

# APPLICATION INSTRUCTIONS

Thank you for your interest in our apartment complex. Please review these instructions for the application process, one application covers single or multiple applicants.

## **Previous Landlords**



When providing previous landlords please make sure you leave complete information including complete addresses, phone numbers, and zip codes.



## **Leaving Blanks**

If something on the application does not apply to you, do not just leave it blank, please put N/A so that we know you read the question and didn't just miss it.



## **Signature Fields**

Pay particular attention to areas on the application that require your signature.



## **Mistakes/Errors**

If you make a mistake with this application, please cross it out and initial next to it, if you make several mistakes we will replace the form for you. Please do not hesitate to call if you have any questions about this application.

## **Below is a list of documents that may be required, depending on your specific circumstances:**

- Valid email address and backup/alternative contact phone numbers
- Social Security benefit letter (current year)
- SSI benefit letter (must be dated within the last 120 days)
- 12-month printout for child support from Friend of Court
- If you are legally married but not applying with your spouse, proof of separation.
- Copies of social security cards for all individuals 18 years of age or older
  - Birth Certificates for all household members under 18 years of age
- If self-employed, current tax Schedule C
- Employed - last 6 paystubs
- Valid Photo ID
- Bank statements – most current for all checking and savings accounts.

## **Gathering these items will help expedite the processing of your application.**



PO BOX 799 • Cedar Springs • MI • 49319

TDD/TYY: 711

"Red Oak Management Co., Inc. is an Equal Opportunity Provider."



# 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 \_\_\_\_\_

## Clarendon Glen, Clare, 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  
230 Mary St., Clare, MI 48617



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

**EXPENSES**

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


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NAME \_\_\_\_\_

PROPERTY \_\_\_\_\_

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YES	NO	AMOUNT or CASH VALUE	#
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<input type="checkbox"/>	<input checked="" type="checkbox"/> I Receive Payments from Trusts or Annuities	\$	-
<input type="checkbox"/>	<input checked="" type="checkbox"/> I Have Real Estate, Land Contracts or A Mobile Home	\$	-
<input type="checkbox"/>	<input checked="" type="checkbox"/> I Receive Income from Real Estate or Personal Property	\$	-
<input type="checkbox"/>	<input checked="" type="checkbox"/> I Have Stock(s)	\$	-
<input type="checkbox"/>	<input checked="" type="checkbox"/> I Have a Whole Life Insurance Policy	\$	5C
<input type="checkbox"/>	<input checked="" type="checkbox"/> I Have a Savings Account(s)	\$	5A
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<input type="checkbox"/>	<input checked="" type="checkbox"/> I Have a CD Account(s)	\$	5A
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<input type="checkbox"/>	<input checked="" type="checkbox"/> I Pay Medical Expenses or Insurance Premiums from My Own Pocket and They Are NOT REIMBURSED BY INSURANCE.	\$	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

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**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Do you have a Letter of Priority issued by USDA -Rural Development due to displacement from another property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is your current home condemned/substandard? If Yes, Describe: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are you paying more than 50% of your gross income for rent and utilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any household member meet the qualification for an elderly deduction? <i>(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.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you wish to have priority for a barrier free unit with special design features?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Would you or anyone in your household benefit from a medical reasonable accommodation or barrier free unit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Would you like to request an adapted unit/barrier free unit
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Are you currently living in subsidized housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever resided in a project financed and/or subsidized by the government? If yes, name & address _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever been evicted from public housing or any other federal housing program? If yes, where _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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) _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you or any other person intending to live in the residence ever been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you or any other person intending to live in the residence ever been convicted of a criminal sexual conduct crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you or any other person intending to live in the residence ever been listed on any criminal sexual conduct registry?
<input type="checkbox"/> Yes <input type="checkbox"/> 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).

## 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 its 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	White
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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
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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.

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- (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.