

## Live Downtown Grand Rapids Application Disclaimer

This information provides important components to review in order to understand critical items during the application process with the company. Failure or refusal to accept these terms will prohibit the applicant to continue with the application process.

Unit selection is subject to change based on availability or any unforeseen circumstances. Management reserves the right to change unit selection even after the hold fee has been placed on a specific unit; based on the availability of any properties or for any reasons deemed necessary by the management company. Applicant acknowledges that unit selection is subject to change and understands that preferences for specific communities and floor plans will be taken into consideration, but not guaranteed and holds the management company and owner(s) harmless. Holding fee can be refunded in this circumstance if applicant elects to not move forward with substituted unit. Applicant must provide written notification to leasing office within 3 business days of offer.

Applicant agrees that by applying they are applying to all properties within Live Downtown Grand Rapids portfolio. Management will take into consideration preferences, but cannot guarantee specific properties, floor plans, view or any other preferences notated on the application agreement. The applicant will be offered up to three apartment homes (if needed). If the applicant chooses not to accept and exceeds the amount permitted they will be automatically canceled and removed from the waiting list.

Applicant acknowledges that management is required to verify all items applicable to the MSDHA Checklist provided in the application agreement. Applicant acknowledges that all information disclosed in the application will be verified directly with the employer and/or the educational institution. Applicant acknowledges that if an employer and/or educational institution is non responsive or not accurate they will hold the management company and owner(s) harmless. Applicant acknowledges that any information on the MSHDA Checklist that is not true and accurate, falsified, or not disclosed during the application process will result in the application being denied.

Applicant acknowledges that if management deems application ineligible based on initial employment verifications, applicant cannot review with employer and send additional verifications.

Applicant acknowledges that they will not post anything known or unknown during the application process privately or publicly on social media\* that is an intentional or unintentional manner to effect the property or its employees adversely. If applicant or applicants family posts information intended to defame the property \*Social media includes all means of communicating or posting information or content of any sort on the internet, including your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, as well as any other form of electronic communication and its employees the applicant is subject to denial and/or legal proceedings.

By checking this box, my household agrees to the conditions above and acknowledges each statement as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION PACKAGE (TC)

### Please read before completing application

Thank you for your interest in our apartment communities within Downtown Grand Rapids!

Here are a few important details to know about our application process:

- Each household member who is 18 years or older is required to fill out an application.
- There is a **\$60** fee per each household member who is 18 years or older at the time of the application being submitted.
  - You may also choose to pay by check, money order, debit or credit card. We do not accept cash.
- We need copies of:
  - Driver's license/State ID
  - Social security cards for all household members
  - 1 most recent pay stub from everyone over the age of 18
  - Birth certificates for all household members under the age of 18

We look forward to saying "Welcome Home!". Please call/text if you have any questions or concerns.

Thank you,  
Live Downtown Grand Rapids

Call/Text: (616)431-4417  
Fax: (616) 582-6061  
[info@livedowntowngrandrapids.com](mailto:info@livedowntowngrandrapids.com)  
[www.livedowntowngrandrapids.com](http://www.livedowntowngrandrapids.com)

**Please call/text (616) 431-4417 to set up an appointment with the Leasing Consultant to return the application:**

**LiveDowntownGrandRapids Leasing Office  
101 South Division Avenue  
Grand Rapids, MI 49503**



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TTY/TDD 1-800-649-3777

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**WHAT IS THE RESIDENT CRITERIA?**

**Maximum Gross Income / Year / Per Property (\*)**

Household size	Division Park Avenue	Metropolitan Park	101 South Division; 26 Cherry Street; 205 South Division Avenue; 240 Ionia Avenue, 345 State Street; 834 Lake Drive; 20 Fulton East
1 person	\$29,400	\$30,840	\$29,400
2 persons	\$33,600	\$35,220	\$33,600
3 persons	\$37,800	\$39,600	\$37,800
4 persons	\$41,940	\$43,980	\$41,940
5 persons	\$45,300	\$47,520	n/a
6 persons	\$48,660	\$51,060	n/a

(\*) 2018 HUD Published Information.

