

Preliminary Rental Application

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

Community Grandview Marquette Office Phone (906) 228-6522 ext. 110 Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

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

Would you request a disability adjustment to income? **Yes** or **No**

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Current Marital Status: Unmarried Married Widowed Separated Divorced

Do you have any pets: No Yes. If yes, please list type of pet: _____

How were you referred to our community? _____

Applicant's History	
Applicant:	Co-Applicant
Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____	Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____
Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____
Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____

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



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

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Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

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

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

Provide asset information below: (also include Checking account, savings account, CD, etc.)

Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Have you disposed of any assets in the last two years? **Yes** or **No**

If "yes", please list asset and value received: _____

Do you own a car? _____ Model/Year _____ License # _____

Do you own a second car? _____ Model/Year _____ License # _____

Are you a full-time student? **Yes** or **No**

Are any members of your household full-time students? **Yes** or **No**

PERSONAL REFERENCES: List 3 people (not related to you) that we can call for a personal reference:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			



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**Race and Ethnic Data
Reporting Form**

**U.S. Department of Housing
and Urban Development**
Office of Housing

OMB Approval No. 2502-0204
(Exp. 6/30/2017)

Grandview Marquette Name of Property	5201 Project No.	600 Altamont St, Marquette, MI 49855 Address of Property
--	----------------------------	--

KMG Prestige Name of Owner/Managing Agent	LIHTC Type of Assistance or Program Title:
---	--

Name of Head of Household	Name of Household Member
----------------------------------	---------------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to

complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9/2003)



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DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or Grandview Marquette Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
 Housing at Grandview Marquette Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.

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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC, and/or Grandview Marquette Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Applicant

Date



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AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background 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 with KMG Prestige. It is KMG Prestige's policy to evaluate any adverse information obtained in the background 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 <i>(no nicknames)</i> _____					
Maiden Names(s), Nickname(s), Other Name(s) <i>(please include dates used)</i> _____			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Social Security Number _____		Date of Birth _____			
Driver's License Number _____		State _____			
Is Your Driver's License Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ <i>Please give details</i>					
All addresses for the last 7 years: <i>(Street / City / County / State / Years From-To)</i>					
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	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
5.	_____ /	_____ /	_____ /	_____ /	_____ /
6.	_____ /	_____ /	_____ /	_____ /	_____ /
List ALL States you have ever resided in:					
_____		_____			
_____		_____			
_____		_____			
_____		_____			
<small>(attach additional pages if necessary)</small>					

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, 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 concerning my employment based on such information. 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 KMG Prestige is based upon my successful completion of the background 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 year from the date of signing.

X		
	Signature	Date



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Applicant	
Previous Address: _____ _____	
Date: From: _____	Rent: _____
To: _____	
Reason for Moving: _____	
Previous Landlord: _____	
Address: _____	
Phone: _____	
Previous Address: _____ _____	
Date: From: _____	Rent: _____
To: _____	
Reason for Moving: _____	
Previous Landlord: _____	
Address: _____	
Phone: _____	
Previous Address: _____ _____	
Date: From: _____	Rent: _____
To: _____	
Reason for Moving: _____	
Previous Landlord: _____	
Address: _____	
Phone: _____	

CHECKLIST

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

Name: _____ Unit: _____
 Phone: _____ Email: _____

	YES	NO	COMPLETE EACH ITEM	
1.			I am a citizen of the United States or a permanent legal resident.	
2.			A member of my household is subject to a registration requirement under a state sex offender program.	
3.			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	126
4.			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ Name of School: _____	167 & 110
5.			I was a student sometime during the current calendar year. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____ I anticipate becoming a student some time during the upcoming twelve-month period. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____	167 & 110

	YES	NO	INCOME	
6.			I have a job and receive money/wages, tips or bonuses. (List the companies that pay you)	131
7.			I am self-employed. (List the name of your company and the type of jobs you do.)	108
8.			I receive or have applied for Social Security or Rail Road Retirement Act income.	Benefit Letter
9.			I receive or have applied for Supplemental Security Income (SSI).	Benefit Letter
10.			I receive quarterly payments from DHS for the State-paid portion of a SSI grant (Quarterly SSI).	148
11.			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Benefit Letter
12.			I receive/expect to receive periodic payments from retirement funds or pensions. How many funds or pensions? _____ List name(s) of fund or pension provider.	144
13.			I receive or have applied for disability or death benefits other than Social Security.	127
14.			I receive or have applied for Veteran's Administration benefits.	171
15.			I receive Public Assistance (other than Food Assistance (FAP) and Medicaid)	148
16.			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	116
17.			I receive or have applied for unemployment benefits.	170
18.			I receive or have applied for periodic payments from Workers' Compensation.	127
19.			I receive periodic payments from a trust, annuity or inheritance. If yes, from how many sources?	169/111
20.			I receive income from rental of real estate or personal property.	Current Lease
21.			I receive periodic payments from lottery winnings.	135
22.			I receive adoption assistance payments.	101
23.			I receive alimony.	120
24.			I receive GI Bill benefits.	Benefit Letter
25.			I receive military active duty allotments.	138
26.			I am a member of an Indian Tribe receiving gaming payments.	214



