MSHDA INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name:	

	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: □Full-time □Part-time □Other
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime 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
5			Jou:
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an 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, 401(k), IRA, 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 a 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, casino or online gaming, 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.

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	Yes	No	COMPLETE EACH ITEM:		
26			I receive periodic payments from insurance policies or any type of settlem policies or settlements? From what Sources?	nent. If yes, ho	w many
27			I receive long term care insurance payments that exceed \$180/day or \$6	7,000 annually	' .
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 su	pport? If	yes, what
			State is the case through? If yes, is child support paid directly to DF		
31			I have been awarded a judgment for child support but have not been rece		
			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 S		Intonost
				Cash Value*	Interest Rate**
33			I have a savings account(s) at:	\\$	/ /
0.4			(List name(s) of institution)	<u> </u>	/
34			I have a checking account(s) at:(List name(s) of institution)	3	/
35			I have certificates of deposit at:	\$\	/
36			(List name(s) of institution)		
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another	\$ \	/
			agency are directly deposited. If yes, how many? From which	\	/
			Agency(ies)?	\	/
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment	\$\	/
0.0			app. If yes, how many and through which services?		
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)	\$	
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, bonds, mutual funds, or securities.	\$	
43			I own a house or mobile home. (Section 8 PBRA Programs only: Is the home suitable for	\$	
				/	\
44			occupancy? Yes No) I own real estate or land and receive income from the rental of the real	<u> </u>	 \
44			estate. If yes, how many properties?	\$	\
45			I have land contracts. If yes, how many?	\$	\
46			I hold a mortgage or deed of trust.	\$	- \
47			I have revocable trusts. If yes, how many trusts?	\$ /	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies?	\$ /	\
49			I have non-necessary personal property held for investment purposes	\$/	<u> </u>
50			(gems, jewelry, collections, etc.). I have lump sum receipts or one-time receipts.	<i> </i> / \$	
50			Thave fulfip sum receipts of one-time receipts.	 / ^φ	\

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	Yes	No	COMPLETE EACH ITEM:	_				
51			I have assets from sources other than those listed above. Describe:	\$				
52			A member of my household is under the age of 18 and has assets. Describe:	\$				
53		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.						
54			I have joint ownership on one or more of the above assets.					
		(Co	ALLOWANCES / DEDUCTIONS mplete the items below for Section 8, Section 236, and Moderate Proj	ects Only)				
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medica					
56			Lam Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.					
57			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.					
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.					
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.					
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays full partial.					
61		/	I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.					
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.					
			OTHER ITEMS					
63			I have provided proof of Social Security number (or certification) for all hocertification for individuals under 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age will be executed by a page 18 years of age 28 years of a					
			SPECIAL CONSIDERATION OF ASSETS					
64		\bigvee	Section 8 PBRA Programs only: My household's assets exceed \$100,0	+000				
65			I have sold, given away, or otherwise transferred ownership of assets wit Initial the "Yes" column or the "No" column at left. If yes, list item(s) and one of the "Yes" column or the "No" column at left.		o (2) years.			
			Assets include cash (totaling in excess of \$999), cash held in savings and trust funds, equity in real estate and other capital investments, stocks, be certificates of deposit, money market funds, IRA accounts, retirement and receipts (i.e., lottery winnings, insurance settlements, etc.), and personal investment (i.e., gem or coin collections, paintings, antique cars, etc.). Depersonal property such as furniture, automobiles, and clothing.	nds, Treasury d pension fund property held	bills, ls, lump sum as an			
know will n	rledge. otify the	The un Reside	erjury, I certify that the information presented in this certification is true and dersigned further understands that providing false representation herein on the Manager when circumstances change, for possible recertification. False all the termination of the lease agreement and/or benefits.	constitutes an	act of fraud. I			
Appl	icant / 7	Tenant	Signature Date					

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TO BE COMPLETED E	BY OWNER/MANAGEMENT AGENT
Household Asset(s) Verification vs. Self-	-Certification:
☐ Move-In/Initial Certification – All house	ehold assets must be 3 rd party verified.
☐ 1 st Year Annual Recertification – Year	: Asset Threshold: \$
	(can be found on huduser.org)
☐ 2 nd Year Annual Recertification – Year	
	(can be found on huduser.org)
☐ 3 rd Year Annual Recertification – All h	ousehold assets must be 3 rd party verified.
The cycle will now repeat, with 3 rd party	verifications of assets occurring every three (3) years.
*Cash value is defined as market value min	nus the cost of converting the asset to cash, such as
broker's fees, settlement costs, outstanding	loans, early withdrawal penalties, etc.
	vidually to assets that <i>DO NOT</i> have a determinable all cash value of assets exceeds the Asset Threshold
for the calendar year.	
Current Passbook Savings Rate:	
	ation presented in this certification is true and accurate to the best of rand(s) that providing false representations herein constitutes an act of may result in the termination of a lease agreement.
Owner/Management Signature	 Date

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APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Lakeside II

