



Maple Tree Apartments

Address: 400 Grant St. - Office, East Tawas, MI 48730

Phone: (989) 362-4971 / Fax: (989) 362-5558

Email: info@mapletreeaptsetawas.com / Web: www.mapletreeaptsetawas.com

T.D.D. Phone Number 711

Application Instructions

Thank you for considering Maple Tree Apartments. We look forward to working with you. Here are some instructions to help guide you through the application process.

- Answer every question on the application. If something doesn't apply to you simply answer N/A (Not applicable)
- You must provide a valid and current contact number and address where you can be reached. This is very important. If your name comes up on the waiting list and we have no valid way of contacting you, you will miss your chance at an apartment.
- Please provide contact information for your current and previous landlord where indicated. (Name, Phone Number, and Address.)
- Review the income guidelines on the next page.

YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- **Picture ID/Drivers License for each household member 18 year of age and older**
- **Social Security Card for EVERY HOUSEHOLD MEMBER, including adults and minors**
- **Birth Certificates for EVERY HOUSEHOLD MEMBER**
- **If you receive income from SSI, SSD, State SSI, Pension, Cash Assistance, or Child Support, you will need to provide the benefit letter or statements for each that apply. Please note the statements must provide Gross Income before any deductions**
- **If you are legally married and applying without your spouse you must provide proof of separation**
- **If you are self-employed provide a copy of your most recent tax return**

Providing the above information with your application will expedite the processing of your application. Turn in your application as soon as possible. Be sure to alert us if your contact information changes in any way.

There is a \$25 application fee. This is a non-refundable fee that covers your credit and criminal background check. This payment must be made in the form of a Money Order or Cashier's Check. Cash or Personal check will not be accepted. You must turn this in for your application to be processed.

You may drop your completed application in the drop box anytime. You may also fax it to (989) 362-5558, or mail it to 400 Grant St. - Office, East Tawas, MI 48730.

Rental Income Guidelines

Your households yearly gross income must be below the income amount shown to qualify for the number of people in your family and the number of bedrooms you want.

(Example) If you have 3 people in your household (adults and children) and would like a 2 bedroom unit, your family income must be BELOW \$26,145 gross (before taxes/deductions) per year.

	1 Person	2 People	3 People	4 People	5 People	6 People
1 Bedroom	\$ 22,600	\$ 25,800	\$ 29,050	\$ 32,250	\$ 34,850	\$ 37,450
2 Bedroom	\$ 20,340	\$ 23,220	\$ 26,145	\$ 29,025	\$ 31,365	\$ 33,705
3 Bedroom	\$ 18,080	\$ 20,640	\$ 23,240	\$ 25,800	\$ 27,880	\$ 29,960

For income limits for more than 6 people per unit please contact site manager

If you have any questions about these guidelines please feel free to contact the office at

(989) 362-4971

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Office Use Only:
Received Date: _____

Time: _____

Received by Initials: _____

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please note this is a preliminary application and gives no lease or rent rights

Please Print Clearly

This is an application for housing at:	PROJECT: Maple Tree Apartments
	ADDRESS: 400 Grant/410 Grant/1001 Lincoln/1007 Lincoln East Tawas, MI 48730
	PHONE: (989) 362-4971
Please complete this application and return to :	Maple Tree Apartments – Office drop box or in person - OR -
	Mail To: 400 Grant St. - Office, East Tawas, MI 48730 - OR -
	Fax to: (989) 362-5558 - OR -
	E-mail to: info@mapletreeaptsetawas.com Money order or cashier's check must be sent via mail

Applications are placed in order of date and time received. An applicant may be interviewed only after receipt of this tenant application.

