

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.





To:	For Office Use Only	Date Re	c'd	Time Rec'd	Initials	
Please note that this is a preliminary application and gives no lease or rent rights. Unit Size 2 3 4 Unit Type: Apartment Townhouse Would you or a member of your household benefit from the design features of a barrier free unit? Yes or No No No Would you request a disability adjustment to income? Yes or No Is the Applicant or Co-Applicant a veteran? Yes or No Applicant:	Proliminary Pontal Application					
Unit Size 2 3 4 Unit Type: Apartment Townhouse Would you or a member of your household benefit from the design features of a barrier free unit? Yes or No No Is the Applicant or Co-Applicant a veteran? Yes or Applicant: Image: Co-Applicant: Image: Co-Applicant	Please note that this	is a preliminary a				
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momation on a separate sheet.						
The information contained in this application is treated confidentially. No information will be revealed to anyo			oplication is treated	confidentially. No inf	formation will be	revealed to anyone

Please list all persons that will occupy the residence, including foster children, foster adults, live-in 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	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Employment				
<u>Applicant</u>		<u>Co-Applicant</u>		
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 <u>Assets</u>	Name of Bank, <u>Stock or Bond</u>	Account Number	Balance/ <u>Current Value</u>
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): _____

Do you own a car?	Model/Year	L	icense #		
Do you own a second car?	Model/Yea	r L	icense #		
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	or No			
Have you or any member of you fight the second seco	our household lived in subsidize	ed housing? Yes or No			
misrepresenting information for	id in a subsidized housing prog or such housing programs? Υε		money for knowingly		
		m subsidized housing in the las	t 3 years? Yes or No		
	List 3 people we can call for a				
Name	Address/City/Zip	Relationship	Telephone Number		
1.					
2. 3.					
		·			
Head of Household	Date	Co-Applicant, Spouse/Co-F	lead 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-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)					
GENDER DESIGNATION: (Co-Applicant)					
Additional information will be required at a later date to complete the processing for residency.					