Address: 15821 19 Mile Road

Clinton Township, MI 48038

Phone Number: <u>586-228-8889</u> Fax Number: <u>586-263-9486</u>

TDD Number (for the hearing impaired): 1.800.649.3777



Equal Housing Opportunity



PERSONAL INFORMATION

DESIRED UNIT	SIZE	DESIRED (OCCUPANCY DA	ГЕ
NAME OF APPL	ICANT		*DATE OF BII	RTH
		CO-APPLIC		
APPLICANT'S T	ELEPHONE N	UMBER		
		OF HOUSEHOLD (please		
Married		-	Divorced	Separated
	EDED IN ORDER TO DETE	CESSIBLE UNIT (please of carmine your elegibility for senior ho	DUSING YES	
	NAME ANI	O RELATIONSHIPS O	F ALL OCCUPA	ANTS:
NAME			RELATIONSH	IP
	<u>1</u>	EMPLOYMENT INFO	<u>RMATION</u>	
		YEARS		
POSITION HELD_	ADDRESS	WAGE/SALARYYEARS	S OF SERVICE	TELEPHONE OR
EMPLOYERS ADI	DECC			
POSITION HELD_	ADDRESS	WAGE/SALARY		
		RESIDENCE HIST	TORY	
PRESENT ADDRE	ESS			
	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. CHECKING ACCOUNTS Account # Balance in account at present time: Balance in account at present time:	ertime pay,
\$ Annually from	
\$ 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 Serecurring contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Seption Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. \$ GROSS per month from ASSET INFORMATION BA	
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 Serecurring contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Seption Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. \$ GROSS per month from ASSET INFORMATION BA	
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 Serecurring contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Seption Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. \$ GROSS per month from ASSET INFORMATION BA	
\$ 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 Severance contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Seption Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. \$ GROSS per month from ASSET INFORMATION BA	
5. ALL OTHER INCOME Include income from ALL OTHER SOURCES, such as: Unemployment; Disability Compensation; Workman's Compensation; Severance pay; Alimony; Child S recurring contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Sp for Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. \$	
Unemployment; Disability Compensation; Workman's Compensation; Severance pay; Alimony; Child Securing contributions or gifts of money; Education Grants; Scholarships; VA Benefits; Regular pay; Sparent Head of Household in Armed Forces; Public Assistance; AFDC; Welfare or any other sources. Service Se	
1 CHECKING ACCOUNTS	Support; Regular pecial pay and allowance
1 CHECKING ACCOUNTS	
Account # Bank \$ S	<u>LANCE</u>
Balance in account at present time: Account # Bank \$	
Account # Bank \$	
Palance in account at proceed time:	
2. SAVINGS ACCOUNTS (INCLUDING IRA'S ANNUITIES AND MONEY MARKE Account # Bank/Credit Union \$	ETS)
3. CD AND TIME CERTIFICATES	
Account # Bank \$ Account # Bank \$	
4. STOCKS AND/OR BONDS	
Type: Number owned Value: \$ Type: Number owned Value: \$	
1γpc ramoer owned value. ψ	
5. LIFE INSURANCE POLICIES	
How many? Name of Company(ies) Cash Value \$	
Name of Company(les) Cash value \$	
6. REAL ESTATE OWNED AT PRESENT TIME OR SOLD WITHIN LAST 2 YEAR Address:Market Value: \$Mortgage Payoff Value \$ Bold within last 2 year period, list amount sold for): \$ Date sold	
If sold within last 2 year period, list amount sold for): \$ Date sold	
7. PROPERTY SOLD UNDER LAND CONTRACT Original amount of Land Contract	
8. LIST ALL OTHER ASSETS NOT LISTED ABOVE	

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	()

CONSENT TO RELEASE INFORMATION

Resident's name.	
RELEASE: I hereby authorize the release of the requinformation attached regarding my income and/or ass Baldwin House Senior Living Residences.	•
NOTE: A copy and/or facsimile of this consent shall also a legal release of information. The original is retained on 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:		
or		ng the cet valu		we <mark>HAVE NO</mark> T	<mark>[</mark> sold or given	away any asse	ets for less than fair
		_	past 2 years, I/v arket value.	ve <u>HAVE</u> sold	or given away	only the assets	s listed below for less
(A) Description		(B) Date Disposed of	(C) Market Value	(D) Cash Value*	(E) Amt. Sold For	Subtract column(E) from (D) (List on TIC)	
			et value of the a		onable costs in	ncurred in sellin	ng of converting the
	1. 2. 3.	Brol	alties for withdr ker/legal fees fo lement costs for	r the sale or co	nversion of ass	sets;	
understand	that it i ly make	s a crii	or inaccurate sta	unishable by a	\$10,000 fine c	or 10 years imp	Code. I/we risonment or both, to United States about
Resident's	Signatu	re			Date		
Co-Resider	nt's Sig	nature		_	I	Date	





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:	First	
MAIDEN NAME/OTHER NA	AME(S) USED:	
BIRTHDATE:		SEX: ☐ Male ☐ Female
Are you a sex offender? Are you on a sex offender regis	Yes No stry 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.



BALDWIN HOUSE LIHTC WAITING LIST POLICY

Baldwin House Lakeside 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 applicants who do not currently live in the location for which they are applying.
- Baldwin House will rotate between the internal & external waiting lists as apartment units become available.
- 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. 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 the prospect will be unavailable for a specified period of time, it is the prospect's 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 to 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