A. General Information

Applicant Name(s): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

No. of BR's in current unit: _____ Do you RENT or OWN (Check One)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? YES or NO (Check One)

Check utilities paid by you: HEAT Electricity GAS Other (Specify) _____

Approximate monthly cost of utilities paid by you (excluding cable and phone): \$ _____

Bedroom Size Requested, check all that apply: One Bedroom Two Bedroom Three Bedroom

Would you or a member of your household benefit from the design features of a barrier free unit?
 Yes or No

Would you or a member of your household benefit from the design features of a bottom floor unit?
 Yes or No / Bottom Floor Required or Bottom Floor Preferred

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B. Household Composition

	Name	Relationship to head	Birth Date	Age (Optional)	SS# (Last 4 Digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
Do you anticipate any changes in the household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

Will all of the persons in your household be, or have been, full-time students during five calendar months of this year or plan to be in the next calendar year at an educational school (other than correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES TO ABOVE QUESTION ANSWER THE FOLLOWING QUESTIONS:

Are any full time students married and filing a joint tax return?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are any students enrolled in a job training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are any full time students a TANF or Title IV recipient?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are any full time students a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose child(ren) are not dependents of anyone other than a parent?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is any student a person who was previously under the care and placement of a foster care program (Under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Y	<input type="checkbox"/> N

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C. Income

List ALL sources of income as requested below. If a section doesn't apply to you, cross out or write N/A.

Household Member Name	Source of Income	GROSS Monthly Amount
	Social Security Benefits	\$
	Social Security Benefits	\$
	Social Security Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veterans Benefits (list claim #)	\$
	Veterans Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (TANF/Title IV etc.)	\$
	Contributions to the Household (Monetary or Other)	
	Full Time Student Income (18 & Over Only)	\$
	Financial Aid (Excluding Loans)	\$
	Annuities (list source)	\$
	Annuities (list source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180 /day	\$
	Scheduled Payments from Investments	\$

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Household Member Name	Source of Income	Monthly Amount
	Employment Amount	\$
	Employer:	
	Position held:	
	Employment Start Date:	
	Employment Amount	\$
	Employer:	
	Position held:	
	Employment Start Date:	
	Employment Amount	\$
	Employer:	
	Position held:	
	Employment Start Date:	
	Employment Amount	\$
	Employer:	
	Position held:	
	Employment Start Date:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the amount you are <i>entitled</i> to receive	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the amount you are <i>entitled</i> to receive	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive	\$
	Other Income	\$
	Other Income	\$
Total Gross Annual Income (Based on the monthly amounts listed above x 12)		\$
Total Gross Annual Income From Previous Year		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of your household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (monetary or otherwise) from someone who is not a member of the household as listed in Part B?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income Received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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D. Assets

List ALL sources of income as requested below. If a section doesn't apply to you, cross out or write N/A.

Type of Account	Account Number	Bank Name	Balance
Checking	#		\$
	#		\$
	#		\$
	#		\$

Type of Account	Account Number	Bank Name	Balance
Savings	#		\$
	#		\$
	#		\$
	#		\$

Type of Account	Account Number	Bank Name	Balance
Trust	#		\$

Type of Account	Account Number	Bank Name	Balance
Certificates of Deposit	#		\$
	#		\$
	#		\$

Type of Account	Account Number	Bank Name	Balance
Money Market Accounts	#		\$
	#		\$

Type of Account	Account Number	Maturity Date	Value
Savings Bonds	#		\$
	#		\$

Life Insurance Policy	Policy Number	Cash Value
	#	\$

Mutual Funds	Name	# Shares	Interest or Dividend \$	Value
				\$
				\$

Stocks/Bonds	Name	# Shares	Interest or Dividend \$	Value
				\$
				\$
				\$
				\$

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Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Type of Property:	
Location of Property	
Appraised Market Value	\$
Mortgage or Outstanding Loan Balance Due	\$
Amount of Annual Insurance Premium	\$
Amount of Most Recent Tax Bill	\$

Does any member of the household have assets owned jointly with a person who is NOT a member of the household as listed in Part B?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe:	
Do they have access to the assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold or disposed of any property in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what type of property:	
Market Value when sold or disposed of:	\$
Amount Sold or Disposed for:	\$
Date of Transaction:	

Have you disposed of any other assets in the past two years? (Example: Given money to family, set up an irrevocable trust account)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe:	
Date of disposition:	
Amount disposed:	\$

Do you have any other assets not listed above? (excluding personal property)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please list:	

E. Additional Information	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, have you/they completed a controlled substance abuse program or are you/they currently enrolled in such a program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe:	
Have you or any member of your household ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe:	

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F. Reference Information

Please fill out as accurately as possible. If a sections doesn't apply to you, cross out or write N/A

Current Landlord	Name	
	Address	
	Home Phone	
	Fax number	
	Move In Date	
	Move Out Date	
Previous Landlord	Name	
	Address	
	Home Phone	
	Fax number	
	Move In Date	
	Move Out Date	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

IN CASE OF EMERGENCY PLEASE NOTIFY	
Name:	
Relationship:	Phone #:
Address:	

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G. Vehicle Information

List any cars, trucks, vans, or SUVs owned. Parking will be provided per the lease agreement. If you do not have any vehicles please cross off or write N/A.

