APPLICATION

Rural Development 515 Program HUD Section 8 Program (Revised 7-2019)

	Da	ite	$Time_{-}$		
1 bdrm 2 bdrm		3 bdrm	4 bdrm		
		Income Level:	VL	L	M
	Family_	Elderly	_ Disable	d	
		Occupan	cy Eligibl	e	
		Tax Cred	dit Eligible	e	

Kent Ridge Apartments, Kent City, MI

Apartment/Project

This is an application for rental housing. Please complete this application **in ink** and return to the location noted at the bottom of the page. All applications are placed in order of date and time received at the site office. An applicant may be interviewed only after a completed tenant application is received at the site office. All applications, whether complete, eligible or ineligible, will be placed on the list.

GENERAL INFORMATION

Applicant Name:	Co-Applica	-Applicant Name:				
river's License Number: Driver's License Number:						
Mailing Address:Street / P.O. Box	Apt. #	City	State	Zip		
Current Address: Street / P.O. Box	Apt. #	City	State	Zip		
Telephone Number ()	No. 0	of bedrooms in current home				
Do you own or rent?	If rent, amount of c	urrent monthly rent payment \$				
Check Utilities Paid by You:						
☐ Heat approx. monthly	cost \$	☐ Gas approx. monthly cost \$				
☐ Electricity approx. monthly	cost \$	\square Other approx. monthly cost \$				
Bedroom Size Requested: ☐ One	Bedroom ☐ Two Bedrooms ☐	Three Bedrooms				
Name of Applicant's Employer:		Phone ()				
Complete Address		Dates of Employment	to			
Name of Co-applicant's Employer: _		Phone ()				
Complete Address		Dates of Employment	to _			
How did you hear about this housing	1 2					

Red Oak Management Co., Inc. is an equal opportunity provider.



TDD/TTY: 711



Income Checklist

Kent Ridge	Apartments
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Please complete a separate form for each household member 18 years of age and older.

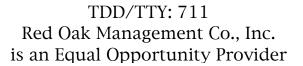
Yes	No	Check Yes or No and Fill in Amount	Amount or Cash Value	#
		I receive income from employment		1
		I receive Public Assistance/Welfare/DHS/FIP		2
		I receive Supplemental Security Income (Michigan SSI)		2
		I receive Supplemental Security Income (Federal SSI)		1
		I receive Social Security benefits		1
		I receive Medicare		2
		I receive Disability or Death benefits (SSA)		2
		I receive Veteran's Administration benefits/G.I. Bill		2
		I receive unemployment benefits		2
		I receive assistance from relatives		2
		I receive payments from retirement funds or pensions		1
		I receive Workman's Compensation		,
		I receive Child Support/Alimony		
		I have disposed of assets within the last two years		4
		I receive payments from trusts or annuities		4
		I have real estate, land contracts or a mobile home		4
		I receive income from real estate or personal property		
		I have stock(s)		
		I have bonds		
		I have a Whole Life Insurance policy		1
		I have a savings account(s)		(
		I have a checking account(s)		(
		I have a CD account(s)		(
		I have an IRA account(s)		(
		I have a 401(k)		(
		I am a student		,
XPENSES -	(CIRCLE YE	S OR NO)		
VEC N	O I nov obil	ld core ormances (Not shild summert)		
YES N		ld care expenses (Not child support) abled dependent care		
YES N		e of incapacitated spouse		
120 1	o ipuj tur	or marpharinata operate		
ese deductio	ons will be lim	ited to expenditures actually paid.		
ese expendi	tures can only	be claimed if both tenant and co-tenant are gainfully employed.		
		Disabled, Handicapped Households Only.) CIRCLE YES OR NO		1
YES N		dical expenses or insurance premiums from my own pocket and		
	they are	NOT REIMBURSED BY INSURANCE.		

I hereby certify that to the best of my knowledge, all statements are true and complete, and when circumstances change I will notify
management for possible recertification. I realize false statements are fraudulent and are criminal offenses which are punishable by
fine or imprisonment or both.

Signature Date

Saved As: Income Checklist Updated: 07/19/2019







Income Checklist

Kent Ridge	Apartments
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Please complete a separate form for each household member 18 years of age and older.

