

RETURN TO: Stratford Group Ltd.
P.O. Box 517, Alpena, MI 49707
Telephone: 989-354-2424 TTD# 800-855-1155

Each adult applicant must complete separate applications Date Rec'd: _____
Time Rec'd: _____

– RENTAL APPLICATION FOR SENIOR APARTMENTS –

1. Name: _____ Soc. Sec. # _____
Name of Co-Applicant: _____ Soc. Sec. # _____

2. Marital Status: Married _____ Unmarried _____ Widow _____ Separated _____

3. Name and City of Apartment Desired _____
Date Occupancy Desired: _____
Reason for moving: _____

4. Type of Unit Desired: 1 BR _____ 2 BR _____ Upstairs _____ Downstairs _____

5. Is a Barrier Free Unit Needed? _____ Do you have a pet? _____

6. Are you qualified for a housing unit or adjustment to income available only to persons with disabilities? _____
(verification of eligibility would be required)

7. Are you qualified for priority available to persons with disabilities? _____
(verification of eligibility would be required)

8. Your Present Address: _____ City, State, Zip: _____
Telephone Number: _____ Do you Rent? _____ or Own? _____
How long at present address? _____ What is your monthly rent/mortgage payment? _____
Name of Present Landlord or Mortgage Company: _____ Telephone: _____
Landlord Address: _____ City, State, Zip: _____

9. Former Address: _____ City, State, Zip: _____
Did you Rent? _____ or Own? _____ How long had you been at former address? _____
What was your monthly rent payment? _____
Name of Former Landlord: _____ Telephone: _____
Landlord Address: _____ City, State, Zip: _____

10. Present Employer: _____ Telephone: _____
Address: _____ City, State, Zip: _____
Length of Employment? _____ Annual Income: \$ _____

11. Please list all other sources of income and amounts: _____

12. Names of ALL persons to occupy unit:	Age:	M/F	Date of Birth	Relationship

13. Bank / Credit Union (see back for additional accounts):
Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____

14. Character Reference: (Not a Relative)
Name: _____ Telephone: _____
Address: _____ City, State, Zip: _____

15. Credit Reference:
Name: _____ Telephone: _____
Address: _____

13-a. Additional Bank / Credit Union:

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

A. Are you a current illegal user of a controlled substance? _____

Do you have a previous conviction for use of a controlled substance? _____ Date of Conviction _____

B. Have you been convicted of the illegal manufacture or distribution of a controlled substance? _____

Date of Conviction _____

C. If you answered "Yes" to either #A or #B, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? _____ Date Completed _____

D. I/we certify that the rental unit which I/we occupy will be my/our permanent residence, and further certify that I/we do not maintain a separate subsidized rental unit in a different location.

E. I/we certify that the preceding information is accurate and complete and I/we acknowledge that inaccuracies and/or omissions may be the basis of immediate cancellation of my/our application by Stratford Group Ltd. Stratford Group Ltd. has the right to investigate and verify my credit, employment and income records and to order a credit report on myself/ourselves from the local credit bureau. Stratford Group Ltd. has the right to investigate and request written references of my present and past landlord references. Stratford Group Ltd. has the right to obtain a criminal background report.

Signature of Applicant _____ Date _____

Signature of Guardian or Payee if Applicable _____ Date _____

Print name and address: _____

Signature of Co-Applicant _____ Date _____



This institution is an equal opportunity provider and employer.



ETHNICITY

Applicant: () Hispanic or Latino
 () Not Hispanic or Latino
 () Male () Female

Co-Applicant () Hispanic or Latino
 () Not Hispanic or Latino
 () Male () Female

RACE

Applicant:
 () American Indian or Alaskan Native
 () Asian
 () Black or African American
 () Native Hawaiian or Pacific Islander
 () White

Co-Applicant:
 () American Indian or Alaska Native
 () Asian
 () Black or African American
 () Native Hawaiian or Pacific Islander
 () White

PLEASE COMPLETE BOTH SECTIONS ABOVE FOR APPLICANT.

For information requested in the preliminary application relating to sex, age, national origin, Rural Development regulations require us to provide the following statement: "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE																																						
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