



## William H. White House at 417 Boyne Avenue, Boyne City

Rent and Income Chart				
10/16/2018				
Age Restriction 55 or older, 2nd person can be 50 or older				
	Unit 1	Unit 2	Unit 3	Unit 4
	Barrier Free		Pearl St	Boyne Ave
	1 bedroom	2 bedroom	1 bedroom	1 bedroom
	664 sq.ft	940 sq.ft	646 sq.ft	684 sq.ft
Rent	\$ 665.00	\$ 700.00	\$ 600.00	\$ 550.00
Income	80%	50%	80%	50%
1 Person	\$ 35,500	\$ 22,200	\$ 35,500	\$ 22,200
2 People	\$ 40,600	\$ 25,400	\$ 40,600	\$ 25,400

1. Age Restriction of 55 years or older, 2nd person 50 years or older.
2. No smoking, including e-cigarettes and medical marijuana, in the building, on the grounds, including smoking in your car on the grounds.
3. Pets - one dog or one cat with restrictions. One bird or one fish tank allowed, with restrictions. Dogs not to exceed 18" high and 20 pounds see Pet Policy for further information.
4. All electric, heat, air conditioning and water are included in rent payment
5. Criminal and Background checks are done as well as checking with past Landlords.
7. The application and all attachments must be filled out completely.
8. Units #1 and #2 are on the main floor and units #3 and #4 are upstairs (no elevator).

Contact Barb Lane 231-838-3362

Return applications to: Northern Homes, PO Box 86, 1048 E Main Street, Boyne City, MI. 49712



W.H. White House is available to all without regards to race, color, religion, sex, handicap, familial status or national origin.



## Preliminary Rental Application Market Rate Developments

Please note that this is a preliminary application and gives no lease or rent rights.

Community W. H. WHITE HOUSE Office Phone (231) 838-3362 Date \_\_\_\_\_

Unit Size                    1                    2                    Unit Type: Apartment

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Marital Status:  Unmarried  Married  Widowed  Separated  Divorced

Do you have any pets:  No  Yes. If yes, please list type of pet: \_\_\_\_\_

How were you referred to our community? \_\_\_\_\_

Applicant's History	
Applicant:	Co-Applicant
<b>Current Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone    _____	<b>Current Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone    _____
<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____	<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____
<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____	<b>Previous Address:</b> _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone    _____

**If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.**



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

TDD / TTY 711



Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

**Employment**

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes** or **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes** or **No**

If "yes", please explain: \_\_\_\_\_

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: \_\_\_\_\_

Do you, or anyone in your household, or guests, smoke or intend to smoke?  Yes  No



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Provide asset information below:

Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Do you own a car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

Do you own a second car? \_\_\_\_\_ Model/Year \_\_\_\_\_ License # \_\_\_\_\_

PERSONAL REFERENCES: List 3 people (not related to you) that we can call for a personal reference::			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

GENDER DESIGNATION: (Applicant)  I do not wish to furnish this information  
 Male  Female

GENDER DESIGNATION: (Co-Applicant)  I do not wish to furnish this information  
 Male  Female

Additional information will be required at a later date to complete the processing for residency.

**The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.**

\_\_\_\_\_  
 Head of Household Date

\_\_\_\_\_  
 Co-Applicant, Spouse/Co-Head Date



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NOTICE AND CONSENT FOR  
THE RELEASE OF INFORMATION

I understand and give authorization to the Owner/Manager Agent of W. H. White House to which I am applying or residing to obtain information from a third party about me. I understand the purpose is to determine my eligibility for housing. I understand that the information can be income, assets, credit bureau reports, housing, criminal background, etc.

Signatures:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Tenants over 18 yrs

\_\_\_\_\_  
Date

*W. H. White House, P. O. Box 86417 Boyne Ave, Boyne City, MI 49712, Phone 231-838-3362,  
Fax 231-582-6274, barb@northernhomes.org*



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or handicap.