Type of Vehicle:	License Plate #:
Year / Make:	Color:
Type of Vehicle:	License Plate #:
Year / Make:	Color:

H. Pet Information

Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	

I. Demographic Information

The information regarding race, ethnicity, and sex designation solicited on this applications 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, Marital Status, Height, Weight, 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 management agent is required to note the race, ethnicity, and sex of individual applicants on the basis of visual representation and/or surname.

Head of Household, If you do not wish to furnish this information please sign here:

Co-Head of Household, If you do not wish to furnish this information please sign here:

Head of Household

Ethnicity: (Select One)

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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Race: (Select One or More)

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> White	

Sex: (Select One)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Co-Head of Household

Ethnicity: (Select One)

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
---	---

Race: (Select One or More)

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> White	

Sex: (Select One)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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CERTIFICATIONS

- I/We certify that the rental unit which I/We will occupy will be my/our primary residence.
- I/We further certify that I/We do not and will not maintain a separate subsidized rental unit in another location.
- I/We understand that I/We must pay a security deposit for this apartment prior to occupancy.
- I/We understand that my eligibility for housing will be based on applicable income limits and by the management’s resident selection criteria.
- I/We hereby acknowledge that the landlord may refuse to add persons to my lease as lawful occupants of the premises, should the landlord find that such persons do not meet the managements lawful resident selection criteria, regardless of any familial or marital relationship between any member of my household and the prospective tenant.
- I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further understand that inquiries may be made to verify this information.

All adult applicants, 18 year of age or older, must sign this application.

Head of Household Signature

Date

Co-Head of Household/Spouse Signature (If Applicable)

Date

Other Adult Signature (If Applicable)

Date

Other Adult Signature (If Applicable)

Date

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MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY



**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in the denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

SIGNATURES:

_____	_____	_____
Head of Household Signature	(Social Security Number)	Date
_____	_____	_____
Co-Head of Household/Spouse Signature	(Social Security Number)	Date
_____	_____	_____
Other Adult Member Signature (if applicable)	(Social Security Number)	Date
_____	_____	_____
Other Adult Member Signature(if applicable)	(Social Security Number)	Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447)

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Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older.

Name:

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed. (List the types of jobs you do.) _____
6			I receive Social Security or Rail Road Retirement Act income.
7			I receive Supplemental Security Income (SSI).
8			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
9			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).
10			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
11			I receive disability or death benefits other than Social Security.
12			I receive Veteran's Administration benefits.
13			I receive Public Assistance.
14			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
15			I receive unemployment benefits.
16			I receive periodic payments from Workers' Compensation.
17			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? __
18			I receive income from the rental of real estate or personal property.
19			I receive periodic payments from lottery winnings.
20			I receive adoption assistance payments.
21			I receive alimony.
22			I receive GI Bill benefits.
23			I receive military active duty allotments.

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24			I am a member of an Indian Tribe receiving gaming payments.
25			I receive periodic payments from insurance policies, if yes, how many policies? _____
26			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
27			I receive other recurring or periodic income not listed above. Describe _____
CHILD SUPPORT			
28			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
29			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
30			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
31			I have a savings account(s) at: _____ (List name(s) of institution)
32			I have a checking account(s) at: _____ (List name(s) of institution)
33			I have certificates of deposit at: _____ (List name(s) of institution)
34			I have cash held in my home or in a safety deposit box.
35			I have savings bonds. If yes, how many? _____
36			I have Treasury Bills. If yes, how many? _____
37			I have stocks.
38			I have bonds
39			I have mutual funds.
40			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
41			I have time certificate(s) at: _____ (List name(s) of institution)
42			I own real estate. If yes, how many properties? _____
43			I own a mobile home.
44			I have land contracts. If yes, how many? _____
45			I hold a mortgage or deed of trust.
46			I have revocable trusts. If yes, how many trusts? _____
47			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____
48			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
49			I have lump sum receipts or one-time receipts.
50			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.

