

**Dowagiac Rotary Villa  
300 Cleveland Street  
Dowagiac, MI 49047  
(269) 782-3555  
TTY/TDD 1-800-649-3777**

Dear Applicant:

Thank you for your interest in Dowagiac Rotary Villa apartments. **AFTER YOU HAVE COMPLETED THE APPLICATION PACKET, PLEASE CALL TO SCHEDULE AN APPOINTMENT TO BRING IT BACK.**

Please bring your driver's license or state issued ID and social security cards for every person that will be living in the unit.

Thank you for your cooperation.

DOWAGIAC ROTARY VILLA  
 300 CLEVELAND  
 DOWAGIAC, MI 49047  
 2692782-5555

APP101.202  
 8/94

APPLICATION FOR RESIDENCY  
 Federal Program Type HUD Section 202/Section 8

INSTRUCTIONS TO APPLICANT: Check mark the appropriate box(es) in each item that has boxes and fill in all blanks unless marked OPTIONAL. IF THE ANSWER IS NONE, WRITE NONE IN THE BLANK. \*See NOTE on page 2.  
 This application form consists of 4 pages.

OFFICE USE ONLY	
Received: Date _____	Time _____
<input type="checkbox"/> Original Application	<input type="checkbox"/> Update
<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
 STREET \_\_\_\_\_ APT # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

A. ELIGIBILITY Check one.

- 1. You or your spouse is age 62 years or older.
- 2. You or your spouse is age 18 years or older, handicapped and mobility impaired.
- 3. Neither of the above

If you checked #3 above, you are not eligible for residency at this time.

B. WHAT IS YOUR REASON FOR MOVING? \_\_\_\_\_

C. HOW SOON COULD YOU MOVE IN? Date: \_\_\_\_\_

D. OPTIONAL. PLEASE TELL US HOW YOU HEARD ABOUT OUR HOUSING. \_\_\_\_\_

F. HOUSEHOLD COMPOSITION

List all persons who will live in the unit. Include yourself.  
 Indicate in the CODE column how each person is related to the head of household.

H Head or Co-head C Family Member Under Age 18 years L Live-in Caretaker  
 S Spouse F Foster Child N No relationship -  
 A Adult Co-tenant O Other family member 18 years old or older

FIRST NAME, MIDDLE INITIAL, LAST NAME	CODE	SEX*	BIRTH DATE*	SOCIAL SECURITY NO.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Answer the following questions about all persons who will live in the unit.

- 1. Has any ever been evicted from a rental unit? If yes, which? \_\_\_\_\_
- 2. Has any been involved in illegal use, manufacture or distribution of a controlled substance or involved in other criminal activity in the past five years? If yes, which? \_\_\_\_\_
- 3. OPTIONAL. If any is handicapped and mobility impaired, would you prefer a barrier-free unit? (Verification will be required.) \_\_\_\_\_

PROPERTY NAME: DOWAGIAC ROTARY VILLA \_\_\_\_\_

NOTE: STARRED INFORMATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH ITS FARMERS HOME ADMINISTRATION, OR OTHER HOUSING AGENCY, THAT FEDERAL LAWS PROHIBITTING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, FAMILIAL STATUS, AGE AND HANDICAP 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/NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

G. HOUSEHOLD INCOME, ASSETS, AND DEBITS (SUCH AS, LOANS, CAR PAYMENTS, CREDIT CARDS)

1. Applicant's Annual Gross Earnings from Employment \$ \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_
2. Spouse's or Co-Applicant's Annual Gross Earnings from Employment \$ \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_
3. Total Annual Gross Income from All Other Sources \$ \_\_\_\_\_  
 Specify sources: \_\_\_\_\_
4. Approximate Total Value of Assets \$ \_\_\_\_\_ Specify types: \_\_\_\_\_
5. Total Monthly Payments on Debts \$ \_\_\_\_\_ Specify types: \_\_\_\_\_