TDD #: 1-800-649-3777



**DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION**

KMG Prestige, Inc., Affinity Property Management, LLC. and/or W. H. White House Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or  
 Housing at W. H. White House Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or W. H. White House \_\_\_\_\_ Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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TDD / TTY 711



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY



AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Signature of Head of Household Social Security Number Date
Signature of Spouse Social Security Number Date
Other Adult Signature (if applicable) Social Security Number Date
Other Adult Signature (if applicable) Social Security Number Date
Other Adult Signature (if applicable) Social Security Number Date

Return completed form to:

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1.  I am a citizen by birth, a naturalized citizen or a national of the United States; or
2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3.  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
  - a.  Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b.  Permanent residence under §249 of INA, see instruction #3; or
  - c.  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d.  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e.  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f.  Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)**

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:

**FOR MSHDA USE ONLY**

Enter USCIS/SAVE Primary Verification #: \_\_\_\_\_  
Date: \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

**Instructions to Grantee:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517-373-1974.

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**FAMILY COMPOSITION**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

**List yourself and all other persons who will live in the unit:**

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #s	US Citizen? Yes/No
		Head of Household								

\*Race Code #'s (enter one or more):  
 11 - White; 12 - Black/African American; 13 - Asian; 14 - American Indian or Alaska Native; 15 - Native Hawaiian or Other Pacific Islander; 16 - American Indian or Alaska Native AND White; 17 - Asian AND White; 18 - Black or African American AND White; 19 - American Indian or Alaska Native AND Black or African American; 20 - Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #

Marital Status  
 1. Married  
 2. Single  
 3. Widowed  
 4. Divorced  
 5. Separated

I certify that only the people listed above will occupy the unit.

\_\_\_\_\_  
Signature of Head of Household                      Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

No     Yes [List specific accommodation(s) required]

\_\_\_\_\_

\_\_\_\_\_

After completing this form, please return to:

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

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# AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It is KMG Prestige's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name (no nicknames) \_\_\_\_\_

Maiden Names(s), Nickname(s), Other Name(s) (please include dates used)  Male  Female

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Is Your Driver's License Valid?  Yes  No ⇨ Please give details

All addresses for the last 7 years: (Street / City / County / State / Years From-To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

List ALL States you have ever resided in:

_____	_____
_____	_____
_____	_____
_____	_____

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X \_\_\_\_\_  
Signature Date

**CHECKLIST**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all yes answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:
	Address:
	City:

Each item must be fully completed. Please print clearly using black or blue ink.

**Section A - Income**

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| A-1 | <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. If yes, describe _____.  |
| A-2 | <input type="checkbox"/> | <input type="checkbox"/> | I earned \$ _____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately). |

Name of Employer: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax#: \_\_\_\_\_

List Pretax Deductions (HB programs only): \_\_\_\_\_

If more than two jobs provide additional information on a separate sheet.

- |     |                          |                          |  |
|-----|--------------------------|--------------------------|--|
| A-3 | <input type="checkbox"/> | <input type="checkbox"/> | I receive tips. If yes, in the amount of \$ _____ per week.  |
| A-4 | <input type="checkbox"/> | <input type="checkbox"/> | I am unemployed. If yes, I have been unemployed since _____ (date).  |
| A-5 | <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension. |
| A-6 | <input type="checkbox"/> | <input type="checkbox"/> | I am disabled and have a new job or wage increase in the last 12 months.   |

If yes, New job date: \_\_\_\_\_ Wage increase date: \_\_\_\_\_

- |      |                          |                          |   |
|------|--------------------------|--------------------------|---|
| A-7  | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from Workers' Compensation. If yes, Amount \$ _____             |
| A-8  | <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty allotments. If yes, Amount \$ _____                          |
| A-9  | <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____        |
| A-10 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. If yes, Amount \$ _____  |
| A-11 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____ |
| A-12 | <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from retirement funds or pensions. If yes, how many? _____      |

Source Name: _____	Contact Person: _____
Street Address: _____	Telephone: _____
City, State, ZIP: _____	Fax#: _____
E-mail address: _____	Account #: _____
Amount: \$ _____ per _____	

If received from more than one source, provide additional information on a separate sheet.

