



Medallion Management, Inc.

834 King Highway • Suite 100 • Kalamazoo, Michigan 49001-2578
269 381-0350 • TTY 7-1-1 • FAX 269 381-3609
www.medallionmgmt.com

Rec'd
Date: _____
Time: _____
By: _____

PRELIMINARY APPLICATION FOR OCCUPANCY

1. Name _____ Date _____ Phone # _____
 Email Address _____ Drivers License No. _____
 Social Security No. _____

If you have no social security number and claim exemption because of one of the following, please check below:

- ___ a.) the household member was 62 years or older as of 1/31/ 2010 and eligibility determination began before January 31, 2010 or
 ___ b.) the household member is an ineligible non-citizen.

2. Date Occupancy Desired _____ Unit Size Desired _____ Barrier Free (Yes or No)
 Term of Lease (years) _____ Rent (monthly) \$ _____

3. Present Address _____
 Note: Applicant must have at least one year of rental history or acceptable other to be verified.

How Long Here? _____ Present Monthly Rent \$ _____

Name of Present Landlord _____ Telephone No. _____

Present Landlords Address _____

Name and Address of Previous Landlord _____

4. Employer _____ Employers Phone No. _____

Address _____

Length of Employment _____ If not employed, source of income _____

5. Name and age of all persons who will occupy unit. Age is used for determining bedroom size and eligibility of elderly housing only.

Name	Date of Birth	Relationship	Special	Disabled	Student Status
			Status Code	(YorN)	(YorN)

Special Status Codes include:
 V = Veteran of the U.S. Military
 P = Victim of a recent presidentially declared disaster

EQUAL HOUSING OPPORTUNITY
 EQUAL OPPORTUNITY EMPLOYER
 THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER





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6. Income information:
- (a) Total annual income of applicant \$ _____
- (b) Total annual income of Co-App. \$ _____
- (c) Total annual income of others \$ _____
- (d) Total of All Family Income (a + b + c) \$ _____
7. Bank Reference
- Name of Bank _____ Address _____
8. Credit References Personal Reference (non family)
- Name _____ Name _____
- Address _____ Address _____
- Phone _____ Phone _____
9. Notify in case of accident: _____ Telephone: _____
- Address: _____
10. How did you learn about these apartments? Newspaper _____ Radio _____
- Resident _____ Road Signs _____ Internet _____ Other _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The following information is requested by the Federal Government to monitor the marketing agent's compliance with Equal Credit Opportunity and Fair Housing laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish the following information, please initial below. The HUD Access Rule is intended to ensure that housing across HUD programs is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status. HUD Notice H 2015-6 provides guidelines on how the Equal Access Rule applies to Multifamily insured and assisted housing.

APPLICANT: I do not wish to furnish this information (initials): _____

RACE/NATIONAL ORIGIN: _____

_____ American Indian, Alaskan Native _____ Asian, Pacific Islander _____ Black _____ Hispanic

_____ White _____ Other (specify) _____

SEX: _____ Male _____ Female

CO-APPLICANT: I do not wish to furnish this information (initials): _____

RACE/NATIONAL ORIGIN: _____

_____ American Indian, Alaskan Native _____ Asian, Pacific Islander _____ Black _____ Hispanic

_____ White _____ Other (specify) _____

SEX: _____ Male _____ Female

Please note that this is a preliminary application and gives no lease or rent rights. Additional information and a deposit will be required at a later date to complete processing of residents. I/we certify to the accuracy and completeness of information provided.

I authorize Medallion Management, Inc. to obtain a copy of my credit report through the credit reporting agency of their choice to verify any and all information made on this application.

Applicant Signature

Date

Co-Applicant Signature

Date

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