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

<table>
<thead>
<tr>
<th></th>
<th>Unit 1</th>
<th>Unit 2</th>
<th>Unit 3</th>
<th>Unit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental</td>
<td>$655.00</td>
<td>$700.00</td>
<td>$600.00</td>
<td>$550.00</td>
</tr>
<tr>
<td>Floor</td>
<td>664 sq.ft</td>
<td>940 sq.ft</td>
<td>646 sq.ft</td>
<td>684 sq.ft</td>
</tr>
<tr>
<td>Income</td>
<td>80%</td>
<td>50%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>1 Person</td>
<td>$35,500</td>
<td>$22,200</td>
<td>$35,500</td>
<td>$22,200</td>
</tr>
<tr>
<td>2 People</td>
<td>$40,600</td>
<td>$25,400</td>
<td>$40,600</td>
<td>$25,400</td>
</tr>
</tbody>
</table>

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.
6. The application and all attachments must be filled out completely.
7. 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?

<table>
<thead>
<tr>
<th>Applicant’s History</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Address:</strong></td>
<td></td>
</tr>
<tr>
<td>Date: From ___________  Rent: $ ________  To: ___</td>
<td></td>
</tr>
<tr>
<td>Reason for Moving: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Current Landlord: ___________________________  Address: ______  Phone ______</td>
<td></td>
</tr>
</tbody>
</table>

| **Previous Address:** |  |  |
| Date: From ___________  Rent: $ ________  To: ___ |
| Reason for Moving: ____________________________ |
| Previous Landlord: ___________________________  Address: ______  Phone ______ |

| **Previous Address:** |  |  |
| Date: From ___________  Rent: $ ________  To: ___ |
| Reason for Moving: ____________________________ |
| Previous Landlord: ___________________________  Address: ______  Phone ______ |

If you have resided at additional addresses within the last 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:

<table>
<thead>
<tr>
<th>Name (First, Middle Initial, Last)</th>
<th>Maiden Name (If Applicable)</th>
<th>Date of Birth</th>
<th>Relationship of Head Of Household</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Head of Household</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employment**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Employer:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Length of Employment:</td>
<td>Length of Employment:</td>
</tr>
<tr>
<td>Position Held:</td>
<td>Position Held:</td>
</tr>
<tr>
<td>Salary/Wage:</td>
<td>Salary/Wage:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>List average hours per week worked:</td>
<td>List average hours per week worked:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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

---

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

TDD / TTY 711
Provide asset information below:

<table>
<thead>
<tr>
<th>Type of Assets</th>
<th>Name of Bank, Stock or Bond</th>
<th>Account Number</th>
<th>Balance/Current Value</th>
<th>Rate of Interest</th>
<th>Dividend</th>
<th>Real Estate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/City/Zip</th>
<th>Relationship</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ____________

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

TDD / TTY 711
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 applicants 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 

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.

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

TDD / TTY 711
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

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

TDD / TTY 711
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA
EQUAL HOUSING OPPORTUNITY

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

Other Adult Signature (if applicable)

Social Security Number

Date

Return completed form to:

Si no puedes leer este documento porque usted no lee en 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).

MSHDA-CD-158 (05.01.09 rev 03.01.14)
DECLARATION OF SECTION 214 STATUS

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:

First, Middle Initial, Last Name (Head of Household)  
First, Middle Initial, Last Name  
First, Middle Initial, Last Name  
First, Middle Initial, Last Name  
First, Middle Initial, Last Name  
First, Middle Initial, Last Name  

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

Signature of Head of Household  
Date  
Signature of Adult Family Member  
Date  
Signature of Adult Family Member  
Date  
Signature of Adult Family Member  
Date  
Signature of Adult Family Member  
Date  
Signature of Adult Family Member  
Date

Return completed form to:

FOR MSHDA USE ONLY

Enter USCIS/SAVE Primary Verification #:  
Date:

(see page 2 for footnotes and instructions)
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.

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).
## FAMILY COMPOSITION

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Home Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Address:</td>
<td>City, State, ZIP Code:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City, State, ZIP Code:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security # (If no SSD use Alien Registration Number)</th>
<th>Relationship to Head of Household</th>
<th>Student?</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Disabled?</th>
<th>Hispanic or Latino?</th>
<th>Race Code #’s</th>
<th>US Citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*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 #**
  1. Married
  2. Single
  3. Widowed
  4. Divorced
  5. Separated

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]

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

Signature of Head of Household Date

If you cannot read this document because you do not speak English, or you want this communication to be interpreted or translated, please contact our office to obtain a list of interpreters or translators. Our telephone number is 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).
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.

1. Street Address __________ City __________ County __________ State __________ Years From-To __________

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

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

A-1  □  Yes  □  No  I am self-employed. If yes, describe  

A-2  □  Yes  □  No  I earned $__________ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately).