REQUIREMENTS SUBJECT TO CHANGE BASED ON REQUIREMENTS RELEASED FROM HUD AND MSHDA

If your household falls below the maximum income listed as stated above, your household can potentially qualify within our communities!

**Everyone over the age of 18 must submit an individual application to qualify their household**

We will be doing a credit check, background check, and housing history. In order for a household to qualify, the following criteria must be met:

**Credit Check:**

- If a bankruptcy has been filed, the household would be denied
- If utilities are owed, the household would be denied
- If there are judgements, the household would be denied
- If there are any amounts in collections, the household will be denied

**Background Check:**

- Misdemeanors need to be 2 years or older
- Felonies need to be 10 years or older
- Any drug, sex, or violent related charges will deny the household
- Three or more Civil Infractions which are non-drug related
- Civil Infractions which are drug related

**Housing History:**

- Any evictions will deny the household
- Owing any previous landlords will deny a household

**Student Status:**

- We cannot rent to household where all members in the household are full time students unless specific conditions are met. Please contact our leasing office at [info@livedowntowngrandrapids.com](mailto:info@livedowntowngrandrapids.com) for further details.



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## Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights. It is valid for 120 days

App Fee Paid \$ _____
--------------------------

Today's Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> 20 Fulton East   | <input type="checkbox"/> 26 Cherry Street | <input type="checkbox"/> 101 South Division | <input type="checkbox"/> 205 South Division | <input type="checkbox"/> 240 Ionia Avenue |
| <input type="checkbox"/> 345 State Street | <input type="checkbox"/> 834 Lake Drive   | <input type="checkbox"/> Division Park Ave  | <input type="checkbox"/> Metropolitan Park  | <input type="checkbox"/> Serrano Lofts    |
- Unit Size (check one)     1    2    3                      Unit Type (check one)    Apartment    Loft    Townhome

Preferred Move In Date? \_\_\_\_\_ Preferred rental budget? \_\_\_\_\_

How did you hear about us? (Check one)    Drive By    Internet    Property Website    Referral: \_\_\_\_\_

Have you or any member of the household ever been a resident of any of the properties above?    Yes    No

If Yes: Property \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Do you have a Spouse and/or Significant Other who will be applying to live in the apartment with you?    Yes    No

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

**Please list all persons that will occupy the residence (NOTE: One Application per 18 yr or older household member)**

Name <small>(First, Middle Initial, Last)</small>	Maiden Name <small>(If Applicable)</small>	Relationship <small>(i.e. co-head, child)</small>	Date of Birth <small>Month, Day, Year</small>	Social Security Number
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				

### Applicant's Housing History

<b>Current Address</b> _____  <b>Date:</b> <b>From:</b> _____ <b>Rent</b> _____ <b>To:</b> _____ <b>Reason for Moving:</b> _____ <b>Current Landlord:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____	<b>Previous Address</b> _____  <b>Date:</b> <b>From:</b> _____ <b>Rent</b> _____ <b>To:</b> _____ <b>Reason for Moving:</b> _____ <b>Landlord:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____
<b>Previous Address</b> _____  <b>Date:</b> <b>From:</b> _____ <b>Rent</b> _____ <b>To:</b> _____ <b>Reason for Moving:</b> _____ <b>Landlord:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____	<b>Previous Address</b> _____  <b>Date:</b> <b>From:</b> _____ <b>Rent</b> _____ <b>To:</b> _____ <b>Reason for Moving:</b> _____ <b>Landlord:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____

**If you have resided at additional addresses within the past five (5) years, Please attach Previous Address Information on a separate sheet.**

Do you expect any additions to the household within the next twelve months?    Yes    No

If "yes", please explain: \_\_\_\_\_

Do you have full custody of your child(ren)?    Yes    No    N/A

Is there anyone living with you now who won't be living with you at this property?    Yes    No