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51			I have joint ownership on one or more of the above assets.
52			I have income/assets from sources other than those listed above. (Describe) _____
53			A member of my household is under the age of 18 and has assets (see Question #63 for list of assets). (Describe) _____

Yes	No	COMPLETE EACH ITEM:
-----	----	----------------------------

ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)		
--	--	--

54			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
58			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
59			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
60			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
61			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

OTHER ITEMS

62			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
----	--	--	---

DISPOSAL / DIVESTITURE OF ASSETS
(all tenants and prospective residents in all types of projects must complete the section below)

63			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p style="text-align: right;"><i>Assets</i></p> <p><i>include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>
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Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant Signature

Date

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Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older.

Name: _____

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed. (List the types of jobs you do.) _____
6			I receive Social Security or Rail Road Retirement Act income.
7			I receive Supplemental Security Income (SSI).
8			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
9			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).
10			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
11			I receive disability or death benefits other than Social Security.
12			I receive Veteran's Administration benefits.
13			I receive Public Assistance.
14			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
15			I receive unemployment benefits.
16			I receive periodic payments from Workers' Compensation.
17			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? __
18			I receive income from the rental of real estate or personal property.
19			I receive periodic payments from lottery winnings.
20			I receive adoption assistance payments.
21			I receive alimony.
22			I receive GI Bill benefits.
23			I receive military active duty allotments.

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24			I am a member of an Indian Tribe receiving gaming payments.
25			I receive periodic payments from insurance policies, if yes, how many policies? _____
26			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
27			I receive other recurring or periodic income not listed above. Describe _____
CHILD SUPPORT			
28			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
29			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
30			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
31			I have a savings account(s) at: _____ (List name(s) of institution)
32			I have a checking account(s) at: _____ (List name(s) of institution)
33			I have certificates of deposit at: _____ (List name(s) of institution)
34			I have cash held in my home or in a safety deposit box.
35			I have savings bonds. If yes, how many? _____
36			I have Treasury Bills. If yes, how many? _____
37			I have stocks.
38			I have bonds
39			I have mutual funds.
40			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
41			I have time certificate(s) at: _____ (List name(s) of institution)
42			I own real estate. If yes, how many properties? _____
43			I own a mobile home.
44			I have land contracts. If yes, how many? _____
45			I hold a mortgage or deed of trust.
46			I have revocable trusts. If yes, how many trusts? _____
47			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____
48			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
49			I have lump sum receipts or one-time receipts.
50			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.

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51			I have joint ownership on one or more of the above assets.
52			I have income/assets from sources other than those listed above. (Describe) _____
53			A member of my household is under the age of 18 and has assets (see Question #63 for list of assets). (Describe) _____

Yes	No	COMPLETE EACH ITEM:	
-----	----	----------------------------	--

ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
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54			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
58			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
59			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
60			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
61			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

OTHER ITEMS			
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62			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
----	--	--	---

DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
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63			I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ Assets <i>include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i>
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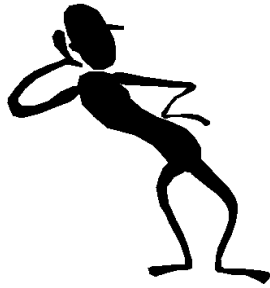
Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

_____ Date

Applicant Signature

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HOW DID YOU HEAR ABOUT US???

Please take a minute and check off how you heard about us. This helps us best determine ways of getting information out to prospects.

Thank you

- Newspaper classified advertisement
- Published publication (Free newspaper, Magazine, Rental Booklet)
- Flyer or tear-sheet in a public venue (Store, Post Office, Laundromat, etc.)
- A friend or family member
- Gardnergroupofmichigan.com
- Property website
- Online advertising (Rentlinx, Michigan Housing Locator, Zillow, etc.)
- Service provider (FIA, MI Works, etc.)
- Current resident
- Direct mailer
- Chamber of commerce
- Local real estate agent
- Drive by
- Other _____

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Resident Selection Criteria

We take pride in our management and in our community. We actively seek good residents to make their homes with us, and we strive to provide the best service we possibly can while they live in our community. We screen all our applicants very carefully and we verify all information provided to us on the rental application you complete and from other sources available to us.