	YES	NO	INCOME (continued)	
27.			I receive periodic payments from insurance policies, if yes, how many policies? _____	
28.			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.	127
29.			I receive other recurring or periodic income not listed above. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe:	167

	YES	NO	CHILD SUPPORT	
30.			I receive child support. From how many parents do you receive support? _____	120 / FOC Print Out
31.			Is Child Support Paid Directly to DHS?	148 / FOC Print Out
32.			I have been awarded a judgment for child support but have not been receiving payments.	120 / FOC Print Out
33.			I have been awarded a judgment and reasonable efforts have been made to collect the amounts due including filing with courts or agencies responsible for enforcing the payments? List State _____ and County _____ where granted.	
34.			I anticipate filing a claim for child support within the next twelve months.	105

	YES	NO	ASSETS (Include all assets held or owned in or outside of the United States)	
35.			I have a savings account(s) and/or Money Market Account(s) at: List name(s) of Financial Institution(s) _____	113
36.			I have a checking account(s) at: _____ (List name(s) of Financial institution(s))	113
37.			I have a prepaid card, debit Card, or paycard 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)? _____ List name(s) of Financial institution(s) _____.	
38.			I have certificates of deposit at: _____ (List name(s) of Financial institution(s)) _____	113
39.			I have cash held in my home or in a safety deposit box.	102/107
40.			I have savings bonds. If yes, how many? _____ (Please provide copies)	Treasurydirect .com
41.			I have Treasury Bills. If yes, how many? _____ (Please provide copies)	Treasurydirect .com
42.			I have stocks at: _____ (List name(s) of Financial institution(s))	166
43.			I have a 401k or 403b at: _____ (List name(s) of Financial institution(s))	100
44.			I have bonds at: _____ (List name(s) of Financial institution(s))	166
45.			I have Mutual Funds or securities at: _____ (List name(s) of Financial institution(s))	166
46.			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution(s))	134
47.			I have an annuity(ies) at: _____ (List name(s) of institution(s))	111
48.			I own real estate. If yes, how many properties? _____ Address of Property(ies) _____	152/150
49.			I own a mobile home.	152
50.			I have land contracts. If yes, how many? _____	Amortization Schedule
51.			I hold a mortgage or deed of trust.	151
52.			I have revocable trusts. If yes, how many trusts? _____	Copy of Trust
53.			I have a whole life or universal life insurance policy(ies). If yes, how many policies? _____ at: _____ (List name(s) of institution(s))	172
54.			I have time share certificate (s) at: _____ (List name(s) of institution)	

	YES	NO	ASSETS (continued)	
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(Include all assets held or owned in or outside of the United States)				
55.			I have personal property held for investment purposes (gems, jewelry, collections, etc.).	Appraisal(s)
56.			I have lump sum receipts or one-time receipts.	
57.			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.	
58.			I have joint ownership on one or more of the above assets.	
59.			I have income/assets from sources other than those listed above. (Describe) _____	
60.			A member of my household is under the age of 18 and has assets. (Describe) _____	

COMPLETE EACH ITEM				
(Complete the items below for Section 8, Section 236, Section 202, 811 PRAC, Section 101, Section 221, Moderate and Rural Development Projects Only)				
	YES	NO		
61.			I am a single parent with Joint physical custody and the other parent resides in subsidized housing.	
62.			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.	Benefit Letter
63.			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.	137
64.			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.	137
65.			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.	137
66.			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.	121
67.			Family Independence Agency (FIA) 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.	148
68.			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.	121
69.			I pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance.	137

OTHER ITEMS				
	YES	NO		
70.			I have provided proof of Social Security numbers (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card

DISPOSAL / DIVESTITURE OF ASSETS				
(All tenants and perspective residents in all types of projects must complete the section below)				
	Initial Column			
71.	YES	NO	I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for under Fair Market Value . Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ <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>	103

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



Guest/Waiting List Card

Community Name: Grandview Marquette

Community Address: 600 Altamont St, Marquette, Michigan 49855 Phone 906-228-6522 Ext 110

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ Work Phone #: _____

Email: _____ S.S.#: _____

Date needed: _____ 1 Bedroom Apt 2 Bedroom Apt 3 Bedroom Apartment

Reasonable Accommodation? _____

Are you or any member of the household a student? Yes No

Each person to occupy unit (Including Applicant):

Applicant: I do not wish to furnish the Ethnicity/Race information below (initials) _____

Co-Applicant: I do not wish to furnish the Ethnicity/Race information below (initials) _____

Name	Birth Date	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Landlord: _____ Telephone #: _____

How did you learn about us?

Newspaper _____ Apartment Guide Web site Internet

Employer Outdoor Signs Resident Referral Friend Other _____

Signature of Head of Household: _____ Date: _____

Signature of Co-Head: _____ Date: _____

You must contact this Rental Office every six months in writing in order to remain on the list. You must return in person to this Rental Office, if at any time the information on this card changes. Retain a copy of this form; it is your only proof of application.

EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER
TDD # (800) 649-3777
504 Coordinator (248)646-0202, ext 208

