

**APPLICATION**

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

Date \_\_\_\_\_ Time \_\_\_\_\_  
 1 bdrm \_\_\_\_\_ 2 bdrm \_\_\_\_\_ 3 bdrm \_\_\_\_\_ 4 bdrm \_\_\_\_\_  
 Income Level: VL L M  
 Family \_\_\_\_\_ Elderly \_\_\_\_\_ Disabled \_\_\_\_\_  
 Occupancy Eligible \_\_\_\_\_  
 Tax Credit Eligible \_\_\_\_\_

**Houghton Lake Timber Apartments, Houghton Lake, 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-Applicant Name: \_\_\_\_\_

Driver'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. of bedrooms in current home \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If rent, amount of current monthly rent payment \$ \_\_\_\_\_

Check Utilities Paid by You:

Heat approx. monthly cost \$ \_\_\_\_\_  Gas approx. monthly cost \$ \_\_\_\_\_  
 Electricity approx. monthly cost \$ \_\_\_\_\_  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? \_\_\_\_\_

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

TDD/TTY: 711



Mail to the Site Office or  
 Red Oak Management Co., Inc., P.O. Box 799, Cedar Springs, MI 49319  
**Site Mailing Address: P.O. Box 1027, Prudenville, MI, 48651**



# Income Checklist

## Houghton Lake Timber Apartments

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)   |                      | 2  |
|   |           | I receive Social Security benefits   |                      | 2  |
|   |           | 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   |                      | 11 |
|   |           | I receive Workman’s Compensation   |                      | 2  |
|   |           | I receive Child Support/Alimony  |                      | 3  |
|   |           | 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   |                      | 4  |
|   |           | I have stock(s)  |                      | 5  |
|   |           | I have bonds   |                      | 5  |
|   |           | I have a Whole Life Insurance policy   |                      | 10 |
|   |           | I have a savings account(s)  |                      | 6  |
|   |           | I have a checking account(s)   |                      | 6  |
|   |           | I have a CD account(s)   |                      | 6  |
|   |           | I have an IRA account(s)   |                      | 6  |
|   |           | I have a 401(k)  |                      | 6  |
|   |           | I am a student   |                      | 7  |
| <b>EXPENSES – (CIRCLE YES OR NO)</b>  |           |  |                      |    |
| <b>YES</b>  | <b>NO</b> | I pay child care expenses (Not child support)  |                      | 8  |
| <b>YES</b>  | <b>NO</b> | I pay disabled dependent care  |                      | 8  |
| <b>YES</b>  | <b>NO</b> | I pay care of incapacitated spouse   |                      | 8  |
| These deductions will be limited to expenditures <u>actually paid</u> .<br>These expenditures can only be claimed if both tenant <b>and</b> co-tenant are gainfully employed. |           |  |                      |    |
| <b>MEDICAL – (For Elderly, Disabled, Handicapped Households Only.) CIRCLE YES OR NO</b>   |           |  |                      | 9  |
| <b>YES</b>  | <b>NO</b> | I pay medical expenses or insurance premiums from my own pocket <b>and</b> they are <b><u>NOT REIMBURSED BY INSURANCE.</u></b> |                      |    |

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 a fine or imprisonment or both.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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



TDD/TTY: 711  
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 is an Equal Opportunity Provider



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|  |               | I receive Disability or Death benefits (SSA)  |                      | 2  |
|  |               | I receive Veteran's Administration benefits/G.I. Bill   |                      | 2  |
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|  |               | I receive Workman's Compensation  |                      | 2  |
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|  |               | 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  |                      | 4  |
|  |               | I have stock(s)   |                      | 5  |
|  |               | I have bonds  |                      | 5  |
|  |               | I have a Whole Life Insurance policy  |                      | 10 |
|  |               | I have a savings account(s)   |                      | 6  |
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|  |               | I have a 401(k)   |                      | 6  |
|  |               | I am a student  |                      | 7  |
| <b>EXPENSES – (CIRCLE YES OR NO)</b>   |               |   |                      |    |
|  | <b>YES NO</b> | I pay child care expenses (Not child support)   |                      | 8  |
|  | <b>YES NO</b> | I pay disabled dependent care   |                      | 8  |
|  | <b>YES NO</b> | I pay care of incapacitated spouse  |                      | 8  |
| These deductions will be limited to expenditures <u>actually paid</u> .                            |               |   |                      |    |
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| <b>MEDICAL – (For Elderly, Disabled, Handicapped Households Only.) CIRCLE YES OR NO</b>            |               |   |                      | 9  |
|  | <b>YES NO</b> | I pay medical expenses or insurance premiums from my own pocket <b>and</b> they are <b><u>NOT REIMBURSED BY INSURANCE</u></b> . |                      |    |

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 a fine or imprisonment or both.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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



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**Household Income Sheet**

Name \_\_\_\_\_ Address \_\_\_\_\_ Unit \_\_\_\_\_

**PLEASE LIST YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU**

| Name |              | Relationship | Birth Date | Place of Birth | Social Security No. | Occupation | Annual Income |
|------|--------------|--------------|------------|----------------|---------------------|------------|---------------|
| Last | First Middle |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |
|      |              |              |            |                |                     |            |               |

TOTAL \$ \_\_\_\_\_

Initial Please \_\_\_\_\_

I/We certify that the total shown above is our total expected family income for the next twelve months.

Do you anticipate any changes in your income in the next 6 months? Yes or No

If Yes, please explain: \_\_\_\_\_

Does anyone live with you now or plan to live with you in the future who is not listed above? Yes or No

If Yes, please explain: \_\_\_\_\_

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.