All adult applicants 18 or older must submit a fully completed, dated, and signed residency application. Applicant must provide proof of identity in the following forms: Driver's License or State Issued Picture ID and Social Security Card.

An applicant's household income must be stable and adequate to afford the rent and still be able to cover the rest of his/her household expenses. The Gardener Management standard for rent affordability is that no more than 50% of household income should be used for rent. Exceptions can be made only if the applicant will be receiving subsidy.

The number of members in a household, relative to the size of the apartment, must meet local and/or state housing standards. To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in a rental unit. Occupancy policies set standards regarding the number of persons that can be adequately housed in a unit of a particular size. In developing the occupancy policy for each unit, the owner will take into account the following:

- State and local codes regarding the number of persons permitted to dwell in a unit of a particular size;
- The size of the rooms in the particular unit;
- Procedures for sizing households for different unit types (How to consider temporarily absent households members); and
- The order in which the property will house eligible applicants and re house existing tenants.
- A tenant who is disabled will not be considered over house if the tenant requests and additional room for a live-in aid or an apparatus related to the tenants disability.
-

In determining these restrictions Tama we adhere to all applicable Fair Housing laws.

Credit Checks must not contain any of the following:

1. Unpaid landlord judgments or evictions,
2. Unpaid utility collections, or
3. Extensive history of bad checks.

Criminal History:

All applicants must consent to a criminal background investigation, which will be conducted in accordance with the Fair Credit Reporting Act, as amended.

The results of this investigation, along with other qualifying factors, will determine whether the applicant is qualified to lease the apartment.

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With respect to criminal history, and applicant shall not be approved based on any of the following information:

1. Any applicant or household member is currently engaging in or has engaged in during a reasonable time as determined by the owner or Gardener Management before the submission of the application of any of the following:
 - a. Drug related criminal activity,
 - b. Violent criminal activity,
 - c. Other criminal activity that would threaten the health, safety, or peaceful enjoyment of the property by other residents; or
 - d. Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, sub-contractor or agent of the owner, or Gardener Management who is involved in the management and/or maintenance of the property.
2. If the applicant or household member was the victim in the past 3 years from federally assisted housing for drug related criminal activity (unless the evicted member has successfully completed an approved supervised drug rehabilitation program or the family member who was responsible for the eviction is not part of the application).
3. An applicant or household member who is currently engaging in the illegal use of drugs or whose illegal use of drugs or pattern of illegal use of drugs would likely interfere with the health, safety, or peaceful enjoyment of the property by other residents.
4. An applicant or household member is subject to a state sex offender lifetime registration requirement.
5. An applicant or household member for whom there is reasonable cause to believe that a household members abuse or pattern of abuse of alcohol interferes with the health, safety, and peaceful enjoyment of the community by other residents (this provision will be enforced consistent with the fair housing act; the fact that the applicant has an alcohol problem is not grounds, by itself, to deny the application).

Reconsideration

If you receive a denial due to information obtained from your criminal history screening and feel that you have new supporting information to add for reconsideration, please submit a request in writing with any supporting documentation to the site manager.

Our community is a no pet community.

Previous rental history reports from landlords must reflect timely payment, sufficient notice of intent to vacate, and no complaints regarding noise, disturbances, or illegal activities, no unpaid NSF checks and no damage to unit or failure to leave the property clean and without damage at time of lease termination.

Applicants will be required to pay a security deposit at the time of lease execution. Applicants must be able to put utilities in their name and be able to pay any utility deposits that may be required.

Our company policy is to report all non compliance with terms of your rental agreement or failure to pay rent, or any amount owed to the collection agency and to the credit bureau.

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The purpose of this policy outlined at 7 CRF 3560. 155 (e) and HB-2-3560. Asset Management Handbook Chapter 6, concerning Occupancy Policies in Rural Development section 515.

Assigning an Available Unit:

Once a unit becomes available, the borrower must decide who is entitled to that unit based on a variety of factors. Eligible tenants residing in the property who are either under or over-housed receive priority over new applicants if relocating them into the newly vacant unit would bring the household in to compliance with the occupancy policy for the property. If there are no such over or under-housed existing tenants, the borrower must use the universe, the borrower must determine, based on income levels and proprieties, which applicant is entitled to the unit. The order in which applicant households are entitled to housing depends on two factors:

- The income level of the household; and
- The properties for which the household may qualify.