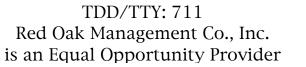
Yes	No	Check Yes or No and Fill in Amount	Amount or Cash Value	#
		I receive income from employment		
		I receive Public Assistance/Welfare/DHS/FIP		2
		I receive Supplemental Security Income (Michigan SSI)		2
		I receive Supplemental Security Income (Federal SSI)		2
		I receive Social Security benefits		2
		I receive Medicare		2
		I receive Disability or Death benefits (SSA)		1
		I receive Veteran's Administration benefits/G.I. Bill		1
		I receive unemployment benefits		2
		I receive assistance from relatives		2
		I receive payments from retirement funds or pensions		1
		I receive Workman's Compensation		
		I receive Child Support/Alimony		
		I have disposed of assets within the last two years		
		I receive payments from trusts or annuities		4
		I have real estate, land contracts or a mobile home		
		I receive income from real estate or personal property		4
		I have stock(s)		
		I have bonds		
		I have a Whole Life Insurance policy		1
		I have a savings account(s)		(
		I have a checking account(s)		(
		I have a CD account(s)		(
		I have an IRA account(s)		
		I have a 401(k)		(
		I am a student		,
PENSES -	(CIRCLE YE		I	
TIEG N		47 . 1711		
YES N		d care expenses (Not child support)		
YES N		abled dependent care e of incapacitated spouse		
IES IV	O I pay care	to i incapacitated spouse		
ese deductio	ons will be lim	ited to expenditures actually paid.		
		be claimed if both tenant and co-tenant are gainfully employed.		
EDICAL -	(For Elderly, I	Disabled, Handicapped Households Only.) CIRCLE YES OR NO		
YES N		lical expenses or insurance premiums from my own pocket and		'
120 11		NOT REIMBURSED BY INSURANCE.		

I hereby certify that to the best of my knowledge, all statements are true and complete, and when circumstances change I will not	tify
management for possible recertification. I realize false statements are fraudulent and are criminal offenses which are punishable	by a
fine or imprisonment or both.	

Signature Date

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Household Income Sheet

Name		Address				Unit	-
ā .	LEASE LIST	PLEASE LIST YOURSELF, ALL	DEPENDENT	S AND PERSO	, ALL DEPENDENTS AND PERSONS LIVING WITH YOU	n n	
Name Last First	Middle	Relationship	Birth Date	Place of Birth	Social Security No.	Occupation	Annual Income
						-	
						TOTAL	
nitial Please I/We certify that the total shown above is our total expected family income for the next twelve months.	total shown a	above is our total exp	pected family	income for the n	ext twelve months.		
Do you anticipate any changes in your income i	ny changes in	your income in the r	in the next 6 months?	? Yes or No			
If Yes, please explain:	in:						
Does anyone live wit	th you now or	Does anyone live with you now or plan to live with you in the future who is not listed above?	u in the future	who is not listed	Yes or	No	
If Yes, please explain:	in:						
I/We understand that	at false inforn	nation will place me/	'us in violatior	of the terms of	I/We understand that false information will place me/us in violation of the terms of the lease and render me/us liable for prosecution.	ne/us liable for p	rosecution.
Applicant Signature		C0-7	Co-Applicant Signature	ature		Date	

Saved as: Household Income Sheet Updated: 07/19/2019

Red Oak Management Co., Inc. is an equal opportunity provider

Equal Housing Opportunity TDD/TTY: 711

ASSET INFORMATION CIRCLE Yes or No

illegal drugs? Yes or No

Whole Life Insurance Policy #	Cash value of Whole Life Insurance Policy \$
2. Universal Life Insurance Policy #	
3. Real Estate Property: Do you own any property? Yes or	
If yes, Type of property	
	Amount of annual insurance premium \$
Mortgage or outstanding loans balance	e due \$ Amount of most recent tax bill \$
4. Have you sold/disposed of any property in the last 2 years?	Yes or No
If yes, Type of property	
Market value when sold/disposed \$ _	
Amount sold/disposed for \$ _	
Date of transaction	
5. Have you disposed of any other assets in the last 2 years (E	
accounts)? Yes or No	
If yes, Describe asset	
Date of disposition	Amount disposed \$
6. Do you have any other assets not listed above (excluding pe	
If yes, List	
, ,	
PROGRAM INFORMATION FOR ALL HOUSEHOLD MEMBE	RS CIRCLE Yes or No
1. Do you have a Letter of Priority issued by USDA -Rural De	
	Yes or No
2. Is your current home condemned/substandard? Yes or	
If YES, Describe	
 Are you paying more than 50% of your gross income for re Do you wish to claim a \$400 deduction from your househol 	
tenant or co-tenant is 62 or older or disabled? Yes or N	•
5. Do you wish to have priority for a barrier free unit with spec	
· · ·	dical reasonable accommodation or barrier free unit? Yes or No
7. Would you like to request an adapted unit/barrier free unit?	
8. Are you currently living in subsidized housing? Yes or N	
9. Have you ever resided in a project financed and/or subsidize	
If YES, Name & Address	
10. Have you ever committed fraud in a subsidized housing pro	ogram or been requested to repay money for
misrepresenting information for such housing programs?	Yes or No
If YES, Please explain	
11. Have you ever been evicted from public housing or any oth	er federal housing program? Yes or No
If YES, Where	
12. Has any landlord ever filed a court action and/or lawsuit ag	
If YES, Where	
Describe Reasons	
13. Have you or any other person intending to live in the reside	ence ever been convicted of a felony? Yes or No
If YES, attach statement of explanation	
14. Have you or any other person intending to live in the reside	
45 Have an an arrest barren and the Book Book Book Book Book Book Book Boo	Yes or No
15. Have you or any other person intending to live in the reside	
40. However, on one other names into the test to the	Yes or No
16. Have you or any other person intending to live in the reside	ence ever been convicted of sale, distribution, or possession of

