospect will be sent written notice stating they are being removed from the waiting list. In certain circumstances, deemed eligible by Baldwin House, reinstatement may occur. If prospect will be unavailable for a specified period of time, it is the prospects responsibility to provide alternate contact information. (i.e.: vacation)
- It is the prospects responsibility to provide all requested documentation within 72 hours or provide proof they have attempted to collect it. Failure to do so will result in removal from the waiting list.
- When notified of availability and prospect declines current availability but wish to remain on the list may do so but they will be moved the end of the list.
- Waiting list prospects are responsible for providing Baldwin House notification of any/all changes to their contact information including telephone number and home address.
- The waiting list is, and will remain, open indefinitely.

**BALDWIN HOUSE
MARKET WAITING LIST POLICY**

Baldwin House Oakland is a residence designated for the elderly. At least one member of the household must be 62 years of age or older, any other member 55 years of age or older.

- If a Market unit waiting list exists, it will be kept separate from the LIHTC waiting list.
- Prospects that would like to be put on the Market unit waiting list must provide a \$500 reservation fee.
- Prospects having submitted a Reservation fee will be added and maintained on the waiting list in the order of the date their fee was received (oldest first).
- When an apartment becomes available, prospects will be called in order as they appear on the list.
- When notified of availability and prospect declines current availability, they must state they wish to remain on the waiting list in order to do so.
- Reservation fees are returned upon request of prospect and will be removed from the waiting list upon return of the fee.
- Waiting list prospects are responsible for providing Baldwin House notification of any/all changes to their contact information including telephone number and home address.
- If a waiting list exists, it will remain open indefinitely.

Note – a Market unit waiting list may not exist if there is current unit availability.

APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Oakland

Address: 1915 Baldwin Ave.

Pontiac, MI 48340

Phone Number: 248-335-7020

Fax Number: 248-335-0141

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

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

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**

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: \$ _____

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-Applicant:
()	()
() American Indian, Alaskan Native	()
() Asian, Pacific Islander	()
() Black	()
() Hispanic	()
() White	()
() Female	Female ()
() Male	Male ()

CONSENT TO RELEASE INFORMATION

Resident's name: _____

RELEASE: I hereby authorize the release of the requested information attached regarding my income and/or assets to Baldwin House Senior Living Residences.

NOTE: A copy and/or facsimile of this consent shall also remain a legal release of information. The original is retained on file at the apartment community.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for unauthorized disclosure or improper use.



DISPOSAL OF ASSETS

I/we _____ certify that:

During the past 2 years, I/we **HAVE NOT** sold or given away any assets for less than fair market value.

↑
or

During the past 2 years, I/we **HAVE** sold or given away only the assets listed below for less than fair market value.

(A) Description	(B) Date Disposed of	(C) Market Value	(D) Cash Value*	(E) Amt. Sold For	Subtract column(E) from (D) (List on TIC)

*Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity;
2. Broker/legal fees for the sale or conversion of assets;
3. Settlement costs for real estate transaction.

I/we have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I/we understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Resident's Signature

Date

Co-Resident's Signature

Date


BALDWIN HOUSE™
SENIOR LIVING



Prospective Resident Acknowledgment of Sex Offender Screening

As a prospective resident of Baldwin House, I understand that it is the company's policy to conduct sex offender screening as part of its admission screening process before a final decision is made regarding my residency application. The sex offender screening is done to promote the health, safety, and well-being of Baldwin House residents.

I consent to the sex offender screening and agree to fully and truthfully cooperate with the screening. In the event that I fail or refuse to fully and truthfully cooperate with Baldwin House my application for tenancy with Baldwin House will be denied and/or my tenancy will be terminated should it be granted based on false information.

NAME: _ _ _ _ _
Last First Middle

MAIDEN NAME/OTHER NAME(S) USED: _ _ _ _ _

BIRTHDATE: _ _ _ _ _ **SEX:** Male Female

Are you a sex offender? Yes No

Are you on a sex offender registry in any state/country? Yes No

Signature

Date

Baldwin House is an equal housing opportunity provider. We are committed to compliance with the Fair Housing Act, as well as state and local fair housing laws, so that no person will be denied housing based on unlawful discrimination. We promote open lines of communication to report concerns and will not retaliate against anyone who makes a report of discrimination.

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 some time 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.
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.

Yes	No	COMPLETE EACH ITEM:
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) How many? _____
34		I have a checking account(s) at: _____ (List name(s) of institution) How many? _____
35		I have certificates of deposit at: _____ (List name(s) of institution) How many? _____
36		I have a money market at: _____ (List name(s) of institution) How many? _____
37		I have an Annuity at: _____ (List name(s) of institution)
38		I have a prepaid card, debit card, or pay card 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)? _____
39		I have cash held in my home or in a safety deposit box.
40		I have savings bonds. If yes, how many? _____
41		I have Treasury Bills. If yes, how many? _____
42		I have stocks.
43		I have bonds
44		I have mutual funds or securities.
45		I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
46		I have time certificate(s) at: _____ (List name(s) of institution)
47		I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
48		I own a mobile home.
49		I have land contracts. If yes, how many? _____
50		I hold a mortgage or deed of trust.
51		I have revocable trusts. If yes, how many trusts? _____
52		I have whole life or universal life insurance policy (ies). If yes, how many policies? _____
53		I have personal property held for investment purposes (gems, jewelry, collections, etc.).
54		I have lump sum receipts or one-time receipts.
55		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.

	Yes	No	COMPLETE EACH ITEM:
56			I have joint ownership on one or more of the above assets.
57			I have income/assets from sources other than those listed above. (Describe) _____
58			A member of my household is under the age of 18 and has assets. (Describe)

ALLOWANCES / DEDUCTIONS
(Complete the items below for Section 8, Section 236, and Moderate Projects Only)

59	N/A	N/A	I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
60	N/A	N/A	I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
61	N/A	N/A	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.
62	N/A	N/A	I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
63	N/A	N/A	I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
64	N/A	N/A	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 <input type="checkbox"/> full <input type="checkbox"/> partial.
65	N/A	N/A	I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
66	N/A	N/A	I pay handicap equipment expenses for a handicapped/disabled family member that is not covered by insurance.

OTHER ITEMS

67			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)

68			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</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 informatio 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