When an applicant first submitted an application, the borrower made an initial determination as to whether the household was very low-, low-, or moderate- income. Based on this assessment, the applicant was assigned to the very low-, low-, or moderate-income waiting list. When looking for the next eligible tenant for the vacant unit, the borrower must first go to the very low-income waiting list. If there are no applicants on the very low-income waiting list who qualify for the vacant unit based on the property's occupancy policy, then the borrower may go to the low-income a waiting list. Only if there are no eligible applicants for the unit on the low-income waiting list may the borrower select an eligible applicant from the moderate income waiting list.

We are an equal opportunity housing provider. We fully comply with all Federal Fair Housing laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, age, marital status, height, weight, or sexual orientation and reprisal. We comply with all state and local Fair Housing laws.

Please sign and date this letter and return with application(s).

Head of Household Signature

Date

Co-Head of Household Signature

Date

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Full Nondiscrimination Statement (English)

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, audiotape, 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 [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.

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Declaración completa de no discriminación (español) / Full Nondiscrimination Statement (Spanish)

De acuerdo con la ley federal de derechos civiles y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe al USDA, sus agencias, oficinas y empleados, e instituciones que participan o administran los programas del USDA, discriminar por motivos de raza, color, origen nacional, religión, género, identidad de género (incluidas las expresiones de género), orientación sexual, discapacidad, edad, estado civil, estado familiar/parental, ingresos derivados de un programa de asistencia pública, creencias políticas, o represalias o represalias por actividades previas sobre derechos civiles, en cualquier programa o actividad llevados a cabo o financiados por el USDA (no todas las bases se aplican a todos los programas). Las fechas límite para la presentación de remedios y denuncias varían según el programa o el incidente.

Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información sobre el programa (por ej., Braille, letra grande, cinta de audio, lenguaje americano de señas, etc.) deberán comunicarse con la Agencia responsable o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisiones al (800) 877-8339. Asimismo, se puede disponer de información del programa en otros idiomas además de inglés.

Para presentar una denuncia por discriminación en el programa, complete el Formulario de denuncias por discriminación en el programa del USDA, AD-3027, que se encuentra en línea en [filing.cust.html](#), o en cualquier oficina del USDA, o escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncias, llame al (866) 632-9992. Envíe su formulario completado o su carta al:

- (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.

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Maple Tree Apartments

Address: 400 Grant St. - Office, East Tawas, MI 48730

Phone: (989) 362-4971 / Fax: (989) 362-5558

Email: info@mapletreeaptsetawas.com / Web: www.mapletreeaptsetawas.com

T.D.D. Phone Number 711

**APPLICANT PLEASE SIGN BOTTOM OF PAGE WHERE INDICATED ONLY –
DO NOT FILL IN FORM**

VERIFICATION OF RENTAL HISTORY

TO: _____ (Current/Past Landlord)

RE: _____ (Tenant)

The above identified person has applied for residency at Maple Tree Apartments and has indicated to us that you now have (or recently had) this family as a tenant in your property located at:

As indicated by the signature below the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below. Thank You.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE TENANT’S RENTAL HISTORY:

1. How long has the above tenant resided at this address? _____
2. How many bedrooms? _____
3. What is the monthly rental? _____
4. Has the tenant ever been behind in the payment of the monthly rent? _____
5. How often has the tenant been late in the payment of the monthly rent? _____
6. Has any action ever been taken against the tenant for failure to pay the monthly rent or other charges? _____
If so, what type of action? _____
7. What type of damages, if any, has the tenant caused in the unit or on common property? _____

8. Has the tenant been charged for any damages to the unit? _____
If so, how much? _____
9. Has any action ever been taken against the tenant for disturbing other tenants, or controlling the behavior of other household members or guests? _____ If so, what type of action? _____

10. If this tenant moved and reapplied for housing in the future, would you rent to him/her again? _____ If not, Why? _____
11. Additional Comments: _____

DATE: _____ SIGNATURE _____

TITLE: _____ PHONE NUMBER _____

TENANT SIGNATURE: _____

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