

**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 \_\_\_\_\_

**Valley Side Apartments, Onekama, 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<br>CASH VALUE | #  |
|--------------------------|--------------------------|---------------------------------------------------------------|-------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Income from Employment</b>                       | \$                      | 4D |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Public Assistance/Welfare/DHS/FIP</b>            | \$                      | 4E |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Supplemental Security Income (Michigan SSP)</b>  | \$                      | 4E |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Supplemental Security Income (Federal SSI)</b>   | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Social Security Benefits</b>                     | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Medicare</b>                                     | \$                      |    |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Disability or Death Benefits (SSA)</b>           | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Veteran's Administration Benefits/G.I. Bill</b>  | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Unemployment Benefits</b>                        | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Assistance from Relatives</b>                    | \$                      | 4I |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Payments from Retirement Funds/Pensions</b>      | \$                      | 4F |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Workman's Compensation</b>                       | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Child Support/Alimony</b>                        | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have <b>Disposed of Assets Within the Last Two Years</b>    | \$                      | 5B |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Payments from Trusts or Annuities</b>            | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have <b>Real Estate, Land Contracts or A Mobile Home</b>    | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Receive <b>Income from Real Estate or Personal Property</b> | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have <b>Stock(s)</b>                                        | \$                      | -  |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>Whole Life Insurance Policy</b>                   | \$                      | 5C |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>Savings Account(s)</b>                            | \$                      | 5A |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>Checking Account(s)</b>                           | \$                      | 5A |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>CD Account(s)</b>                                 | \$                      | 5A |
| <input type="checkbox"/> | <input type="checkbox"/> | I Am a <b>Student</b>                                         | \$                      | 6C |

**EXPENSES**

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

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 <b>Medical Expenses or Insurance Premiums from My Own Pocket and They Are NOT REIMBURSED BY INSURANCE.</b> | \$ | 6B |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|----|----|

(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.



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TDD/TYY: 711

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NAME \_\_\_\_\_

PROPERTY \_\_\_\_\_

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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**.
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| YES                      | NO                       |                                                               | AMOUNT or<br>CASH VALUE | #  |
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| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>Checking Account(s)</b>                           | \$                      | 5A |
| <input type="checkbox"/> | <input type="checkbox"/> | I Have a <b>CD Account(s)</b>                                 | \$                      | 5A |
| <input type="checkbox"/> | <input type="checkbox"/> | I Am a <b>Student</b>                                         | \$                      | 6C |

**EXPENSES**

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

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

(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.



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# Household Income Sheet

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

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

| Last | Name  |        | Relationship | Birth Date | Place of Birth | Social Security No. | Occupation | Annual Income |
|------|-------|--------|--------------|------------|----------------|---------------------|------------|---------------|
|      | 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** (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/dispensed of any property in the last 2 years? ☐ **Yes** ☐ **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, 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](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).

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

## 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/<br>Alaskan Native | Asian               | Black or<br>African<br>American           |
|           |                               |                     | Native<br>Hawaiian or<br>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/<br>Alaskan Native | Asian               | Black or<br>African<br>American           |
|              |                               |                     | Native<br>Hawaiian or<br>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](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.