

**APPLICATION FOR RESIDENCY**

**WEST HIGHLAND LDHA**

2701 1st Ave. S.  
 Escanaba, MI 49829  
 (906) 789-0250  
 TDD (906) 789-0251

FOR OFFICE USE ONLY	
Name _____	_____
Date Rec'd _____	_____
Unit Size _____	_____

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.**

(Please Print)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Present Address: \_\_\_\_\_ How long? \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Present Landlord, Address & Phone No. \_\_\_\_\_

Reason for leaving present address:

Explain \_\_\_\_\_

If you have moved within the past five years, give the name, address and phone number of **ALL** your previous landlords and the dates you lived there. Use the back of the page if you need more space.

Name of Landlords	Address	Phone	Dates you lived there	
			From	To
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

PERSONS WHO WILL OCCUPY THE UNIT ARE:			Sex	Birth Date	Soc. Sec. No.	Birthplace
1.	M.I.	Head of House				
2.						
3.						
4.						
5.						
6.						

  

INCOME SOURCE:		AMOUNT:		ASSETS: DOES ANY FAMILY MEMBER OWN:			
	\$	PER				Y	N
1.	\$	PER		REAL ESTATE	\$ _____	[ ]	[ ]
2.	\$	PER		LAND CONTRACTS	\$ _____	[ ]	[ ]
3.	\$	PER		SAVINGS ACCT.	\$ _____	[ ]	[ ]
4.	\$	PER		CHECKING ACCT.	\$ _____	[ ]	[ ]
5.	\$	PER		STOCKS/BONDS	\$ _____	[ ]	[ ]
6.	\$	PER		OTHER ASSETS	\$ _____	[ ]	[ ]

Does any member of this family:      Y      N      Credit Reference

Receive child support or alimony?                  \$ \_\_\_\_\_ per \_\_\_\_\_ 1) \_\_\_\_\_

Pay child care expenses while working or attending school?                  \$ \_\_\_\_\_ per \_\_\_\_\_ 2) \_\_\_\_\_

Receive educational grants or scholarships?                  \$ \_\_\_\_\_ per \_\_\_\_\_ 3) \_\_\_\_\_



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Credit Reference continued

Y N  
 Pay medical expenses on regular basis?   \$\_\_\_\_\_ per \_\_\_\_\_ 4) \_\_\_\_\_  
 Do you or any member of your household  
 require a barrier free unit?   \$\_\_\_\_\_ per \_\_\_\_\_ 5) \_\_\_\_\_

Please explain: \_\_\_\_\_

Does any member have special housing needs which  
require any of the following? (check applicable items)

Member Name  
(Last, First, M.I.)

- Separate Bedroom
- Barrier-free apartment
- Live-in attendant required
- One level unit
- Other (please specify)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you or any member of your household live or ever lived in subsidized housing?  Yes  No

If Yes, where? \_\_\_\_\_

When? From \_\_\_\_\_ To \_\_\_\_\_

Were you evicted?  Yes  No If Yes, did you owe rent?  Yes  No If Yes, how much did you owe? \$ \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Have you, or any member of your household ever been evicted or otherwise involuntarily removed from rental housing due to a fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No If Yes, please explain:

Please give three (3) references (other than family).

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation?

Yes  No If Yes, please explain \_\_\_\_\_

Do you or any member of your household use an illegal drug or other illegal controlled substance?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or illegal controlled substance?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you or any member of your household ever used different names from the names given in this application?  Yes  No



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If Yes, give name(s) and explain \_\_\_\_\_

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Have you or any members of your household ever used social security numbers different from those listed in this application? n Yes  
n No If Yes, please explain \_\_\_\_\_

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Race/Ethnic Background (For statistical purposes only)

- ( ) Black ( ) Spanish American ( ) American Indian or Alaskan Native  
( ) White ( ) Asian or Pacific Islander ( ) Other (Specify) \_\_\_\_\_

### APPLICANT SIGNATURE AND CERTIFICATION

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with criminal history including arrest record, to include but not limited to drug offenses including rental and credit screening services and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

No pets are permitted, except as required by law.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 168a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before we can be offered a unit, and provide copies of Social Security cards.

We have read and understand all information in this application and certify that all information, including any criminal history, and in the attached member, financial and verification forms is true, complete and accurate. We understand if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We agree to notify management in writing regarding any changes on this application including household address, telephone numbers, income, and household composition. Any change in family composition which alter the unit size required, makes this application void, and another application must be submitted for the appropriate size unit.



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We also understand that by signing this application, it does not give us a lease, and that other applications have been submitted ahead of ours. This application is being taken subject to approval and availability of an apartment of suitable size, based upon previous applications.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

Signature of Head of Household	Date	Signature of Spouse or Co-applicant	Date
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**NOTIFICATION OF NONDISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS (504)**

West Highland does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulation implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name: Dave Lyon  
 Address: 1425 Gezon Parkway  
 Wyoming, MI 49509  
 Voice: (616) 532-7700  
 TDD: (906) 789-0251

**Note:** If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you need to make your needs known to a member of the Staff.

**West Highland LDHA does not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.**



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## 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.

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

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Signature of Applicant

Date

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.