



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 a “N/A”.**
- **SEVEN (7) YEARS** of living history, including landlord contact information, is required. You may attach a separate page if needed.
- **FULL SOCIAL SECURITY NUMBERS** for every household member is required.
- **If you choose not to provide an alternate contact on the Supplement to Application for Federally Assisted Housing, Please put your name in the blank, check the box at the bottom, and sign and date the form.**
- **PETS: WE HAVE A WEIGHT LIMIT OF 30 POUNDS FOR DOGS AND A LIMIT OF 1 CAT OR DOG; DOGS CANNOT BE LEFT UNATTENDED OUTSIDE**
- **Submit** completed applications 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.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Applicant: _____ Email _____ Phone () _____
 Co-Applicant: _____ Email _____ Phone () _____

Bedroom Size 2 3 4

Please check all that apply to your household:

- Fleeing domestic violence Needing emergency/safety/displaced housing Veteran homeless and/or disabled
- Household requires barrier-free unit Has minor dependents Veteran not homeless or disabled
- Requesting disability adjustment to income Live, work or attend school in City of Marquette
- Unborn child Family is homeless Foster children and/or adult Live-in aid

Do any adults (18 years and older) have a legal guardian or payee? N/A Guardian Payee

If yes, _____
 Name of household member Guardian/Payee Name Guardian/Payee Phone Number

Applicant's History- IF CURRENTLY HOMELESS, PLEASE PROVIDE A MAILING ADDRESS

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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Yes No	\$	Yes No											
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Yes No	\$	Yes No											
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Yes No	\$	Yes No											

WE REQUIRE A MINIMUM OF 7 YEARS CONSECUTIVE OF ADDRESS HISTORY. Please use the next page if you have additional addresses in the last 7 years.

Applicant's History Continued

Applicant: _____ **Co-Applicant:** _____

Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Current Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
-------------------------	---

Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Current Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
-------------------------	---

Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
Previous Landlord: _____
Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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Previous Address: _____

Date: From _____ Rent: \$ _____
To: _____
Reason for Moving: _____
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Address: _____
Phone _____
Did you leave owing a balance? _____
Yes No

If yes, how much? \$	Were you evicted or asked to leave? Yes No
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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.				

Unearned Income such as SSI, Child Support, Unemployment			
Name of Household Member	Type of Income	Amount	Frequency
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year

Employment (N/A if not employed)	
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: _____

Provide asset information below: (also include savings, checking, CD, 401(k), real estate, online accounts such as Venmo, Cash App, 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 the 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? Yes or No Model/Year _____ Plate # _____

Do you own a second car? Yes or No Model/Year _____ Plate # _____

Do you have any animals? Yes or No If yes, please list the type of animal: _____

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 to such programs? Yes or No
If "yes", please explain: _____

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

Applicant's certification that the unit applied for will be the family's permanent residence and they do not/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 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 for informing 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

Any applicant that has a guardian, payee, or caseworker, or is working with an agency, 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 Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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 information.

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Signature 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, friend, 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 number.

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.