APPLICATION

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

	Da	ate	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	

Kalkaska Woods Apartments, Kalkaska, 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 \$	\$	\square Other approx. monthly cost \$ $_$			
Bedroom Size Requested: ☐ One Bedro	oom	hree 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?					

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TDD/TTY: 711



Income Checklist

Kalkaska Woods	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)		2
		I receive Social Security benefits		2
		I receive Medicare		2
		I receive Disability or Death benefits (SSA)		1 2
		I receive Veteran's Administration benefits/G.I. Bill		2
		I receive unemployment benefits		
		I receive assistance from relatives		
		I receive payments from retirement funds or pensions		1
		I receive Workman's Compensation		1
		I receive Child Support/Alimony		3
		I have disposed of assets within the last two years		
		I receive payments from trusts or annuities		
		I have real estate, land contracts or a mobile home		
		I receive income from real estate or personal property		
		I have stock(s)		1
		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		,
KPENSES –	(CIRCLE YE		I	
VEC N	O I pou al-:	ld agra aynangas (Nat abild support)		
YES N		ld care expenses (Not child support) abled dependent care		
YES N		e of incapacitated spouse		
125 1	o i puy cui	of medputianed spouse		
ese deductio	ns 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		9
		dical expenses or insurance premiums from my own pocket and		
		NOT REIMBURSED BY INSURANCE.		

Signature Date

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



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		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		1
		I receive Workman's Compensation		2
		I receive Child Support/Alimony		3
		I have disposed of assets within the last two years		2
		I receive payments from trusts or annuities		2
		I have real estate, land contracts or a mobile home		2
		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		
KPENSES -	(CIRCLE YE	S OR NO)		
				-
YES N		d care expenses (Not child support)		
YES N YES N		abled dependent care e of incapacitated spouse		
ILS N	O I pay care	e of incapacitated spouse		_
ese deductio	ons will be limi	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		Ģ
YES N	O I pay med	dical expenses or insurance premiums from my own pocket and		
	mey are I	NOT REIMBURSED BY INSURANCE.		

Thereby certify that to the best of my knowledge, an statements are true and complete, and when chedinstances 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

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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

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Equal Housing Opportunity TDD/TTY: 711

ASSET INFORMATION CIRCLE Yes or No

illegal drugs? Yes or No

1. Whole Life Insurance Policy # Cash value	e of Whole Life Insurance Policy \$
2. Universal Life Insurance Policy # Cash value	e 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/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 (Example: Give	en 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 proper	rty)? Yes or No
If yes, List	_
	_
PROGRAM INFORMATION FOR ALL HOUSEHOLD MEMBERS CIRCLE Y	Yes or No
Do you have a Letter of Priority issued by USDA -Rural Development due	e to displacement from another property?
	Yes or No
2. Is your current home condemned/substandard? Yes or No	
If YES, Describe	
 Are you paying more than 50% of your gross income for refit and utilities Do you wish to claim a \$400 deduction from your household income bas 	
tenant or co-tenant is 62 or older or disabled? Yes or No	and off aff Eldony Floudofiold States, where the
5. Do you wish to have priority for a barrier free unit with special design fea	atures? Yes or No
6. Would you or anyone in your household benefit from a medical reasonable	
7. Would you like to request an adapted unit/barrier free unit? Yes or N	0
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.	
If YES, Name & Address	
10. Have you ever committed fraud in a subsidized housing program or beer	n requested to repay money for
misrepresenting information for such housing programs? Yes or No	
If YES, Please explain————————————————————————————————————	
If YES, Where	
12. Has any landlord ever filed a court action and/or lawsuit against you or e	
If YES, Where	
Describe Reasons	
13. Have you or any other person intending to live in the residence ever bee	
If YES, attach statement of explanation	•
14. Have you or any other person intending to live in the residence ever bee	en convicted of a criminal sexual conduct crime?
	Yes or No
15. Have you or any other person intending to live in the residence ever bee	
	Yes or No
16. Have you or any other person intending to live in the residence ever bee	on convicted at sale, distribution, or nassession 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:

- (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.

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