

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 _____

Diamond House Apartments, Thompsonville, 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
PO BOX 485, Benzonia, MI 49616



NAME _____

PROPERTY _____

Instructions:

1. Complete a separate form for each household member who is 18 years of age or older.
2. For each item listed, check either ☒ **Yes** or ☒ **No**.
3. If you check ☒ **Yes**, provide the current amount or cash value in the space provided.

YES	NO		AMOUNT or CASH VALUE	#
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Income from Employment	\$	4D
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Public Assistance/Welfare/DHS/FIP	\$	4E
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Supplemental Security Income (Michigan SSP)	\$	4E
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Supplemental Security Income (Federal SSI)	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Social Security Benefits	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Medicare	\$	
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Disability or Death Benefits (SSA)	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Veteran's Administration Benefits/G.I. Bill	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Unemployment Benefits	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Assistance from Relatives	\$	4I
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Payments from Retirement Funds/Pensions	\$	4F
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Workman's Compensation	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Child Support/Alimony	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have Disposed of Assets Within the Last Two Years	\$	5B
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Payments from Trusts or Annuities	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have Real Estate, Land Contracts or A Mobile Home	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Income from Real Estate or Personal Property	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have Stock(s)	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have a Whole Life Insurance Policy	\$	5C
<input type="checkbox"/>	<input type="checkbox"/>	I Have a Savings Account(s)	\$	5A
<input type="checkbox"/>	<input type="checkbox"/>	I Have a Checking Account(s)	\$	5A
<input type="checkbox"/>	<input type="checkbox"/>	I Have a CD Account(s)	\$	5A
<input type="checkbox"/>	<input type="checkbox"/>	I Am a Student	\$	6C

EXPENSES

<input type="checkbox"/>	<input type="checkbox"/>	I Pay Child Care Expenses (Not Child Support)	\$	6C
<input type="checkbox"/>	<input type="checkbox"/>	I Pay Disabled Dependent Care	\$	
<input type="checkbox"/>	<input type="checkbox"/>	I Pay Care of Incapacitated Spouse	\$	

These deductions will be limited to expenditures actually paid. These expenditures can only be claimed if both tenant and co-tenant are gainfully employed.

MEDICAL (ELDERLY, DISABLED, HANDICAPPED ONLY)

<input type="checkbox"/>	<input type="checkbox"/>	I Pay Medical Expenses or Insurance Premiums from My Own Pocket and They Are NOT REIMBURSED BY INSURANCE.	\$	6B
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(Date) _____

(Signature) _____

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.



PO BOX 799 • Cedar Springs • MI • 49319
TDD/TYY: 711

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NAME _____

PROPERTY _____

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<input type="checkbox"/>	<input type="checkbox"/>	I Have Real Estate, Land Contracts or A Mobile Home	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Receive Income from Real Estate or Personal Property	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have Stock(s)	\$	-
<input type="checkbox"/>	<input type="checkbox"/>	I Have a Whole Life Insurance Policy	\$	5C
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<input type="checkbox"/>	<input type="checkbox"/>	I Have a Checking Account(s)	\$	5A
<input type="checkbox"/>	<input type="checkbox"/>	I Have a CD Account(s)	\$	5A
<input type="checkbox"/>	<input type="checkbox"/>	I Am a Student	\$	6C

EXPENSES

<input type="checkbox"/>	<input type="checkbox"/>	I Pay Child Care Expenses (Not Child Support)	\$	6C
<input type="checkbox"/>	<input type="checkbox"/>	I Pay Disabled Dependent Care	\$	
<input type="checkbox"/>	<input type="checkbox"/>	I Pay Care of Incapacitated Spouse	\$	

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(Date) _____

(Signature) _____

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Name: _____ **Address:** _____ **Unit** _____

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

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

First, Middle, Last Name	Birth Date	Social Sec. #	Annual Income
Relationship	Place of Birth	Occupation	

INITIAL

Total \$ _____

____ I/We certify that the total shown above is our total expected family income for the next **12 months.**

____ ☐ Yes ☐ No **Do you anticipate any changes in your income in the next 6 months?**

If Yes, please explain: _____

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

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.