- |      |                          |                          |  |
|------|--------------------------|--------------------------|--|
| A-13 | <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. If yes, from how many sources? _____ (List each source separately. Provide additional information on separate sheet). |
|      |                          |                          | Source Name: _____   |
|      |                          |                          | Contact Person: _____  |
|      |                          |                          | Street Address: _____  |
|      |                          |                          | Telephone: _____   |
|      |                          |                          | City, State, ZIP: _____  |
|      |                          |                          | Fax#: _____  |
|      |                          |                          | E-mail address: _____  |
|      |                          |                          | Account #: _____   |

## CHECKLIST (continued)

A-14	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____
A-15	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive a <b>CASH</b> Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ DHS Case #: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax #: _____ E-mail address: _____
A-16	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)
A-17	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)?    Yes    No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____
A-18	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive alimony. From how many Friend of the Court(s) do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)?    Yes    No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____
A-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____
A-20	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____
A-21	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____

If received from more than one source provide additional information on a separate sheet.

## CHECKLIST (continued)

A-22  Yes  No I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-23   I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately)

Source Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

A-25  Yes  No I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).  
 List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

### Section B - Assets

B-1  Yes  No I have the following accounts  Savings  Checking  Retirement account provided by Employer  
 [check which one(s)]:  IRA's or Keogh  Other \_\_\_\_\_

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.

B-2   I own additional real estate. Describe: \_\_\_\_\_

B-3   I have a land contract(s). Describe: \_\_\_\_\_

## CHECKLIST (continued)

- Yes No
- B-4   I own a mobile home. Describe: \_\_\_\_\_
- B-5   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_
- B-6   I receive income from Indian Trust Land. Describe: \_\_\_\_\_
- B-7   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: \_\_\_\_\_
- B-8   I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds  
 How many do you have? \_\_\_\_\_ (List each separately)  
 Name of each source: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account #: \_\_\_\_\_
- If more than two, provide additional information on a separate sheet.
- B-9   I have a life insurance policy with a cash surrender value.  
 Source Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_
- If received from more than one source provide additional information on a separate sheet.
- B-10   I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.  
 List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_
- B-11   I have income/assets from sources other than those listed above. Describe: \_\_\_\_\_  
 Source Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_
- If received from more than one source, provide additional information on a separate sheet.

**To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -**

Yes No

B-12   I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

If more than two financial institutions, provide additional information on a separate sheet.



CHECKLIST (continued)

Section C - Rental Rehabilitation  
 NA for Homebuyer Programs

Yes No

c-1   I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

Yes No

c-2   I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: \_\_\_\_\_

Please return to:

**Certification:**

I certify that only the people listed on the Family Composition form will occupy the unit. I certify the house will be my principal residence and I will not obtain duplicate federal housing assistance while receiving assistance from MSHDA. I will not live anywhere else without notifying MSHDA immediately in writing. I will not sublease my assisted residence.