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

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Equal Housing Opportunity  
TDD/TTY: 711



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

**ASSET INFORMATION** CIRCLE **Yes** or **No**

1. Whole Life Insurance Policy # \_\_\_\_\_ Cash value of Whole Life Insurance Policy \$ \_\_\_\_\_
2. Universal Life Insurance Policy # \_\_\_\_\_ Cash value of Universal Life Insurance Policy \$ \_\_\_\_\_
3. Real Estate Property: Do you own any property? **Yes** or **No**  
If yes, Type of property \_\_\_\_\_  
Address \_\_\_\_\_  
Appraised market value \$ \_\_\_\_\_ Amount of annual insurance premium \$ \_\_\_\_\_  
Mortgage or outstanding loans balance due \$ \_\_\_\_\_ Amount of most recent tax bill \$ \_\_\_\_\_
4. Have you sold/dispensed of any property in the last 2 years? **Yes** or **No**  
If yes, Type of property \_\_\_\_\_  
Market value when sold/dispensed \$ \_\_\_\_\_  
Amount sold/dispensed for \$ \_\_\_\_\_  
Date of transaction \_\_\_\_\_
5. Have you disposed of any other assets in the last 2 years (Example: Given money to relatives, set up irrevocable trust accounts)? **Yes** or **No**  
If yes, Describe asset \_\_\_\_\_  
Date of disposition \_\_\_\_\_ Amount disposed \$ \_\_\_\_\_
6. Do you have any other assets not listed above (excluding personal property)? **Yes** or **No**  
If yes, List \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM INFORMATION FOR ALL HOUSEHOLD MEMBERS** CIRCLE **Yes** or **No**

1. Do you have a Letter of Priority issued by USDA -Rural Development due to displacement from another property? **Yes** or **No**
2. Is your current home condemned/substandard? **Yes** or **No**  
If YES, Describe \_\_\_\_\_
3. Are you paying more than 50% of your gross income for rent and utilities? **Yes** or **No**
4. Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older or disabled? **Yes** or **No**
5. Do you wish to have priority for a barrier free unit with special design features? **Yes** or **No**
6. Would you or anyone in your household benefit from a medical reasonable accommodation or barrier free unit? **Yes** or **No**
7. Would you like to request an adapted unit/barrier free unit? **Yes** or **No**
8. Are you currently living in subsidized housing? **Yes** or **No**
9. Have you ever resided in a project financed and/or subsidized by the government? **Yes** or **No**  
If YES, Name & Address \_\_\_\_\_
10. Have you ever committed fraud in a subsidized housing program 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 other federal housing program? **Yes** or **No**  
If YES, Where \_\_\_\_\_
12. Has any landlord ever filed a court action and/or lawsuit against you or evicted you from housing? **Yes** or **No**  
If YES, Where \_\_\_\_\_  
Describe Reasons \_\_\_\_\_
13. Have you or any other person intending to live in the residence 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 residence ever been convicted of a criminal sexual conduct crime? **Yes** or **No**
15. Have you or any other person intending to live in the residence ever been listed on any criminal sexual conduct registry? **Yes** or **No**
16. Have you or any other person intending to live in the residence ever been convicted of sale, distribution, or possession of illegal drugs? **Yes** or **No**

17. Are you or co-tenant now, or will you or co-tenant become a student? **Yes** or **No** If yes, Full \_\_\_\_ or Part-Time \_\_\_\_

18. Will you take an apartment when one is available? **Yes** or **No**

19. Briefly describe your reasons for applying \_\_\_\_\_

### REFERENCE INFORMATION - Non-Related Landlords

Current Landlord: Name \_\_\_\_\_

Dates Resided \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) Business Phone ( \_\_\_\_\_ )

Prior Landlords: Prior Landlord \_\_\_\_\_

Dates Resided \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) Business Phone ( \_\_\_\_\_ )

Prior Landlord \_\_\_\_\_

Dates Resided \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) Business Phone ( \_\_\_\_\_ )

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### OTHER REQUIRED INFORMATION

**Vehicles:** List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

**Pets:** Do you own any pets? Yes No

If Yes, Describe \_\_\_\_\_

**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, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov)

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**CERTIFICATION/AUTHORIZATION/CONSENT**

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.

Tenant Signature \_\_\_\_\_ Co-Tenant Signature \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**For RD 515 Program Applicants Only**

Family Household Composition:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, ethnicity, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname.

**Applicant:** I do not wish to furnish the following information: Initials \_\_\_\_\_

|           | HISPANIC/LATINO               | NON-HISPANIC/LATINO | MALE/FEMALE (M OR F)            |   |       |
|-----------|-------------------------------|---------------------|---------------------------------|---|-------|
| Applicant | _____                         | _____               | _____                           | _____                                     | _____ |
|           | Am. Indian/<br>Alaskan Native | Asian               | Black or<br>African<br>American | Native<br>Hawaiian or<br>Pacific Islander | White |
| Applicant | _____                         | _____               | _____                           | _____                                     | _____ |

**Co-Applicant:** I do not wish to furnish the following information: Initials \_\_\_\_\_

|              | HISPANIC/LATINO               | NON-HISPANIC/LATINO | MALE/FEMALE (M OR F)            |   |       |
|--------------|-------------------------------|---------------------|---------------------------------|---|-------|
| Co-Applicant | _____                         | _____               | _____                           | _____                                     | _____ |
|              | Am. Indian/<br>Alaskan Native | Asian               | Black or<br>African<br>American | Native<br>Hawaiian or<br>Pacific Islander | White |
| Co-Applicant | _____                         | _____               | _____                           | _____                                     | _____ |

PLEASE COMPLETE BOTH SECTIONS ABOVE FOR APPLICANT AND CO-APPLICANT.

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

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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