

SILVER CREEK APARTMENTS

25617 VALLEY CREEK DRIVE #100

FLAT ROCK, MI 48134

734-789-1854 OFFICE

734-789-1858 FAX

ADDENDUM TO APPLICATION

No tenancy is created by signing of this application. I/We understand that the application fee paid in the amount of \$35 per application is non-refundable and paid duly to cover the expenses to process this application.

I/We certify that all of the information on this application is true and correct to the best of my/our knowledge and belief. Inquiries may be made to verify this information. Falsification of any information will result in automatic rejection of my/our application.

I/We authorize management to contact any references listed, including past and present landlords, employers and obtain a current credit check. I/We further understand that a background criminal investigation will be performed using a crime data reporting system, Inc., on all household members, age 18 and older.

If the application is approved, resident expressly authorizes Owner or Owner's Agent (including a collection agency) to obtain resident's consumer credit report, which Owner or Owner's Agent may use if attempting to collect past due rent payments, late fees, or other charges from resident, both during the term of the lease and thereafter.

All persons will be treated fairly and equally without regard to Race, Color, Religion, Sex, Handicap, Familial Status or Nation Origin in compliance with the Fair Housing Act.

I/We understand that upon notification that our credit has been approved I/We must pay a holding fee of \$100.00, within 24 hours of notification, to hold the apartment for move in, while necessary documents are processed for final approval.

Once the hold deposit is paid I/We understand that I have three (3) days from the date of the reservation deposit to cancel my application to receive a full refund. In the event that the applicant does not see fit, for any reason, to execute a lease with Landlord after 72 hours, the holding fee in the sum of \$100.00 shall be deducted from the deposit monies and retained by Landlord for expenses incurred in re-renting the apartment. The applicant may be held accountable for any additional loss occasioned to the Landlord by virtue of withholding the apartment described herein from the rental market after the date of acceptance of this application. Upon notification from the Landlord, applicant agrees to sign a lease

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prepared according to the terms of this application and drawn on the standard form as used by the Landlord for the Silver Creek Apartments.

Name

Date

Name

Date



Silver Creek Apartments
25617 Valley Creek Drive
Ste#100 Flat Rock Mi. 48134

Application For Occupancy

Phone: 734-789-1854
Fax: 734-789-1858

For Office Use Only
Date and Time Received _____

Application No. _____

This information is to be filled out by each adult household member.
Please complete all sections leaving no blank areas and sign the last
page.

Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email address? _____

What size apartment are you looking for? (Please Circle) Studio 1 Bedroom 2 Bedroom 3 Bedroom

How did you hear about us? _____

When do you expect to move? _____

What is your reason for moving? _____

Household Information

List all the persons including yourself who will occupy the apartment:

Full Name	Relationship	Soc. Sec. #	Birthdate	Sex
1. _____	Head of Household	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

For Each Household Member list all states in which they previously resided

Name	States Resided In
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Do you have any pets? (Please Circle) Yes No If Yes, please describe: _____

Full-Time Students

List all persons in household who are full-time students:

Full Name	Name and Address of School	Phone	Period of Enrollment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Housing Status

Do you have need of accessible features such as lowered sinks, wider doorways, etc.? (Please Circle) Yes No

Present Landlord:	Are you sharing your apartment? [] Yes [] No	Is the apartment lease in your name? [] Yes [] No	
Address of Landlord:	Street	City/State	Landlord Telephone Number: ()
Monthly Rent: (If you don't contribute to the monthly rent, please write "0")	Average Utility Bill Per Month:	Size of Present Apartment:	
Do you pay your own rent? [] Yes [] No	If not, who does?	Is your landlord a relative? [] Yes [] No	Do you currently have a Section 8 voucher? [] Yes [] No
How long have you lived at this address? _____ Years _____ Months	If you have lived at your current address less than 3 years what was your previous address? Provide below.		
Name of Previous Landlord:			
Address of Previous Landlord:	Street	City	State Zip
Previous Landlord's Telephone Number:	Previous Rent:		
Reason for moving From previous address:			

Income from Employment

List all full and/or part time employment for all household members. Include self-employment earnings.
See below for non-employment sources of income.

Household Member's Name	Occupation	Name and Address of Employer	Length of Employment	Gross Earnings <u>Before</u> Taxes
1.				\$ _____ per _____
2.				\$ _____ per _____
3.				\$ _____ per _____
4.				\$ _____ per _____

Income from Other Sources

(Examples: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces reserves, regular and service pay):

Household Member's Name	Type of Income	Gross Amount Before Deductions
1.		\$ _____ per _____
2.		\$ _____ per _____
3.		\$ _____ per _____
4.		\$ _____ per _____

Assets

Complete each category as applicable.

Checking Accounts:	Bank	Account Number	Balance
	1.		\$ _____
	2.		\$ _____

Passbook Savings/
Money Market Account

1.

\$ _____

2.

\$ _____

Savings
Certificate

1.

\$ _____

2.

\$ _____

Stocks and Bonds

Value:
\$ _____

Savings Bonds

Value:
\$ _____

Do you NOW own real estate?
 Yes No

If "yes," what is the value?

\$ _____

Have you EVER owned real estate?
 Yes No

If "yes," when?