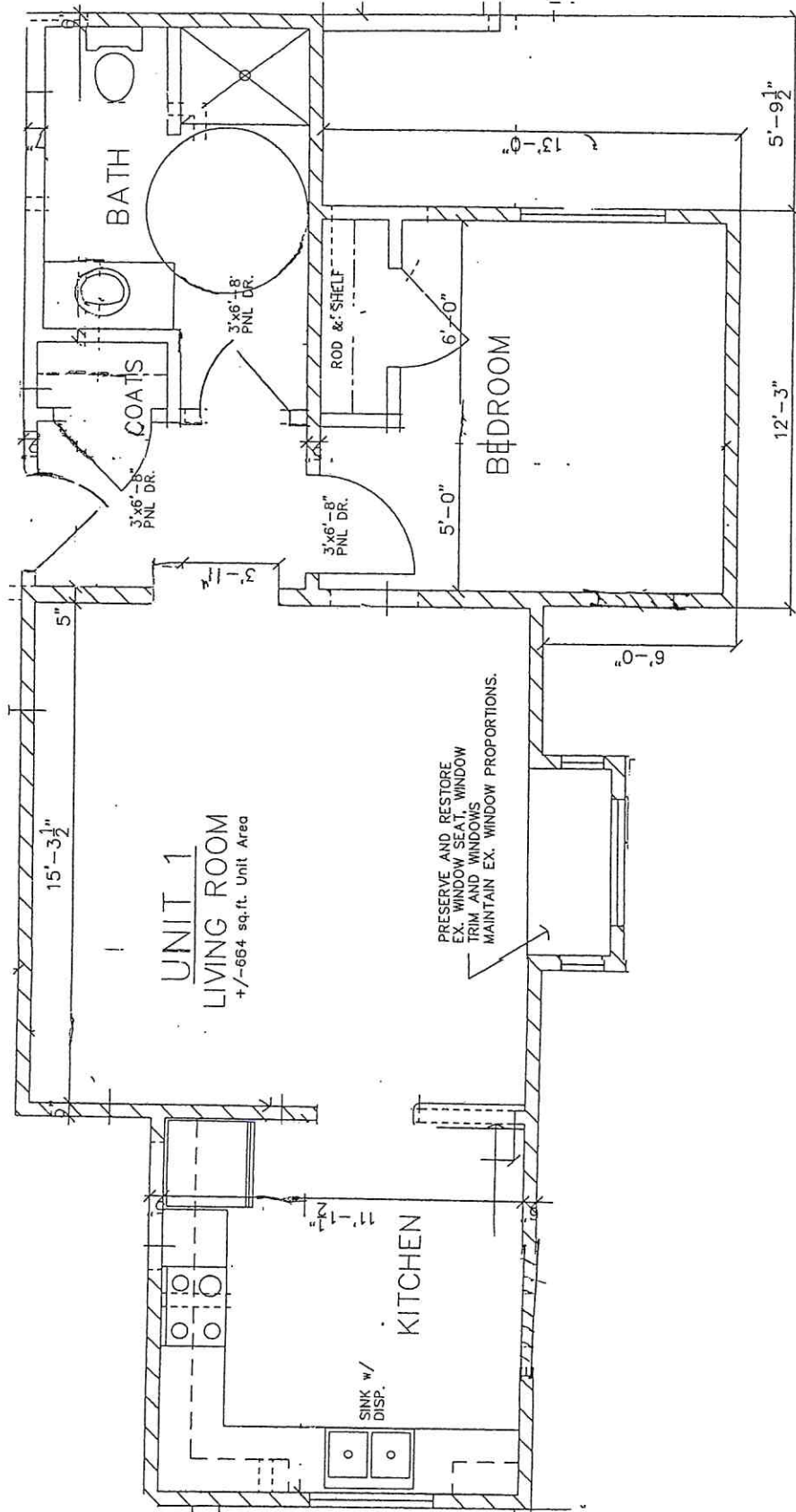
I hereby attest that I have reviewed this entire form and all information has been accurately reported. I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature Date

