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APPLICATION FOR OCCUPANCY

For Office Use Only
Date: _____
Time: _____

Property Name: _____

AUTHORIZATION or Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, Section 515 and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the USDA, Rural Development administering and enforcing program rules and policies. I also consent for USDA, Rural Development, or the manager to release information from my file about my rental history to USDA, Rural Development, credit bureaus, collection agencies, or future property owners. This includes records on my payment history, and any other violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | |
|---------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income, and Asset |
| Medical or Child Care Allowance | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but is not limited to:

- | | | |
|--|---------------------------------------|-----------------------------|
| Previous Landlords (including Public Housing Agencies) | Employers | Courts and Post Offices |
| Welfare Agencies | Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration | Medical and Child Care |
| Providers | | |
| Support and Alimony Providers | Retirement Systems | Veterans Administration |
| Utility Companies | Bank and Other Financial Institutions | |
| Credit Providers and Credit Bureaus | | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect. I certify that the unit applied for will be my household's primary residence and my household and I will not maintain a separate subsidized rental unit in a different location.



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

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, INS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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 this will not allow 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 Development financed 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, criminal or regulatory proceedings.

SIZE OF APARTMENT WANTED _____ UP/DOWN _____ Date Received: _____
 Time: _____

A. APPLICANT INFORMATION:

APPLICANT'S NAME: _____ TELEPHONE NO. _____
 SOCIAL SECURITY #: _____ DRIVER'S LICENSE # _____
 DATE OF BIRTH: ____/____/____



TDD # 711



NUMBER OF VEHICLES:

1. MAKE _____ YEAR _____ COLOR _____ TAG# _____ STATE _____
2. MAKE _____ YEAR _____ COLOR _____ TAG# _____ STATE _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____
TELEPHONE: _____ ADDRESS: _____

YOUR NEEDS:

- a. Do you request a DISABILITY ADJUSTMENT to income? _____
- b. Do you request a unit that is designed for persons with disabilities and who require the special design features of an accessible unit? _____
- c. Do you request or think you may be eligible for ELDERLY STATUS adjustment to Income? _____
- d. Indicate if you are 62 years of age or over or disabled of age to qualify for an elderly project _____

OTHER UNITS?

- a. I certify that the unit applied for will be my household's -primary residence; and
- b. I and my household do not and will not remain in a separate subsidized rental unit in a different location. If not true, describe: _____

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	NAME & ADDRESS OF EMPLOYER	EARNINGS
_____	_____	\$ _____ per hr, _____ hrs./wk.
_____	_____	\$ _____ per hr, _____ hrs./wk.
_____	_____	

- 2. NET INCOME FROM BUSINESS/PROFESSION OR RENTAL OF REAL ESTATE OR PERSONAL PROPERTY:

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

- 3. INTEREST, DIVIDENDS, AND ANY OTHER NET INCOME OF ANY KIND FROM REAL OR PERSONAL PROPERTY: \$ _____



TDD # 711



4. SOCIAL SECURITY/SSI PAYMENTS:

HOUSEHOLD MEMBER	_____	Social Security _____	\$ _____	per month
_____	_____	Social Security _____	\$ _____	per month
_____	_____	SSI _____	\$ _____	per month
_____	_____	SSI _____	\$ _____	per month
_____	_____	STATE SSI _____	\$ _____	per month

5. PENSIONS; ANNUITIES; RETIREMENT FUNDS; IRA ACCOUNTS:

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

6. 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; AFDC; Welfare or any other source.

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

7. CHILD CARE EXPENSE: List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable any member of the family to be employed or to further his education.

NAME & ADDRESS OF BABYSITTER/CHILD CARE _____

\$ _____ per hour, _____ hrs. per week

8. MEDICAL EXPENSES: (To be completed for Elderly or Disabled Families) - Include total expenses including anticipated medical expenses to be incurred over the next twelve months for nursing home care paid from tenant family income(s). List additional medical expenses (include name and address) on back of this page.

9. MEDICARE: HOUSEHOLD MEMBER

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

C. ASSET INFORMATION: List all information for Tenant, Spouse, Co-Tenant BALANCE

1. CASH ON HAND: List all amounts on hand at present time: (Not in Bank) \$ _____

2. CHECKING ACCOUNTS:

Account # _____	Bank / Credit Union _____	\$ _____
	Address _____	

Account # _____	Bank / Credit Union _____	\$ _____
	Address _____	



3. SAVINGS ACCOUNTS: (INCLUDING I.R.A.'S)

Account # _____ Bank / Credit Union _____ \$ _____
Address _____

4. STOCKS AND/OR BONDS:

Type _____ Number Owned _____ Value \$ _____
Type _____ Number Owned _____ Value \$ _____

5. C. D. AND MONEY MARKET ACCOUNTS:

Account # _____ Bank / Address _____

Account # _____ Bank / Address _____

Do you have more than 2 C.D., and Money Market Accounts? Yes No
If yes, then please list on back of this page.

6. REAL ESTATE OWNED AT PRESENT TIME OR SOLD WITHIN LAST 2 YEAR PERIOD:
(Proof Required)

Market Value: \$ _____ Year Sold: _____ Amount Paid For: _____

7. PROPERTY SOLD UNDER LAND CONTRACT: (Contract and Payment Schedule must be submitted)

Original amount of Land Contract _____
Outstanding balance at present time _____
Terms of Land Contract: \$ _____ per month, \$ _____ per year
Annual Interest Rate: _____ %

8. ZERO INCOME: YES NO

9. LIST ALL OTHER ASSETS:

Type: _____ Value: \$ _____
Type: _____ Value: \$ _____

D. REFERENCES:

1. Credit References: Name: _____
Address: _____
City, State, Zip Code: _____

Name: _____
Address: _____
City, State, Zip Code: _____

Name: _____
Address: _____
City, State, Zip Code: _____

2. Character References: Name: _____
Address: _____
City, State, Zip Code: _____



Name: _____
Address: _____
City, State, Zip Code: _____

Name: _____
Address: _____
City, State, Zip Code: _____

I/we certify that the rental unit which I/we will occupy will be my/our primary residence and further certify that I/we do not and will not maintain a separate subsidized rental unit in a different location.

I/we certify that I/we are not presently using or addicted to a controlled substance, nor have I/we ever been convicted of possession or distribution of a controlled substance.

I/we certify that all of the information on this application is true and correct to the best of my/knowledge and belief. Inquires may be made to verify this information.

Applicant's Signature

Date

Co-applicant's Signature

Date

The information regarding race, ethnicity, 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 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.

SAMPLE



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, religion, age, familial status, or disability.

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

ETHNICITY

Applicant: ()...Hispanic or Latino
()...Not-Hispanic or Latino
()...Male ()...Female

Co-Applicant: ()...Hispanic or Latino
()...Not-Hispanic or Latino
()...Male ()...Female

Race:

Applicant

Co-Applicant

- ()American Indian or Alaska Native..... ()
- ()Asian..... ()
- ()Black or African American..... ()
- ()Native Hawaiian or Pacific Islander..... ()
- ()White..... ()

