

**Application can be faxed or mailed back to:** Stratford Group Ltd.  
 Phone number 989/354-2424 PO Box 517  
 Fax number 989/354-4969 Alpena MI, 49707

**Please complete both the front and back of the application packet, incomplete applications will be returned.**

For Office Use Only	Date Rec'd	Time Rec'd	Initials
---------------------	------------	------------	----------

## Preliminary Rental Application

*This is a preliminary application and gives no lease or rent rights.*

**Apartment Community** \_\_\_\_\_ **City** \_\_\_\_\_ **Occupancy Date** \_\_\_\_\_

Circle one Unit Size: 1   2   3   4      Unit Type: Up \_\_\_\_\_ Down \_\_\_\_\_

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Would you or a member of the household request a disability adjustment to income? **Yes** or **No**

**Applicant:** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Applicant Status:** \_\_\_ Unmarried \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced      (check one)

**Co-Applicant:** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Co-Applicant Status:** \_\_\_ Unmarried \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced      (check one)

**Reason for moving?** \_\_\_\_\_

### List all addresses you have lived at in the past 2 years

Applicant	Co-Applicant
<b>Current: - rent or own (circle one)</b>	<b>Current: - rent or own (circle one)</b>
Address	Address
City/State/Zip	City/State/Zip
Move in      Move out      Rent Amount \$	Move in      Move out      Rent Amount \$
Landlord's Name	Landlord's Name
Landlord's Address	Landlord's Address
Landlord's Phone Number	Landlord's phone number
<b>Previous Residence - rent or own (circle one)</b>	<b>Previous Residence - rent or own (circle one)</b>
Address	Address
City/State/Zip	City/State/Zip
Move in      Move out      Rent Amount \$	Move in      Move out      Rent Amount \$
Landlord's Name	Landlord's Name
Landlord's Address	Landlord's address
Landlord's Phone Number	Landlord's Phone Number

If you have resided at additional addresses within the past two (2) years, please attach previous address on a separate sheet of paper

### **Please list all persons that will occupy the residence – to include applicant and co-applicant**

Name: First, middle initial, last	Maiden name if applicable	Date of Birth	Relationship to Head of Household	Social Security numbers
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

If you have more than 6 occupants, please list on a separate sheet of paper

Equal Housing Opportunity  
 "This Institution is an equal opportunity provider."

Telephone 989-354-2424   Fax 989-354-4969   TDD 7-1-1



**Our communities are SMOKE Free. Most of our communities do not accept pets.**

**Employment**

Applicant	Co-Applicant
Employer	Employer
Address	Address
Phone Number	Phone Number
Length of Employment	Length of Employment
Supervisor	Supervisor
Status? (Check one) Full Time: _____ Part Time _____	Status? (Check one) Full Time: _____ Part Time _____
Salary/Wages \$ _____ per _____	Salary/Wages \$ _____ per _____
Position	Position
Average Hours Worked Per Week	Average Hours Worked Per Week

**Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):**

Source: \_\_\_\_\_ who is receiving \_\_\_\_\_ \$ \_\_\_\_\_ how often \_\_\_\_\_  
 Source: \_\_\_\_\_ who is receiving \_\_\_\_\_ \$ \_\_\_\_\_ how often \_\_\_\_\_  
 Source: \_\_\_\_\_ who is receiving \_\_\_\_\_ \$ \_\_\_\_\_ how often \_\_\_\_\_

**Type of Assets Name or Bank**, Provide asset information below: (also include Checking account, savings account, CD, IRA etc.)

Name of Asset or Bank/Credit Union	Applicant or Co-Applicant	Mailing address
1.		
2.		
3.		
4.		
5.		

