

**MICHIGAN STATE HOUSING
DEVELOPMENT AUTHORITY**

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: <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 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 you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
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.

	Yes	No	COMPLETE EACH ITEM:		
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? ____ From what Sources? _____		
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 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 support? ____ If yes, what State is the case through? ____ 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)					
				Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)	\$	
34			I have a checking account(s) at: _____ (List name(s) of institution)	\$	
35			I have certificates of deposit at: _____ (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 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 occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$	
44			I own real estate or land and receive income from the rental of the real 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 (gems, jewelry, collections, etc.).	\$	
50			I have lump sum receipts or one-time receipts.	\$	

	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.
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
56			I am 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 <input type="checkbox"/> full <input type="checkbox"/> 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 household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
SPECIAL CONSIDERATION OF ASSETS			
64			Section 8 PBRA Programs only: My household's assets exceed \$100,000+
65			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ <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>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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 _____

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

☐ **Move-In/Initial Certification – All household assets must be 3rd party verified.**

☐ **1st Year Annual Recertification – Year: _____ Asset Threshold: \$_____**
(can be found on huduser.org)

☐ **2nd Year Annual Recertification – Year: _____ Asset Threshold: \$_____**
(can be found on huduser.org)

☐ **3rd Year Annual Recertification – All household assets must be 3rd party verified.**

The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____ % (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date

APPLICATION FOR OCCUPANCY

Community Name: Baldwin House Lloyds Bayou
Address: 17046 Lloyds Bayou Drive
Spring Lake, MI 49456
Phone Number: 616-844-9001
Fax Number: 616-844-9002
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) YES NO

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

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** \$ _____

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 INTERESTED 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:

☐

or

☐

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

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



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.