H. REFERENCES

1. CURRENT LANDLORD  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Your move-in Date \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_
2. PREVIOUS LANDLORD  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_
3. PREVIOUS LANDLORD  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_

If you don't have 5 years of rental history, you must provide the following: 4 Total

4. TWO PROFESSIONAL REFERENCES (These must be persons not related to you by blood, adoption, marriage, or friendship.) COMPLETE ADDRESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Profession \_\_\_\_\_ Phone # \_\_\_\_\_

5. TWO PERSONAL REFERENCES COMPLETE ADDRESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

I. VEHICLE INFORMATION. Drivers License Number \_\_\_\_\_

1. Make \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_
2. Make \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

- J. EMERGENCY CONTACT Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM RESPONSIBLE FOR UPDATING THIS APPLICATION AFTER SIX MONTHS AND THAT FAILURE TO DO SO WILL REMOVE THIS APPLICATION FROM THE WAITING LIST. I UNDERSTAND AS WELL THAT THE PROCESSING OF MY APPLICATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: Credit Reports, Landlord Reports, Criminal History Reports, and References from any listed employers and individuals.



We Do Business in Accordance With the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)

A P P L I C A T I O N R E C E I P T

This information will be completed by the agent, upon receipt of the application:  
This application was received from \_\_\_\_\_ on \_\_\_\_\_

Signed: \_\_\_\_\_, Applicant Signed: \_\_\_\_\_, Agent

Applicant's Name \_\_\_\_\_

**DECLARATION OF INCOME, ASSETS, ALLOWANCES, EXPENSES, AND HOUSING STATUS**  
**For Persons Applying for HUD (Section 8, Section 236, BMIR) or FmHA Housing**

Along with your application you should have received "Things You Should Know". It explains what information you must report and the penalties for giving false or incomplete information. If you are applying for Section 8 housing, you should have received a Federal Preferences Questionnaire to complete as well. IF YOU DID NOT RECEIVE WHAT YOU SHOULD HAVE, PLEASE ASK FOR IT.

**K. HOUSEHOLD INCOME**

This section applies to all persons, including children, who will live in the unit except a bonafide live-in caretaker. Check the Yes or No box in each item below then complete the chart. "Gross" means amount before any deductions.

- | Yes                      | No                       | Type of Income      | Yes                      | No                       | Type of Income    | Yes                      | No                       | Type of Income  |
|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Employment       | <input type="checkbox"/> | <input type="checkbox"/> | 9. Scholarships   | <input type="checkbox"/> | <input type="checkbox"/> | 17. Annuities   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Self-Employment* | <input type="checkbox"/> | <input type="checkbox"/> | 10. G.I. Bill     | <input type="checkbox"/> | <input type="checkbox"/> | 18. Lottery     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Cash Gifts       | <input type="checkbox"/> | <input type="checkbox"/> | 11. Disability    | <input type="checkbox"/> | <input type="checkbox"/> | 19. Rentals     |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Veterans         | <input type="checkbox"/> | <input type="checkbox"/> | 12. Workers Comp. | <input type="checkbox"/> | <input type="checkbox"/> | 20. Inheritance |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Social Security  | <input type="checkbox"/> | <input type="checkbox"/> | 13. Unemployment  | <input type="checkbox"/> | <input type="checkbox"/> | 21. Trust Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. S.S.I.           | <input type="checkbox"/> | <input type="checkbox"/> | 14. Child Support | <input type="checkbox"/> | <input type="checkbox"/> | 22. Other       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Welfare          | <input type="checkbox"/> | <input type="checkbox"/> | 15. Alimony       |                          |                          |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Grants           | <input type="checkbox"/> | <input type="checkbox"/> | 16. Pensions      |                          |                          |                 |

\*Items 1 and 2 above do not apply to persons under age 18.