If "yes", please explain \_\_\_\_\_



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Are there any absent household members who under normal conditions would live with you?  Yes  No

If "yes", please explain: \_\_\_\_\_

Are you or any other household members separated but not divorced from their spouse?  Yes  No

If "yes", please explain: \_\_\_\_\_

Are you or any other household members (including minors) currently a part or full-time student or expect to be one in the next 12 months?  Yes  No If Yes, who and when: \_\_\_\_\_

Have you or any other household members (including minors) been a part or full-time student in the past 12 months?  Yes  No If Yes, who and when: \_\_\_\_\_

Have you or any member of your household lived in subsidized (tenant or property based voucher) housing?  Yes  No If Yes, when and where: \_\_\_\_\_

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes  No If Yes, please explain: \_\_\_\_\_

Employment	
1 <sup>st</sup> Position	2 <sup>nd</sup> Position (if applicable)
Employer _____	Employer _____
Address _____	Address _____
Phone _____	Phone _____
Length of Employment _____	Length of Employment _____
Position Held _____	Position Held _____
Supervisor: _____	Supervisor: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hrs/Wk _____	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hrs/Wk _____
<b><i>If employment is <u>LESS</u> than one year, please provide previous employer, address, phone and length of employment on separate paper.</i></b>	

Do you or any other household members expect any changes to your income in the next 12 months?  Yes  No  
If Yes, please explain: \_\_\_\_\_

Have you or anyone else named on this application filed for bankruptcy?  Yes  No  
If Yes, what year and please explain: \_\_\_\_\_

Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  Yes  No If Yes, please explain: \_\_\_\_\_

Have you or anyone else named on this application been convicted of dealing, manufacturing or in possession of illegal drugs?  Yes  No If Yes, please explain: \_\_\_\_\_

Have you or anyone else named on this application been convicted of a misdemeanor for any offense?  Yes  No  
If Yes, please explain: \_\_\_\_\_

Have you or anyone else named on this application been convicted of a felony for any offense?  Yes  No  
If Yes, please explain: \_\_\_\_\_

Does your household have or anticipate having any pets?  Yes  No  
If Yes, How Many pets \_\_\_\_\_ and please explain type of pet(s): \_\_\_\_\_

Does your household have or anticipate requesting a Service Animal/Emotional Support Animal?  Yes  No  
If yes, please provide details on this request: \_\_\_\_\_

Own a car?  Yes  No Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ Color \_\_\_\_\_

Second car?  Yes  No Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ Color \_\_\_\_\_

Have you or any other household members disposed or given away any asset(s) for LESS than fair market value within the past two years?  Yes  No If Yes, please list asset and value received: \_\_\_\_\_

Are you or any other ADULT household member claiming zero income?  Yes  No  
If Yes, please list who and an explanation: \_\_\_\_\_



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Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: \_\_\_\_\_ Amount/month: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount/month: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount/month: \$ \_\_\_\_\_

Provide your banking, credit and/or asset type of information below:

Type of Assets	Name of Institution	Phone Number	Rate Of Interest
1.			
2.			
3.			
4.			
5.			

**PERSONAL REFERENCES:** List 3 references that we can call for a personal reference (**only one can a relative**):

Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

Are you and all other household members United States Citizens?  Yes  No If "no", please list who and an explanation: \_\_\_\_\_

**CERTIFICATION**

I certify that this will be my permanent residence and do not or will not maintain a separate subsidized rental unit in a different location. I understand that I must pay a security deposit for this apartment prior to occupancy. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income, household size, student status).

I authorize my consent to have management verify the information contained in this application for purpose of proving my eligibility for occupancy. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Section 8 and/or Housing Credit Programs.

I consent to release the necessary information to determine my eligibility. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable, and any other information required for expediting this process.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that any such actions may result in criminal penalties.

**APPLICANT must sign below:**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**PENALTY FOR MISUSE OF THIS FORM:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, the PHA, and/or any other owner (or any employee of HUD, the PHA, or the Owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based upon the use of this 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. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the Owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at 42 U.S. Code 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S. Code 408 (f), (g) and (h).