Has any adult household member sold, given away, or otherwise disposed of any assets during the past two years? Yes No

If yes, list each asset and the amount received for each asset:

Childcare and Medical Expenses

NIA

Do you pay for babysitting while you or any other adult family member are employed? Yes No

If "yes," list babysitter's name, address and telephone number:

Names of those children requiring the service: _____

What is the cost of babysitting?

\$ per _____ week OR \$ _____ per month

If you are 62 or older, or handicapped, or disabled, do you anticipate any health care related expenses for the next 12 months which are not covered by any insurance plan? Yes No

If "yes," amount

Amount of monthly medicare deduction: \$ _____

Cost of other medical insurance \$ _____ per _____

Program and Other Information

Do you presently reside in a development where your rent is based upon your income? Yes No

If "yes," please explain:

Were you or any member of your household ever convicted of a crime? If yes, when? Explain circumstances briefly.

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?

Is any member of your family a military veteran?

Have you or any member of your household ever been evicted? If yes, when? Explain circumstances briefly.

Have you or any member of your household ever committed fraud? If yes, when? Explain circumstances briefly.

Do you have any vehicles? (Please Circle) Yes No

If Yes, please provide make, model, color and license plate: _____

The following information is required for statistical purposes so that the U.S. Department of Housing and Urban Development may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

Racial Group Identification (Used for statistical purposes only).
Please check the one group which identifies the head of household:

White (Non Hispanic Origin): _____

Black (Non Hispanic Origin): _____

Hispanic: _____

American Indian: _____

Alaskan Native: _____

Asian or Pacific Islander: _____

I acknowledge that a criminal and credit background check of all adult household members may be a part of this application process, and I authorize that check.

I declare that the statements contained in this application are true and complete to the best of my knowledge.

WARNING: Willful false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S. Code.

Signature of Head of Household

Date

Silver Creek Apartments does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Senior Vice President, Continental Management, LLC, 32600 Telegraph, Bingham Farms, MI 48025 (248) 731-7806MI TTY 1-800-649-3777.

An Equal Housing Opportunity



Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.)
5			I am self-employed or operate my own business. (List the types of jobs you do.)
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider.
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

26		I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27		I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28		I receive other recurring or periodic income not listed above. Describe _____
29		I receive student financial assistance. (does not include student loans)
CHILD SUPPORT		
30		I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
31		I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32		I anticipate filing a claim for child support within the next twelve months.

ASSETS (include all assets held or owned either in or outside of the United States)		
33		I have a savings account(s) at: _____ (List name(s) of institution)
34		I have a checking account(s) at: _____ (List name(s) of institution)
35		I have certificates of deposit at: _____ (List name(s) of institution)
36		I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37		I have cash held in my home or in a safety deposit box.
38		I have savings bonds. If yes, how many? _____
39		I have Treasury Bills. If yes, how many? _____
40		I have stocks.
41		I have bonds
42		I have mutual funds or securities.
43		I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44		I have time certificate(s) at: _____ (List name(s) of institution)
45		I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46		I own a mobile home.
47		I have land contracts. If yes, how many? _____
48		I hold a mortgage or deed of trust.
49		I have revocable trusts. If yes, how many trusts? _____
50		I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51		I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52		I have lump sum receipts or one-time receipts.
53		I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.

54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____

Yes No

COMPLETE EACH ITEM:

ALLOWANCES / DEDUCTIONS

(Complete the items below for Section 8, Section 236, and Moderate Projects Only)

57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.

OTHER ITEMS

65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
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DISPOSAL / DIVESTITURE OF ASSETS

(all tenants and prospective residents in all types of projects must complete the section below)

66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>
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Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

FULL-TIME STUDENT STATUS AFFIDAVIT

(To be completed by each Household member over 18 and emancipated minors)

Applicant/Resident Name: _____

Unit #: _____

Our rental community provides affordable housing under Section 42 of the Internal Revenue Code. Households residing or applying for occupancy are required to disclose their student status and future intentions for purposes of determining student status eligibility. Certain households with students may be ineligible for occupancy. Please answer the following questions regarding student status.

- Yes No 1. I am presently a full-time or part-time student.
- Yes No 2. I was a full-time student sometime in the past twelve-month period.
- Yes No 3. I anticipate becoming a full-time student sometime during the upcoming twelve-month period.

If you answered yes to items #1, #2, or #3, please list the names and address of school or educational institution.

Yes No 4. Will there be any other household members who are full-time students?
If so, please name: _____

Yes No 5. I am married and filing a joint federal tax return with spouse?
Please provide your most recent tax return.

Yes No 6. I am currently receiving assistance under the Job Training Partnership Act in the form of a job-training program. *Please provide supporting documentation.*

Yes No 7. I am currently receiving assistance under Title IV of the Social Security Act (i.e. TANF). *Please provide supporting documentation.*

Yes No 8. I am a single parent with minor children, none of whom is a dependant of a third party other than a parent.

Yes No 9. I was previously under the care and placement of a state or local county foster care program. *Please provide supporting documentation.*

Yes No 10. **I agree to notify the Property Management immediately if my student status changes at any time during my residency.**

By my signature, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move-in, I will notify management of any changes in these circumstances.

Applicant/Resident Signature

Date



NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Owner/Management Agent Requesting Information: SILVER CREEK APARTMENTS

By signing this consent form, I am authorizing the Owner/Management Agent of the housing community for which I am applying or residing to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report and criminal background which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

Who Must Sign the Consent Form?

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

Head of Household

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date