

Phone: (906)226-7559 Fax: (906)226-8633

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 316 Pine Street. Marquette, MI 49855, by mail or by fax: 906-226-8633

What to Expect next: Staff 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	
Preliminary Rental Application								
Unit Size	1	2						
Applicant:			Ema	ail		Pł	none (<u>)</u>	
Co-Applicant:			Ema	ail		Pł	none (<u>)</u>	
Do any adults (18 years and older) have a legal guardian or payee? N/A Guardian Payee								
If yes, please provide: _	Guard	ian/Pavee	e name		<u></u>	hone num	nher	
	O 0.0 0	.a a.y = c						
Applicant's History								
Applicant:				Co-App	licant			
Current Address:				Current	Address:			
Date: From			Rent: \$	Date:	From		Re	ent: \$
Danasa fan Marria				Reason				
Current Landlord:				Current	Landlord:			
Address:				Address	:			
Phone				Phone				
Did you leave owing a If balance? Yes No	yes, ho	w much?	Were you evicted or asked to leave? Yes No		eave owing a Yes No	If yes, ho	ow much?	Were you evicted or asked to leave? Yes No
Previous Address:				Previou	s Address:			_
Date: From			Pont: ¢	Date:	Erom		D,	ont: ¢
To:		·	Rent: \$	Date.	From To:			ни. φ
Reason for Moving:				Reason	for Moving:			
Dravia va Laradardi					1			
Address:				Address				
Phone			_	Phone				_
Did you leave owing a If balance? Yes No	yes, ho	w much?	Were you evicted or asked to leave? Yes No		eave owing a Yes No	If yes, ho	ow much?	Were you evicted or asked to leave? Yes No
				· - ·				
Previous Address:				Previou	s Address:			
Date: From		F	Rent: \$	Date:	From		Re	ent: \$
To:				Date.	To:			Ψ
D				Reason				
<u> </u>				Previous	Landlord:			
Address:				Address	:			
Phone			_	Phone				
Did you leave owing a If balance? Yes No	yes, ho	w much?	Were you evicted or asked to leave?		eave owing a Yes No	If yes, ho	ow much?	Were you evicted or asked to leave?

We require the past seven (7) years of rental address history, please attach a separate sheet if needed. Please note: by signing this application you

Nama										
<u>Name</u>	Maiden Name	Da	te of Birth		ationship		Head		l Secu	rity
(<u>First, Middle Initial, Last)</u>	(If Applicable)	<u>Or</u>	<u>Due Date</u>		Househo			Numl	<u>oer</u>	
1.				Hea	ad of Hou	useh	nold			
2.										
3.										
4.										
Unearned Income such as SSI, C		nploy	ment							
Name of Household Member	Type of Income				<u>Amount</u>	<u>t l</u>	<u>Frequen</u>			_
							Mont		Veek [Year
							Mont		Veek [Year
							Mont	:h 📙 \	Veek [Year
Francisco de ANA 16 mais accompany	13									
Employment (N/A if not employed			0 4 4 4 1 1							
Applicant			Co-Applica	<u>nt</u>						
Employer:			Employer:							
Address:			Address:							
- Division -			Di							
Phone:			Phone:							
Length of Employment:			Length of E	•	oym <u>ent:</u>					
Position Held:			Position He					-		
Salary/Wage:	_ Per:		Salary/Wag	_				_ Per		
Supervisor:	David Time a		Supervisor:							
Status: Full-Time:	Part-Time _		Status: Full-Time: Part-Time: List average hours per week worked:							
List average hours per week worked	l .		List averag	e no	urs per w	/eek	worked	l		
Provide asset information below: (a debit express, online accounts s				<u>401(</u>	k), real e	<u>esta</u>	te, dire	<u>ct</u>		
Name of Household Member	Type of Assets		Name of E	Bank,					Bala	nce/
			Stock or B	ond	P	\ cco	unt Nun	<u>nber</u>	Curr	ent Value
1.										
2.										
3.										
4.										
5.										
Have you disposed of any assets in If "yes", please list asset and value										
	sehold engage in cu	rrent i	llegal use or		al distribi	ution	n of a co	ntrolle	d subs	tance or
Do you or any member of your hou have you previously been convicted			or No	illeg		41.01				
	d of the same? question, have you a program? Yes or	Yes succes r No	or No	leted	a contro	olled			use pro	ogram or
have you previously been convicted If you answered "yes" to the above are you presently enrolled in such a	d of the same? question, have you a program? Yes or pusehold EVER bee	Yes succes r No	or No ssfully comp	leted	a contro	olled	substar	nce ab	emean	or?
If you answered "yes" to the above are you presently enrolled in such a If "yes", please explain: Have you or any member of your he	d of the same? question, have you sa program? Yes or pusehold EVER been the year and nature of	Yes succes r No n conv	or No ssfully comp victed or plea	leted d guil s) or	a contro ty of a cr guilty pla	olled	substar	nce ab	emean	or?
If you answered "yes" to the above are you presently enrolled in such a If "yes", please explain: Have you or any member of your he Yes or No If "yes", please provide the second of the yes or No If "yes", please provide the yes or No If "yes", please	d of the same? question, have you a program? Yes or cousehold EVER beethe year and nature assembled a registered	Yes succes r No n conv of you sex of	or No ssfully comp victed or pled r conviction(d guils) or	a contro ty of a cr guilty ple or No	rime ea(s	substar - felony):	v, misd	emean	or?
If you answered "yes" to the above are you presently enrolled in such a If "yes", please explain: Have you or any member of your he Yes or No If "yes", please provide to Are you or any member of your hours.	d of the same? question, have you sa program? Yes or pusehold EVER been the year and nature of the second	Yes succes r No n conv of you sex of	or No ssfully comp victed or pled r conviction(d guils) or	a contro ty of a cr guilty ple or No	olled rime ea(s	substar - felony):	, misd	emean	or?

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 you If "yes", when and where?	our household lived in subsidi	zed housing? Yes or No				
Have you ever committed frau misrepresenting information for If "yes", please explain:		gram or been requested to repa /es or No	y money for knowingly			
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	r a reference:				
Name	Address/City/Zip	Relationship	Telephone Number			
1.						
2.						
2. 3.						
Please check all boxes that pertain to your household:						
Fleeing domestic violence						
Needing emergency/safety/dis	splaced housing					
Homeless and/or disabled vet	eran					
A household adult who is elde	rly, defined as 62 or older					
Household required a barrier f						
Veteran						
A member of the household is	a person with a disability					
Resident of the city of Marque						
school in the City of Marquette						
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-Applic	cants 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-Applic	cants 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-Applic	cants Initials	Managers Initials			
GENDER DESIGNATION: (Ap	oplicant)	vish to furnish this information [Male Female			
GENDER DESIGNATION: (Co	o-Applicant) 🔲 I do not w	vish to furnish this information \Box	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			
ricau or riouscrioid	Date	OU-Applicant, Opouse/CU-	noud Date			

Any applicant that has a <u>quardian, payee, or caseworker, or is working with an agency</u>, please complete the next page to provide contact information and authorization to release information.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:						
Mailing Address:						
Telephone No:		Cell Phone No:				
Name of Additional Contact Person or Organization:						
Address:						
Telephone No:		Cell Phone No:				
E-Mail Address (if applicable):					
Relationship to A	pplicant:					
Reason for Contact: (Check all that apply) Emergency						
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.						
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.						
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.						
Check this box	if you choose not to provide the contact	et information.				
Signa	ture of Applicant		Date			

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, fined, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control mumber.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.