



Equal Housing Opportunity
TDD: 711



**P.O. Box 405
Gladwin, MI 48624**

APPLICATION FOR HOUSING

Office Use Only

Date: _____

Time: _____

Initials: _____

____ Unit Available; or

____ Waiting List

____ Updated App.

____ Unit Transfer App.

Apartments you are applying for: _____ City: _____ # of Bdrms: _____

Home Phone#: _____ Cell#: _____ Email: _____

I am requesting to move-in with an existing tenant, if so Unit # is: _____ I have applied for **multiple** GLD properties

I am requesting a Unit Transfer requiring a new application (Transfer Policy attached)

Persons Occupying the Unit			Relationship	Social Security Number	Date of Birth	Student (circle one)	
Last	First	Full Middle				Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

***Copy of Drivers License or State ID and Social Security card must be attached for all 18 years or older.**

HOUSING INFORMATION

Include your last 3 years of rental history, attach a separate sheet of paper if necessary

APPLICANT:

Present Address: _____ City: _____

State: _____ Zip: _____ From: _____ To _____ Reason for leaving _____

Do you own this residence? Yes No If No, do you rent this residence? Yes No

Landlord Name: _____ Phone #: _____ Fax #: _____

Landlord Email: _____ Rent per month: _____

Previous Address: _____ City: _____

State: _____ Zip: _____ From: _____ To _____ Reason for leaving _____

Do you own this residence? Yes No If No, do you rent this residence? Yes No

Landlord Name: _____ Phone #: _____ Fax #: _____

Landlord Email: _____ Rent per month: _____

CO-APPLICANT:

Present Address: _____ City: _____

State: _____ Zip: _____ From: _____ To _____ Reason for leaving _____

Do you own this residence? Yes No If No, do you rent this residence? Yes No

Landlord Name: _____ Phone #: _____ Fax #: _____

Landlord Email: _____ Rent per month: _____

Previous Address: _____ City: _____

State: _____ Zip: _____ From: _____ To _____ Reason for leaving _____

Do you own this residence? Yes No If No, do you rent this residence? Yes No

Landlord Name: _____ Phone #: _____ Fax #: _____

Landlord Email: _____ Rent per month: _____

INCOME

Please indicate each source of **ESTIMATED GROSS ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

Circle One		Description	Gross Income	Circle One		Description	Gross Income
Y	N	Employment Head of Household		Y	N	Social Security/SSI	
Y	N	Employment Co-Applicant		Y	N	Public Assistance (Cash)	
Y	N	Self-Employment (2 years taxes)		Y	N	Public Assistance (Food)	
Y	N	Other Income		Y	N	Child Support/Alimony	

Proof of age will be requested if you are applying to live in a designated Elderly Development. Acceptable age verifications include a copy of: (1) a birth certificate, (2) a valid state driver's license or (3) a valid state I.D card.

ASSETS

Please list where the asset(s) is held, the current value of each asset(s) and all income derived from the assets over the previous twelve (12) months for ALL household member. (Attach additional pages if necessary)

Circle one		Type of Asset	Name, Phone #, Fax #, Email Address
Y	N	Checking Acct. Head of Household	
Y	N	Checking Acct. Co-Applicant	
Y	N	Savings Acct. Head of Household	
Y	N	Savings Acct. Co-Applicant	
Y	N	Certificate of Deposits	
Y	N	Real Estate (FMV - Mortgage balance)	
Y	N	Whole Life Insurance Policy	
Y	N	Assets disposed of in the past 2 years	
Y	N	Other	

MEDICAL/INSURANCE DEDUCTIONS

Circle one		Type of Medical	Name of Company or Pharmacy
Y	N	Medical Insurance Premiums	
Y	N	Medical Bills	
Y	N	Prescriptions	

GENERAL INFORMATION

Circle One

- Y N 1. Do you own a pet? If yes, what kind? _____ Weight? _____
- Y N 2. Do you have a service animal? If yes, what kind? _____
- Y N 3. Have you ever been convicted of a crime? If yes, please explain: _____

- Y N 4. Are you or any member of your household subject to a State Lifetime Sex Offender Registration? _____
- Y N 5. Have you ever been evicted for any reason? If yes, please explain: _____

- Y N 6. Will you or any other household member need a barrier free or wheel chair accessible unit? _____
- Y N 7. Will you or any other household member need any other reasonable accommodations? If yes, please explain: _____

- Y N 8. Are you or anyone in the household currently or soon to become a student? Full-Time Part-Time
List name of student(s): _____
- Y N 9. Are any household members temporarily absent? Who? _____ How Long? _____
- Y N 10. What other states, if any have you or any of your household members lived in? _____

- Y N 11. Do you expect any changes to your household in the next 12 months? If yes, please explain: _____

CONSENT TO RELEASE INFORMATION

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. Subject to approval, I certify this will be my/our primary residence.

I authorize management to complete credit check, criminal history, and applicable landlord references. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. By signing below, I hereby certify that the unit that is assigned will serve as the household primary residence.

EACH APPLICANT 18 YEARS OF AGE OR OLDER MUST SIGN AND DATE BELOW:

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

Property Manager is acting on behalf of and performing compliance services for the owner.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, The PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of Information collected based on the consent form. Use of the Information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any Information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of Information may bring civil action for. damage's, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA Of the owner responsible for the unauthorized disclosure or Improper use.

FAIR HOUSING 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 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.

APPLICANT: <input type="checkbox"/> I do not wish to furnish this information.	CO-APPLICANT: <input type="checkbox"/> I do not wish to furnish this information.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan 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 Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White

HOW DID YOU HEAR ABOUT US?

Newspaper? Name of paper: _____

Flyer Sign Radio Agency Internet _____
Which Website?

Friend Walk-In Phone Book

Current Resident? Resident's Name: _____

NON-DISCRIMINATION STATEMENT

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, audiotope, 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 for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- 2) Fax: (202) 690-7442; or
- 3) Email: program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.