Name of Employer: 1)  
Date of Hire:  
Date of Termination:  
Street Address:  
City, State, ZIP:  
E-mail address:  
Contact Person:  
Telephone:  
Fax#:  
List Pretax Deductions
(OMB programs only):  

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

A-3  □  Yes  □  No  I receive tips. If yes, in the amount of $__________ per week.

A-4  □  Yes  □  No  I am unemployed. If yes, I have been unemployed since ________ (date).

A-5  □  Yes  □  No  I receive unemployment benefits since ________ (date). I □ will □ will not receive an extension.

A-6  □  Yes  □  No  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  □  Yes  □  No  I receive periodic payments from Workers' Compensation. If yes, Amount $__________

A-8  □  Yes  □  No  I receive military active duty allotments. If yes, Amount $__________

A-9  □  Yes  □  No  I receive Veteran's Administration benefits. If yes, Amount $__________ VA File #

A-10  □  Yes  □  No  I receive Social Security. If yes, Amount $__________

A-11  □  Yes  □  No  I receive Supplemental Security Income (SSI). Federal Amount $__________ State Amount $__________

A-12  □  Yes  □  No  I receive periodic payments from retirement funds or pensions. If yes, how many?

Source Name:  
Street Address:  
City, State, ZIP:  
E-mail address:  
Amount: $__________ per  
If received from more than one source, provide additional information on a separate sheet.

A-13  □  Yes  □  No  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:  
Street Address:  
City, State, ZIP:  
E-mail address:  
Contact Person:  
Telephone:  
Fax#:  
Account #:  

MSHDA-CD-1792 (5/1/09, 3/1/14, 8/1/15)
A-14 □ □ I receive Food Assistance Program benefits from the Department of Human Services (DHS).

DHS Caseworker Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________
DHS Case #: __________________________
Telephone: __________________________
Fax #: __________________________

A-15 □ □ I receive a CASH Public Assistance grant (FIP, SDA, RAP).

DHS Caseworker Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

DHS Case #: __________________________
Telephone: __________________________
Fax #: __________________________

A-16 □ □ I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)
If yes, from how many persons do you receive support? ______
If yes, is child support paid directly to Department of Human Services (DHS)?
If not paid directly to DHS:
Friend of the Court Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

From how many Friend of the Court(s) do you receive support? ______

A-17 □ □ I receive child support.
If yes, from how many persons do you receive support? ______

If yes, is child support paid directly to Department of Human Services (DHS)?
If not paid directly to DHS:
Friend of the Court Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

From how many Friend of the Court(s) do you receive support? ______

A-18 □ □ I receive alimony.
If yes, from how many persons do you receive alimony? ______
If yes, is alimony paid directly to Department of Human Services (DHS)?
If not paid directly to DHS:
Friend of the Court Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

From how many Friend of the Court(s) do you receive alimony? ______

A-19 □ □ I receive adoption assistance payments. If yes, how many sources?

Source Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

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

A-20 □ □ I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources?

Source Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

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

A-21 □ □ I receive periodic payments from insurance policies. If yes, how many sources?

Source Name: __________________________
Street Address: ________________________________
City, State, ZIP: ______________________________
E-mail address: ________________________________

Amount: $ __________________________ per

If received from more than one source provide additional information on a separate sheet.
A-22  □  □ 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: ____________________________

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: ____________________________
Street Address: ____________________________  Telephone: ____________________________
City, State, ZIP: ____________________________  Fax#: ____________________________
E-mail address: ____________________________

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  □  □ 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Amount</th>
<th>Name</th>
<th>Type</th>
<th>Amount</th>
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<tbody>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
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<tbody>
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</tbody>
</table>

Section B—Assets

Yes  No

B-1  □  □ 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)

<table>
<thead>
<tr>
<th>Name of bank:</th>
<th>1)</th>
<th>2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
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<td></td>
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<tr>
<td>City, State, ZIP:</td>
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<tr>
<td>E-mail address:</td>
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<tr>
<td>Contact Person:</td>
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<td>Telephone:</td>
<td></td>
<td></td>
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<tr>
<td>Fax#:</td>
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</tbody>
</table>

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)

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)  
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: ________________________________  
Street Address: ________________________________  
City, State, ZIP: ________________________________  
Policy #: ________________________________  
Telephone: ________________________________  
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: ________________________________  
City, State, ZIP: ________________________________  
Telephone: ________________________________  
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 -

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Amount</th>
<th>Name</th>
<th>Type</th>
<th>Amount</th>
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</tr>
</tbody>
</table>

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

Name of bank: 1)  
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.
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 declare, under penalty of perjury, 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 ____________

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).

Si no puede leer este documento porque usted no lee en 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.
UNIT #1
ADA COMPLIANT
ONE BEDROOM
MAIN FLOOR (ON LEFT)

UNIT 1
LIVING ROOM
+/-65+ sq. ft. Unit Area

KITCHEN

BATH

BEDROOM

PRESERVE AND RESTORE EX. WINDOW SEAT, WINDOW TRIM AND WINDOWS. MAINTAIN EX. WINDOW PROPORTIONS.