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# NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Apartment Community/Owner/Management Agent Requesting Information:

<input type="checkbox"/>	20 Fulton East	<input type="checkbox"/>	345 State Street
<input type="checkbox"/>	26 Cherry Street	<input type="checkbox"/>	834 Lake Drive
<input type="checkbox"/>	101 South Division	<input type="checkbox"/>	Division Park Avenue
<input type="checkbox"/>	205 South Division Avenue	<input type="checkbox"/>	Metropolitan Park
<input type="checkbox"/>	240 Ionia Avenue	<input type="checkbox"/>	Serrano Lofts

City Grand Rapids State MI  
Phone (616) 643-8500 Fax (616) 582-6061

## Who Must Sign the Consent Form?

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable.

In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

## Acknowledgement:

By signing this consent form, I am authorizing the Apartment Community/Owner/Management Agent of the housing community for which I am applying (listed above) to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing and will be kept confidential and will not be released outside of this scope. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information which I have provided on my original application for housing.

Applicant /Resident  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Resident  
Name (Please Print) \_\_\_\_\_

This release for information will expire thirteen (13) months from the date of signature.

## PENALTY FOR MISUSE OF THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, the PHA, and/or any other owner (or any employee of HUD, the PHA, or the Owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based upon the use of this 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. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the Owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at 42 U.S. Code 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S. Code 408 (f), (g) and (h)



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## AUTHORIZATION FOR BACKGROUND/CREDIT CHECK

**NOTICE TO APPLICANTS:** The information requested below is for the sole purpose of conducting a background/credit investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing within the checked apartment community:

- 20 Fulton East    
  26 Cherry Street    
  101 South Division    
  205 South Division    
  240 Ionia Avenue  
 345 State Street    
  834 Lake Drive    
  Division Park Ave    
  Metropolitan Park    
  Serrano Lofts

(further referred as "Apartment Community"). It is the Apartment Community's policy to evaluate any adverse information obtained in the background/credit investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name (*no nicknames*) \_\_\_\_\_

Maiden Names(s), Nickname(s), Other Name(s) (*please include dates used*) \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License / State ID Number \_\_\_\_\_ State \_\_\_\_\_

**ALL ADDRESSES FOR THE LAST SEVEN (7) YEARS – Starting with Present Address First**

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

Street Address	City	State	Zip	Years From-To
1. _____ / _____ / _____ / _____ / _____				
2. _____ / _____ / _____ / _____ / _____				
3. _____ / _____ / _____ / _____ / _____				
4. _____ / _____ / _____ / _____ / _____				

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for housing applied for and the information given by me herein. In reference to being considered for housing, I release the Apartment Community, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from the Apartment Community is based upon my successful completion of the background/credit screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one (1) year from the date of signing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

APPROVED    
  APPROVED With CONDITONS    
  DECLINED    
 By (initials): \_\_\_\_\_ 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 or an emancipated minor.**

Name:	Unit Number:
-------	--------------

	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 some time during the upcoming twelve-month period. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Dates</b> _____

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 or operate my own business. (List the types of jobs you do.)
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider.
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	<b>COMPLETE EACH ITEM:</b>
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements?
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
<b>CHILD SUPPORT</b>			
30			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
31			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.
32			I anticipate filing a claim for child support within the next twelve months.

<b>ASSETS</b>			
(Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or pay card on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)?
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties?
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.
53			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.

	Yes	No	<b>COMPLETE EACH ITEM:</b>
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe)

<b>ALLOWANCES / DEDUCTIONS</b> (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			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.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			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, DHS pays <input type="checkbox"/> full <input type="checkbox"/> partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.

<b>OTHER ITEMS</b>			
65			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.)

<b>DISPOSAL / DIVESTITURE OF ASSETS</b> (all tenants and prospective residents in all types of projects must complete the section below)			
66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <b>Initial</b> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets 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>

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 / Tenant Signature

\_\_\_\_\_  
Date

