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## **HOUSING APPLICATION** **IMPORTANT INSTRUCTIONS**

Please read **ALL** of the following:

- **Use blue or black ink ONLY!**
- **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.





1901 Longyear Avenue  
Marquette, MI 49855



Phone: (906)225-1900  
Fax: (906)225-0503

For Office Use Only	Date Rec'd	Time Rec'd	Initials
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### Preliminary Rental Application

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

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**    Is the Applicant or Co-Applicant a veteran? **Yes** or **No**

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

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

Applicant's History	
Applicant:	Co-Applicant:

**Current Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

**Current Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Current Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

**Previous Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

**Previous Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

**Previous Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

**Previous Address:** \_\_\_\_\_  
 Date: From \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
           To: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Did you leave owing a balance?    If yes, how much?    Were you evicted or asked to leave?  
 Yes No                    \$                                    Yes No

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

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, including foster children, foster adults, live-in aides or unborn children.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth Or Due Date	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**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: \_\_\_\_\_

Have you or any member of your household been evicted from subsidized housing in the last 3 years? **Yes** or **No**

**PERSONAL REFERENCES:** List 3 people we can call for a 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