

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 _____

Vermontville Meadows Apartments, Vermontville, 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 593 Reading, MI, 49274



Income Checklist

Vermontville Meadows 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
EXPENSES – (CIRCLE YES OR NO)				
		YES NO I pay child care expenses (Not child support)		8
		YES NO I pay disabled dependent care		8
		YES NO I pay care of incapacitated spouse		8
These deductions will be limited to expenditures <u>actually paid</u> . These expenditures can only be claimed if both tenant and co-tenant are gainfully employed.				
MEDICAL – (For Elderly, Disabled, Handicapped Households Only.) CIRCLE YES OR NO				9
		YES NO I pay medical expenses or insurance premiums from my own pocket and they are <u>NOT</u> 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 a fine or imprisonment or both.

Signature _____

Date _____

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



TDD/TTY: 711
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Income Checklist

 Vermontville Meadows 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
EXPENSES – (CIRCLE YES OR NO)				
	YES NO	I pay child care expenses (Not child support)		8
	YES NO	I pay disabled dependent care		8
	YES NO	I pay care of incapacitated spouse		8
These deductions will be limited to expenditures <u>actually paid</u> .				
These expenditures can only be claimed if both tenant and co-tenant are gainfully employed.				
MEDICAL – (For Elderly, Disabled, Handicapped Households Only.) CIRCLE YES OR NO				9
	YES NO	I pay medical expenses or insurance premiums from my own pocket and they are <u>NOT</u> 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 a fine or imprisonment or both.

Signature

Date

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Household Income Sheet

Name _____ Address _____ Unit _____

PLEASE LIST YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU

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

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**

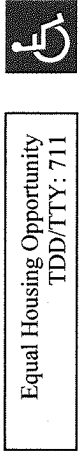
If Yes, please explain: _____

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 _____



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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 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

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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/ Alaskan Native	Asian	Black or African American	Native Hawaiian or 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/ Alaskan Native	Asian	Black or African American	Native Hawaiian or 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 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.