



pkhousing.com

517-347-2001

1784 Hamilton Road
Okemos MI 48864**Please DO NOT leave any blanks.***The use of white out, black out or
alteration of original information will void
this document.*Revised
2019

APPLICATION FOR OCCUPANCY

Official Use Only
Date Rec'd:
Time Rec'd:
MGR Initials:_____
Community Name

Applicant: _____ E-mail: _____ Phone: _____

Co-Applicant: _____ E-mail: _____ Phone: _____

1. Would you benefit from the features of a barrier-free unit? ☐ YES ☐ NO
2. Do you or any household member smoke? ☐ YES ☐ NO
3. Number of Bedrooms Needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4
4. Do you have a Pet? ☐ YES ☐ NO
5. Are you eligible to claim the deduction for elderly or disabled? ☐ YES ☐ NO
6. Are you currently receiving Federal Rent Subsidy at another community? ☐ YES ☐ NO

Please provide at least THREE (3) years of prior housing. Attach additional pages if necessary

Applicant	Co-Applicant
Current Address: _____ _____	Current Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Current Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____	Current Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____
Previous Address: _____ _____	Previous Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____	Previous Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____
Previous Address: _____ _____	Previous Address: _____ _____
Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____	Reason for Moving: _____ Rent Amount: \$ _____ _____ From: _____ To: _____
Previous Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____	Previous Landlord: _____ Landlord Address: _____ Landlord Phone: (____) _____

____ Applicant Initial
____ Co-Applicant Initial

This institution is an equal opportunity provider

TDD # 711



**Please DO NOT leave any blanks.***The use of white out, black out or
alteration of original information will void
this document.***HOUSEHOLD COMPOSITION**

Name of Occupant	Relationship to Head of Household	Date of Birth	Social Security Number
1.	Head of Household		
2.			
3.			
4.			
5.			
6.			

Are any household members students? ☐ YES ☐ NO

If YES, circle line number.

INCOME

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Dates Employed: From _____ To: _____	Dates Employed: From _____ To: _____
Wages: \$ _____ per Week / Year (circle one)	Wages: \$ _____ per Week / Year (circle one)
Supervisor: _____	Supervisor: _____
Phone #: _____	Phone #: _____

Any Additional Income in the Household (Social Security, SSI, Child Support, Unemployment, Recurring Cash Gifts, etc.)

Source: _____	Amount \$ _____
Source: _____	Amount \$ _____
Source: _____	Amount \$ _____
Source: _____	Amount \$ _____

ASSETS

Type of Account	Institution	Current Balance	Interest Rate
1.			
2.			
3.			

Have you disposed of any assets for less than fair market value in the last 2 years? ☐ YES ☐ NO**ADDITIONAL POINT OF CONTACT – If we are unable to reach you, who else can we contact?**

Name	Relationship	Address	Phone Number

Do you own a car? ☐ YES ☐ NO Make: _____ Model: _____ Color: _____ Tag #: _____Do you own a 2nd car? ☐ YES ☐ NO Make: _____ Model: _____ Color: _____ Tag #: _____

_____ Applicant Initial

_____ Co-Applicant Initial



This institution is an equal opportunity provider

TDD # 711



**Please DO NOT leave any blanks.**

*The use of white out, black out or
alteration of original information will void
this document.*

I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance. **Initial:** _____

I/we certify that I/we have never been convicted of a felony, and are not presently on any sex offenders list or registry. **Initial:** _____

List all states you have ever lived in _____

I/we certify that all of the information on this application is true and correct to the best of my/knowledge and belief. Inquires may be made to verify this information. **Initial:** _____

I/we certify that the rental unit which I/we will occupy will be my/our primary residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location. **Initial:** _____

Applicant's Signature

Date

Co-applicant's Signature

Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that 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.

STATEMENT REQUIRED BY THE PRIVACY ACT.

Rural Development is authorized by the Title V of the Housing Act of 1949, amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary to enable monitoring. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Housing Services, rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation. Disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) Fax: (202) 690-7442; or 3) Email: program.intake@usda.gov



This institution is an equal opportunity provider

TDD # 711



**Please DO NOT leave any blanks.***The use of white out, black out or
alteration of original information will void
this document.*

RACE AND ETHNIC CERTIFICATION

The information solicited on this application is requested in order to determine eligibility for a government housing program and eligibility with respect to the owner's credit and reference policies. Applications will be judged on the basis of these written policies and NOT on the basis of race, color national origin, sex, marital status, age, familial status, or handicap.

The following information is requested by the State Housing Authority to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Law. The law states that a leasing agent may not discriminate based neither on this information nor on whether or not it is furnished.

APPLICANT:	CO-APPLICANT
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Providing this information is optional. If you do not wish to furnish the following information, please initial below.

Applicant:

☐ I do not wish to disclose this information

Co-Applicant:

☐ I do not wish to disclose this information

This institution is an equal opportunity provider

TDD # 711