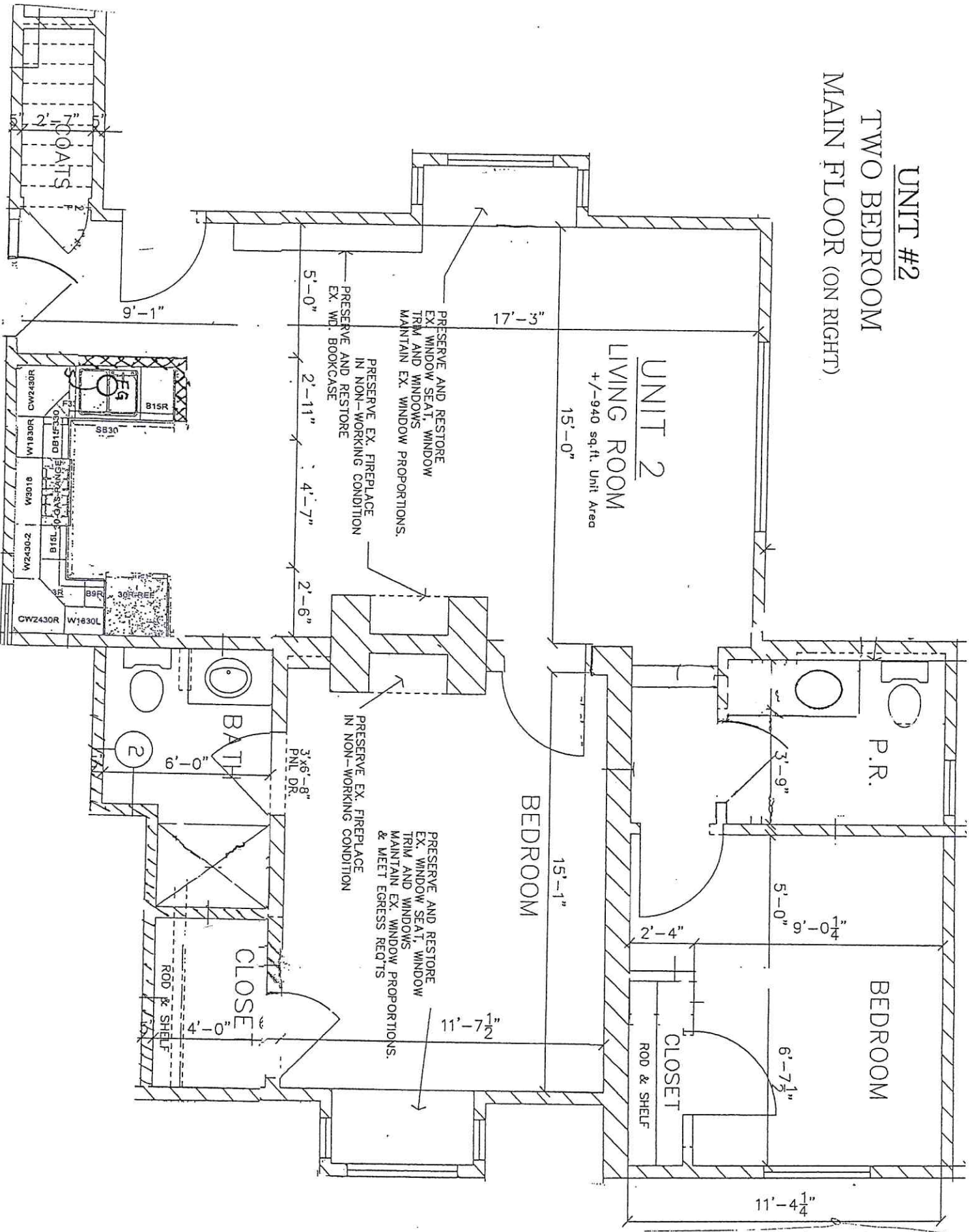
Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

UNIT #1  
ADA COMPLIANT  
ONE BEDROOM  
MAIN FLOOR (ON LEFT)

