

For office use only
Time: _____
Date: _____

APPLICATION FOR OCCUPANCY

Eastbrook Apartments

Community Name

Could you or any member of your household benefit from the features of a barrier-free apartment?

Size of Apartment requested _____ Desired Occupancy Date _____

Part A. APPLICANT INFORMATION

Applicant's Name _____

Present Address _____

_____ address _____ city _____ state _____ zip _____
Telephone (H) _____ (W) _____ (message) _____

Social Security # _____ Birth Date _____

Co-Applicant Name _____

Present Address _____

_____ address _____ city _____ state _____ zip _____
Telephone (H) _____ (W) _____ (message) _____

Social Security # _____ Birth Date _____

Other Members of Household:

Name	Sex	Birth Date	SSN#	Relationship to Tenant	Full Time Student
_____	_____	_____	_____	_____	__Yes __No
_____	_____	_____	_____	_____	__Yes __No
_____	_____	_____	_____	_____	__Yes __No
_____	_____	_____	_____	_____	__Yes __No



Equal Housing
Opportunity

TDD# 800-649-3777



Name of Current Landlord/Mortgage Holder _____

Telephone _____ Monthly Payments _____

Reason for Moving _____

Previous Address _____

Own _____ Rent _____ from _____ to _____

Name of Landlord/Mortgage Holder _____

Telephone _____ Monthly Payments _____

Reason for Moving _____

Applicant Employer _____ Years of Service _____

Employer Address _____ Phone _____

Spouse/C-Applicant Employer _____ Years of Service _____

Employer Address _____ Phone _____

PERSONAL REFERENCES (LIST THREE)

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

3. _____ Address _____ Phone # _____

Driver's License # _____ **Number of Automobiles** _____

1. Make _____ Year _____ Color _____
Tag # _____ State _____

2. Make _____ Year _____ Color _____
Tag # _____ State _____

Person to contact in the case of an emergency

Name _____ Relationship _____

Telephone _____ Address _____

Complete all applicable information for Tenant, Spouse, and Co-Tenant. Attach an additional sheet if more space is needed. This information is to be completed by the applicant (Not by the agency, employer, or bank).

B. INCOME AND EXPENSE INFORMATION

1. **SALARY/WAGES** – List gross amount (before deductions) of wages and salaries, overtime pay commissions; fees, tips, bonuses. Indicate Source.

HOUSEHOLD MEMBER	EMPLOYER NAME	EARNINGS
_____	_____	\$ _____ per hr, _____ hrs./wk.
_____	_____	\$ _____ per hr, _____ hrs. /wk.
_____	_____	\$ _____ per hr, _____ hrs. /wk.
_____	_____	\$ _____ per hr, _____ hrs. /wk.

2. **NET INCOME FROM BUSINESS/PROFESSION ON RENTAL OF REAL ESTATE OR PERSONAL PROPERTY**

_____ \$ _____ per _____
 _____ \$ _____ per _____

3. **SOCIAL SECURITY/SSI PAYMENTS**

Household Member

_____	Social Security _____	\$ _____ per month
_____	Social Security _____	\$ _____ per month
_____	SSI _____	\$ _____ per month
_____	SSI _____	\$ _____ per month
_____	State SSI _____	\$ _____ per month

4. **PENSIONS; ANNUITIES; RETIREMENT FUNDS; IRA ACCOUNTS**

HOUSEHOLD MEMBER	SOURCE & ADDRESS	
_____	_____	\$ _____ per month
_____	_____	\$ _____ per month

5. **ALL OTHER INCOME** – Include income from ALL OTHER SOURCES, such as: Unemployment; Disability Compensation; Workman’s Compensation; allowances for Head of Household in Armed Forces; Public Assistance; AFC; Welfare or any other source.

HOUSEHOLD MEMBER	SOURCE & ADDRESS	
_____	_____	\$ _____ per hr, _____
_____	_____	\$ _____ per hr, _____

6. CHILD CARE EXPENSE - List amount paid by family for the care of minor children age 12 or younger when such care is necessary to enable a family member to work or go to school

NAME & ADDRESS OF BABYSITTER/CHILD CARE

_____ \$ _____ per hr. _____ hrs per wk

7. MEDICAL EXPENSES (For ELDERLY, HANDICAPPED or DISABLED) – Include total expenses including anticipated medical expenses to be incurred over the next twelve month period not covered by insurance. May include expenses for: dental; prescription medicines; medical insurance premiums; eyeglasses; hearing aids/batteries; cost of live- in resident assistant; monthly payments required on accumulated major medical bills including that portion of spouse’s or child’s nursing home care paid from tenant family income(s).

\$ _____ annually for _____

\$ _____ annually for _____

8. MEDICARE \$ _____ per month x 12 _____

C. **Asset information** – List all information for Tenant, Spouse, Co-Tenant

2. CHECKING ACCOUNT

Account # _____ Bank _____ \$ _____
 Address _____

Account # _____ Bank _____ \$ _____
 Address _____

3. SAVINGS ACCOUNT (INCLUDING IRAs)

Account # _____ Bank _____ \$ _____
 Address _____

Account # _____ Bank _____ \$ _____
 Address _____

4. STOCKS AND / OR BONDS

Type: _____ Number Owned _____ Value \$ _____

Type: _____ Number Owned _____ Value \$ _____

Type: _____ Number Owned _____ Value \$ _____

5. C.D. and Money Market Accounts

Account # _____ Bank _____ \$ _____
 Address _____

Account # _____ Bank _____ \$ _____
 Address _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, 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.

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, when relevant to civil, criminal or regulatory proceedings.

APPLICANT VOLUNTARY INFORMATION

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 Michigan State Housing Development Authority to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Law. The law states that a leasing agent may discriminate based neither on this information nor on whether or not it is furnished. Providing this information is optional. If you do not wish to furnish the following information, please initial below.

Applicant: I do not wish to furnish this information. _____

Co-Applicant: I do not wish to furnish this information. _____

PLEASE COMPLETE BOTH SECTIONS

Applicant: ...Hispanic
 ...Non-Hispanic
 ...Male ...Female

Co-Applicant: ...Hispanic
 ...Non-Hispanic
 ...Male ...Female

Race/National Origin:

Applicant	Co-Applicant
<input type="checkbox"/>American Indian, Alaskan Native.....	<input type="checkbox"/>
<input type="checkbox"/>Asian.....	<input type="checkbox"/>
<input type="checkbox"/>Black.....	<input type="checkbox"/>
<input type="checkbox"/>Native Hawaiian.....	<input type="checkbox"/>
<input type="checkbox"/>White.....	<input type="checkbox"/>