Have you or any member of your household disposed of any assets in the last two years? **Yes or No**

If "yes", please list asset and value received: \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Model/Year License # \_\_\_\_\_

Do you own a 2<sup>nd</sup> car? \_\_\_\_\_ Model/Year License# \_\_\_\_\_

Are you or any member of your household a full-time student? **Yes or No**

Have you or any member of your household been a student of in the past 12 months? **Yes or No**

Does any household member plan on becoming a student of higher education in the next 12 months? **Yes or No**

**Applicant PERSONAL REFERENCES:** List 2 people (*not related to you*) that we can contact for a personal reference:

Name	Address/city/state/zip	relationship	Phone number

**Co-Applicant PERSONAL REFERENCES:** List 2 people (*not related to you*) that we can contact for a personal reference:

Name	Address/city/state/zip	relationship	Phone number

Are you or any member of the household subject to life-time registration as a sex offender? **Yes or No**

List all states you and all members of your household have lived in \_\_\_\_\_

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: \_\_\_\_\_

Equal Housing Opportunity

"This Institution is an equal opportunity provider."

Telephone 989-354-2424 Fax 989-354-4969 TDD 7-1-1



**Our communities are SMOKE Free. Most of our communities do not accept pets.**

Have you or any member of your household ever been convicted of a crime, felony, misdemeanor? **Yes or No**

If "yes", please indicate who and explain: \_\_\_\_\_

Have you or any member of your household lived in subsidized housing? **Yes or No**

If "yes" who, when and where? \_\_\_\_\_

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Yes or No**

If "yes", please indicate who and explain: \_\_\_\_\_

Are any household members that are 62 or older as of 1/31/10 and do not have a social security number receiving HUD rental assistance at another location on 1/31/10. **Yes or No**

**Applicant List all states lived in:** \_\_\_\_\_ **Co-Applicant List all states lived in:** \_\_\_\_\_

**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 – Head of Household

\_\_\_\_\_  
Co-Applicant– Co-Head of Household

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 therefore, 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

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 to inform the office of any changes to any part of this application (i.e. address, phone, income)

I/We certify that the preceding information is accurate and complete, and I/We acknowledge that the inaccuracies and/or omissions may be the basis of immediate cancellation of my/our application by Stratford Group Ltd.

***I/we consent that 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 has the right to obtain a criminal background report.***

\_\_\_\_\_  
Applicant – Head of Household

**Ethnicity**

Applicant      \_\_\_\_\_ Hispanic or Latino  
                     \_\_\_\_\_ Not Hispanic of Latino  
                     \_\_\_\_\_ Male      \_\_\_\_\_ Female

**Race**

                     \_\_\_\_\_ American Indian or Alaskan Native  
                     \_\_\_\_\_ Asian  
                     \_\_\_\_\_ Black or African American  
                     \_\_\_\_\_ Native Hawaiian or Pacific Islander  
                     \_\_\_\_\_ White

\_\_\_\_\_  
Co-Applicant – Co-Head of Household

**Ethnicity**

Co-Applicant      \_\_\_\_\_ Hispanic or Latino  
                             \_\_\_\_\_ No Hispanic of Latino  
                             \_\_\_\_\_ Male      \_\_\_\_\_ Female

**Race**

                     \_\_\_\_\_ American Indian or Alaskan Native  
                     \_\_\_\_\_ Asian  
                     \_\_\_\_\_ Black or African American  
                     \_\_\_\_\_ Native Hawaiian or Pacific Islander  
                     \_\_\_\_\_ White

**Please complete the above information:** 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 prohibit 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 to not furnish it the owner/agent is required to note the race, ethnicity, and sex of the individual applicant on the basis of visual observation or surname.

Equal Housing Opportunity  
"This Institution is an equal opportunity provider."

Telephone 989-354-2424    Fax 989-354-4969    TDD 7-1-1



**Our communities are SMOKE Free. Most of our communities do not accept pets.**

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](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 for Civil Rights 1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Equal Housing Opportunity  
"This Institution is an equal opportunity provider."

Telephone 989-354-2424 Fax 989-354-4969 TDD 7-1-1



**Our communities are SMOKE Free. Most of our communities do not accept pets.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					