Date

Applicant Signature

Co-Applicant Signature



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ASSET INFORMATION (Check **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** ☐ **No**

If yes, type of property: _____

Address: _____

Appraised market value \$ _____ Amount of annual insurance premium \$ _____

Mortgage or outstanding balance due \$ _____ Amount of recent tax bill \$ _____

4. Have you sold/disposed of any property in the last 2 years? ☐ **Yes** ☐ **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: Given money to relatives, setup irrevocable trust accounts)? ☐ **Yes** ☐ **No**

If yes, describe asset: _____

Date of disposition _____ Amount disposed \$ _____

6. Do you have any other non-necessary personal property or assets not listed above (excluding necessary personal property)? ☐ **Yes** ☐ **No** If yes, list all _____

Necessary personal property includes only clothing, furniture, furnishings, vehicles needed for daily transportation, and items required for medical/adaptive use. All other personal property is considered an asset and must be reported.

PROGRAM INFORMATION FOR ALL HOUSEHOLD MEMBERS

- ☐ Yes ☐ No 1. Do you have a Letter of Priority issued by USDA -Rural Development due to displacement from another property?
- ☐ Yes ☐ No 2. Is your current home condemned/substandard?
If Yes, Describe: _____
- ☐ Yes ☐ No 3. Are you paying more than 50% of your gross income for rent and utilities?
- ☐ Yes ☐ No 4. Does any household member meet the qualification for an elderly deduction?
(Elderly deduction definition: the head of household, spouse or sole member of a household who is party to the lease must be 62 years of age or older, or an individual with a disability.)
- ☐ Yes ☐ No 5. Do you wish to have priority for a barrier free unit with special design features?
- ☐ Yes ☐ No 6. Would you or anyone in your household benefit from a medical reasonable accommodation or barrier free unit?
- ☐ Yes ☐ No 7. Would you like to request an adapted unit/barrier free unit
- ☐ Yes ☐ No 8. Are you currently living in subsidized housing?
- ☐ Yes ☐ No 9. Have you ever resided in a project financed and/or subsidized by the government?
If yes, name & address _____
- ☐ Yes ☐ No 10. Have you ever committed fraud in a subsidized housing program or been requested to repay money for misrepresenting information for such housing programs?
If yes, explain _____
- ☐ Yes ☐ No 11. Have you ever been evicted from public housing or any other federal housing program?
If yes, where _____
- ☐ Yes ☐ No 12. Has any landlord ever filed a court action and/or lawsuit against you or evicted you from housing?
If yes, where _____
Describe reason(s) _____
- ☐ Yes ☐ No 13. Have you or any other person intending to live in the residence ever been convicted of a felony?
- ☐ Yes ☐ No 14. Have you or any other person intending to live in the residence ever been convicted of a criminal sexual conduct crime?
- ☐ Yes ☐ No 15. Have you or any other person intending to live in the residence ever been listed on any criminal sexual conduct registry?
- ☐ Yes ☐ 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 ☐ No 17. Are you or co-tenant now, or will you or co-tenant become a student?

If yes: ☐ Full Time ☐ Part Time

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

19. Briefly describe your reasons for applying: _____

REFERENCE INFORMATION – NON RELATED LANDLORDS

Current Landlord Name _____

Dates Resided Address _____

_____ to _____ Home Phone (_____) Business Phone (_____)

Past Landlord Name _____

Dates Resided Address _____

_____ to _____ Home Phone (_____) Business Phone (_____)

Past Landlord Name _____

Dates Resided Address _____

_____ 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 Plan # _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plan # _____

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, 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.

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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 _____

Date: _____

Co-Tenant Signature _____

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
Applicant	_____	_____	_____
			White

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
Co-Applicant	_____	_____	_____
			White

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.