



HOUSING APPLICATION **IMPORTANT INSTRUCTIONS**

Please read **ALL** of the following:

- **Please complete EVERY question & explain as needed.**
- **DO NOT USE WHITEOUT.**
- **If something does not apply**, please complete with an “**N/A**”.
- **SEVEN (7) YEARS** of living history is required, including landlord contact information. You may attach a separate page if needed.
- **FULL SOCIAL SECURITY NUMBERS** for every household member is required.
- **Please pay attention to “If yes” and “If no”** questions and answer the correct question.
- **Submit** completed application 24/7 in our secure drop box located at 1901 Longyear Ave. Marquette, MI 49855, by mail or by fax: 906-225-0503.

What to Expect next: LSV will mail a letter to the current address provided under “Applicant” within 14 days.



| | | | |
|---------------------|------------|------------|----------|
| For Office Use Only | Date Rec'd | Time Rec'd | Initials |
|---------------------|------------|------------|----------|

Preliminary Rental Application

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

Community: Lake Superior Village Office Phone (906)225-1900 Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

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

Would you request a disability adjustment to income? **Yes** or **No**

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

| Applicant's History | |
|---------------------|--|
|---------------------|--|

| Applicant: | Co-Applicant |
|------------|--------------|
|------------|--------------|

| | |
|---|---|
| <p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> | <p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> |
|---|---|

| | |
|---|---|
| <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> | <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> |
|---|---|

| | |
|---|---|
| <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> | <p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p style="padding-left: 20px;">To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p> |
|---|---|

| |
|--|
| <p><i>If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.</i></p> |
|--|

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 _____ |
|------------------------------------|---|

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 or any member of your household EVER been convicted or pled guilty of a crime - felony, misdemeanor?

Yes or **No** If "yes", please provide the year and nature of your conviction(s) or guilty plea(s): _____

Provide asset information below: (also include Checking account, savings account, CD, etc.)

| 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. | | | | | | |

Have you disposed of any assets in the last two years? **Yes** or **No**

If "yes", please list asset and value received: _____

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date

Do you own a car? _____ Model/Year _____ License # _____

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

Do you any animals? **Yes** or **No** If yes, please list type of animal: _____

(NOTE: WE HAVE A WEIGHT LIMIT OF 30 POUNDS FOR DOGS AND A LIMIT OF 1 CAT OR DOG)

Are you a full-time student? **Yes** or **No**

Are any members of your household full-time students? **Yes** or **No**

Have you or any member of your household lived in subsidized housing? **Yes** or **No**

If "yes", when and where? _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Yes** or **No**

If "yes", please explain: _____

| PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference: | | | |
|---|------------------|--------------|------------------|
| Name | Address/City/Zip | Relationship | Telephone Number |
| 1. | | | |
| 2. | | | |
| 3. | | | |

_____ Head of Household Date

_____ Co-Applicant, Spouse/Co-Head Date

Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicants Initials

Co-Applicants Initials

Managers Initials

HUD, RURAL DEVELOPMENT & MSHDA APPLICANTS

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

Applicants Initials

Co-Applicants Initials

Managers Initials

RURAL DEVELOPMENT

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

Applicants Initials

Co-Applicants Initials

Managers Initials

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.

_____ Head of Household Date

_____ Co-Applicant, Spouse/Co-Head Date