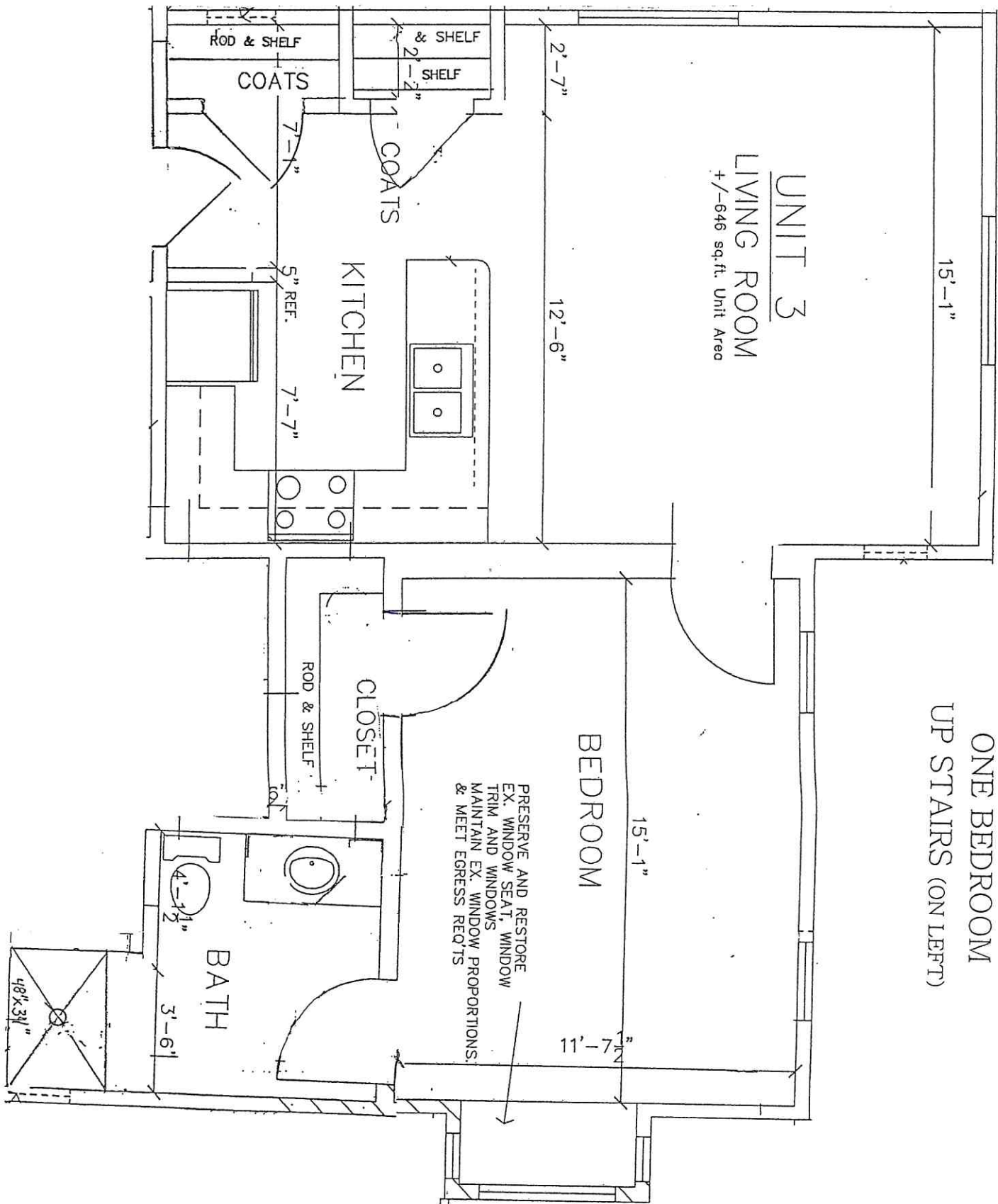


**UNIT #2**  
**TWO BEDROOM**  
**MAIN FLOOR (ON RIGHT)**



UNIT #3

ONE BEDROOM  
UP STAIRS (ON LEFT)



UNIT 3  
LIVING ROOM  
+/-646 sq.ft. Unit Area