HOUSEHOLD MEMBER	JOB TITLE OR TYPE OF INCOME	AGENCY'S, EMPLOYER'S, OR OTHER'S NAME AND ADDRESS	GROSS PAY, GRANT, BENEFIT OR OTHER COMPENSATION
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____
			\$ _____ per _____

**L. HOUSEHOLD ASSETS**

Include the assets of all family members, including children, who will live in the unit. Do not include the assets of a bonafide live-in caretaker.

IF THE CORRECT ANSWER IS NONE, WRITE NONE BESIDE THE DOLLAR SIGN IN ITEMS 1 - 13.

ACCOUNT NUMBER	TYPE OF ACCOUNT	AMOUNT	NAME AND LOCATION OF BANK
1) _____	_____	\$ _____	_____
2) _____	_____	\$ _____	_____
3) _____	_____	\$ _____	_____
4) _____	_____	\$ _____	_____
5) _____	_____	\$ _____	_____

M. HOUSEHOLD ASSETS (Continued)

TYPE OF ASSET	VALUE	VERIFICATION ADDRESS
6) REAL ESTATE	\$ _____	_____
7) MOBILE HOME	\$ _____	_____
8) STOCKS	\$ _____	_____
9) BONDS	\$ _____	_____
10) LAND CONTRACT	\$ _____	_____
11) TREASURY BILLS	\$ _____	_____
12) OTHER	\$ _____	_____
13) ASSETS DISPOSED OF WITHIN THE PAST 24 MONTHS	\$ _____	(IF MORE THAN \$1000) WHICH ASSET?

N. ALLOWANCES AND EXPENSES

Fill in the first name of the family member(s) who qualify.

- 1. Dependent children under age 18 years (\$480 each)
- 2. OPTIONAL. Dependent handicapped adult(s) (\$480 each)
- 3. OPTIONAL. Full-time student(s) age 18 years or older (\$480 each)
- 4. OPTIONAL. Head or spouse age 62 years or older or at least 18 years old and handicapped or disabled (\$400 household deduction, plus deductions for certain medical expenses for the entire family)
- 5. OPTIONAL. Handicapped household member requiring handicap assistance and/or auxiliary apparatus. (Deductions for certain expenses that are necessary to enable a family member to be employed)
- 6. OPTIONAL. Children under age 13 requiring child care to enable a family member to be employed or attend school. Amount Paid \$ \_\_\_\_\_ per \_\_\_\_\_

Care Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_

O. HOUSING STATUS Check mark the box beside any item that applies to you.

- Currently living in federally assisted housing.
- Claiming a Federal Preference on the Federal Preferences Questionnaire
- FOR BMIR, SECTION, 221 (D), (4), OR SECTION 236 PROJECT ONLY: Displaced from an urban renewal area, or as a result of governmental action, or as a result of a disaster determined by the President to be a major disaster.
- FOR SECTION 236 PROJECT ONLY: Military Personnel Preference

THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT AGE AND SEX INFORMATION IS NOT ESSENTIAL FOR MY APPLICATION TO BE SCREENED BUT THAT I MUST PROVIDE THAT INFORMATION AND DOCUMENTATION OF ALL SOCIAL SECURITY NUMBERS IN ORDER FOR MY HUD OR FMHA CERTIFICATION TO BE COMPLETED.

Signed \_\_\_\_\_, Applicant Date \_\_\_\_\_  
 Signed \_\_\_\_\_, Co-applicant Date \_\_\_\_\_

WARNING: SECTION 1001 OF TITLE 18 OF THE U. S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U. S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

OFFICE USE ONLY:.....

Information Required for Statistical Purposes Only

Move-in Date (if any) \_\_\_\_\_ Race Code \_\_\_\_\_  
 Unit Number \_\_\_\_\_ Ethnicity Code \_\_\_\_\_

Attachment to Application for Residency

I understand that the processing of my application may include any or all of the following reports:

Credit Reports

Previous Landlord Report(s)

Criminal History Report

Personal References

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant