



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.





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:

<p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Did you leave owing a balance?</td> <td style="width:33%;">If yes, how much?</td> <td style="width:33%;">Were you evicted or asked to leave?</td> </tr> <tr> <td>Yes No</td> <td>\$</td> <td>Yes No</td> </tr> </table>	Did you leave owing a balance?	If yes, how much?	Were you evicted or asked to leave?	Yes No	\$	Yes No	<p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____ To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Did you leave owing a balance?</td> <td style="width:33%;">If yes, how much?</td> <td style="width:33%;">Were you evicted or asked to leave?</td> </tr> <tr> <td>Yes No</td> <td>\$</td> <td>Yes No</td> </tr> </table>	Did you leave owing a balance?	If yes, how much?	Were you evicted or asked to leave?	Yes No	\$	Yes No
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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.

Head of Household	Date	Co-Applicant, Spouse/Co-Head	Date
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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 unearned sources (i.e. social security pension, child support, etc.):

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

Provide asset information below: **(also include savings, checking, CD, 401(k), real estate, etc.)**

Name of Household Member	Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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

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

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): _____

Head of Household

Date

Co-Applicant, Spouse/Co-Head

Date