•	an apartment when one is available? e your reasons for applying		
REFERENCE INF	ORMATION - Non-Related Landlord	ls	
Dates Resided	Address		Apt #
to	Home Phone ()	Business Phone ()	
Dates Resided	Address		Apt #
to	Prior Landlord	Business Phone ()	
Dates Residedto		Business Phone ()	'
	y cars, trucks or other vehicles owned ssary for more than one vehicle.)	I. (Parking will be provided for one vehicle.	Arrangements with manage-
	late #	_Year/Make	Color
• •	late #	_ Year/Make	Color
Pets: Do you own	any pets? Yes No		
If Yes, Describe			
NOTE: Data are n	at allowed avaent in decignated alderh	v projects With approved "Accommodation	Deguest for an Assistance

If yes, Full or Part-Time

17. Are you or co-tenant now, or will you or co-tenant become a student? Yes or No

NOTE: Pets are not allowed except in designated elderly projects. With approved "Accommodation Request for an Assistance Animal" application, assistance animals will be accepted.

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 http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442 or

email: program.intake@usda.gov.

CERTIFICATION/AUTHORIZATION/CONSENT

Tenant Signature

I/We hereby certify that I/we do not/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on Rural Development, MSHDA/LIHTC or Section 8 income limits and by Red Oak Management Co., Inc. selection criteria. I/We certify that all information in this application is true 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 herein agree to respond to all requests for verification of any information on this application on or before ten (10) days or I/we agree and acknowledge that my/our application will be withdrawn. I/We certify I/we have not rented housing under any other name and have not used any other social security number other than that which is listed above. Falsified statements shall be grounds for eviction. I/We acknowledge that I/we am/are responsible to inform the site office of any change to any part of this application (i.e. address, phone, income, etc.)

I/We do hereby authorize Red Oak Management Co., Inc. and it's staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Red Oak Management Co., Inc. I/We further authorize Red Oak Management Co., Inc. to verify all information listed on this application.

Co-Tenant Signature

Date:				Date:	
For RD 515 P	rogram Applicants	Only			
Family Househ	old Composition:				
Government, a basis of race, c information, but you in any way	cting through Rural Holor, ethnicity, religion tare encouraged to do	ousing Serven, sex, familion so. This in ose not to f	vice, that Federal al status, age and oformation will not furnish it, the own	Laws prohibiting di disability are comp be used in evaluat	ion is requested in order to assure the Federal scrimination against tenant applicants on the blied with. You are not required to furnish this ing your application or to discriminate against te the race/ethnicity and sex of individual ap-
Applicant: I de	o not wish to furnish th	he following	g information: Init	ials	
Applicant	HISPANIC/LATINO	NON-HI	SPANIC/LATINO	MALE/FEMA	ALE (M OR F)
Applicant	Am. Indian/ Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White
Co-Applicant:	I do not wish to furni	sh the follo	wing information:	Initials	
Co-Applicant	HISPANIC/LATINO	NON-HI	SPANIC/LATINO	MALE/FEMA	ALE (M OR F)
Co-Applicant	Am. Indian/ Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White

Rural Development Guidance for the Utilization of the USDA Nondiscrimination Statement

Full Nondiscrimination Statement

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

http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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 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.

USDA is an equal opportunity provider, employer, and lender.