

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

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.





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For Office Use Only	Date Rec	d	Time Rec'd		Initials	
	l .			l		
Preliminary Rental Application Please note that this is a preliminary application and gives no lease or rent rights.						
				4 04	ما: م	Tayyahayaa
	1 2		nit Type: Apartment		idio	Townhouse
Would you or a member	-		_			
Would you request a disa	ability adjustme	ent to income? Yes or	No Is the Applicant	or Co-App	olicant a	veteran? Yes or No
Applicant:		Ema	ail	Ph	one ()
Co-Applicant:		Ema	ail	Ph	one ()
Applicant's History						
Applicant:			Co-Applicant:			
Current Address:			Current Address:			
Date: From		Rent: \$	Date: From			Rent: \$
To:			To:			
Reason for Moving:		_	Reason for Moving:			
Current Landlord: Address:			Current Landlord: Address:			
Phone		-	Phone			
Did you leave owing a	yes, how much?	Were you evicted or	Did you leave owing a	If yes, hov	v much?	Were you evicted or
balance? Yes No \$		asked to leave? Yes No	balance? Yes No	\$		asked to leave? Yes No
Previous Address:			Previous Address:			
Date: From		Rent: \$	Date: From			Rent: \$
To:			To:			
			Reason for Moving:			
			Previous Landlord:			
Address: Phone			Address: Phone			
Did you leave owing a If y	yes, how much?	Were you evicted or	Did you leave owing a	If yes, hov	v much?	Were you evicted or
balance? Yes No \$		asked to leave? Yes No	balance? Yes No	\$		asked to leave? Yes No
	•					
Previous Address:			Previous Address:			
Date: From	_	Rent: \$	Date: From			Rent: \$
To:			To:			
			Reason for Moving:			
Previous Landlord: Address:			Previous Landlord: Address:			
Phone			Phone			
Did you leave owing a	yes, how much?	Were you evicted or	Did you leave owing a	If yes, hov	v much?	Were you evicted or
balance? Yes No \$		asked to leave? Yes No	balance? Yes No	\$		asked to leave? Yes No
If you have resided at additional addresses within the past seven (7) 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.

				n aides or unborn children.
Name	Maiden Name	Date of Birth	Relationship of Head	Social Security
(First, Middle Initial, Last)	(If Applicable)	Or Due Date	Of Household	Number
1.			Head of Household	<u> </u>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Employment		0 4 !!		
Applicant		<u>Co-Applic</u>		
Employer:		Employer		
Address:		Address:		
Phone:		Phone:		
Length of Employment:		Length of	Employment:	
Position Held:		Position I		
Salary/Wage:	Per:	Salarv/W	age:	Per:
Supervisor:		Superviso		
Status: Full-Time:	Part-Time	Status:	Full-Time:	Part-Time:
List average hours per week wor			ge hours per week work	
			.go po	
0		Am	ount: \$	
Provide asset information below Name of Household Member		Name of Ba		c.) Balance/
Name of Household Member	Type of Assets	Stock or Bo	*	
		Stock of Bo	Account Number	Current value
1				
1.				
2.				
2. 3.				
2. 3. 4.				
2. 3. 4. 5.				
2. 3. 4. 5. 6.				
2. 3. 4. 5.				
2. 3. 4. 5. 6.				
2.3.4.5.6.7. Have you disposed of any asset	lue received: nousehold engage in cu			
2. 3. 4. 5. 6. 7. Have you disposed of any asset If "yes", please list asset and va	nousehold engage in cucted of the same? ove question, have you so a program? Yes o	rrent illegal use of Yes or No successfully com	or illegal distribution of a	controlled substance or
2. 3. 4. 5. 6. 7. Have you disposed of any asset If "yes", please list asset and va Do you or any member of your have you previously been convident of your previously been conv	nousehold engage in cucted of the same? ove question, have you see a program? Yes our household EVER bee	rrent illegal use of Yes or No successfully come r No n convicted or ple of your convicti	or illegal distribution of a appleted a controlled subset on guilty of a crime - felcon(s) or guilty plea(s): _	controlled substance or tance abuse program or ny, misdemeanor?

Date

Head of Household

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:					
Are you a full-time student?	Yes or No				
Are any members of your hou	sehold full-time students? Yes	s or No			
	our household lived in subsidize				
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 you	our household been evicted fro	om subsidized housing in the la	st 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-Applica	ants 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-Applica	ants 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-Applica	ants Initials	Managers Initials		
GENDER DESIGNATION: (Applicant) I do not wish to furnish this information Male Female					
GENDER DESIGNATION: (Co-Applicant)					
☐ 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		
	24.5	30 / ipp5411t, 5p5455/00	Date		