



**HUD Rental Application**

Unit Size Desired: \_\_\_\_\_

<b>Management Resources Development, Inc.</b> MI TDD/TTY: 7-1-1 TX TDD/TTY: 800-735-2989	Date Received ___/___/___ Time Received ___:___ a.m. /p.m. Received By: _____
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	Property Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ <p style="text-align: center;">Please Print</p>	 <b>Equal Housing Opportunity</b>
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(1) Full Name of Applicant \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you have no Social Security number, you claim you are exempt because:

You are ineligible non-Citizen Or  You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Message # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work? Yes/ No      Are you a Student enrolled in an institute of higher education? Yes/No

If yes, where do you attend school? \_\_\_\_\_ (full-time/part-time)

**Rental History:**

Present Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you given this landlord notice that you will be moving? Yes or No \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you give this landlord notice that you were moving? Yes or No \_\_\_\_\_

Complete if applicable: I, \_\_\_\_\_, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

This institution is an equal opportunity provider.

Equal Housing Opportunity



(2) Full Name of Co-Applicant \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you have no Social Security number, you claim you are exempt because:

You are ineligible non-Citizen Or  You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License # \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Message # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work? Yes/No      Are you a Student enrolled in an institute of higher education? Yes/No

If yes, where do you attend school? \_\_\_\_\_ (full-time/part-time)

**Rental History:**

Present Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you given this landlord notice that you will be moving? Yes or No \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ How long did you live at this address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you give this landlord notice that you were moving? Yes or No \_\_\_\_\_

Complete if applicable: I, \_\_\_\_\_, certify that I have never rented any dwelling in my own name, nor have resided in any rented dwelling after obtaining legal age. If my application is approved based on this information and it is found to be false or misleading, I understand that I could be evicted from the leased premises.

**You may not live in the unit unless you can establish utilities in the unit. Please circle yes or no.**

Do you have any current outstanding balances owed to any utility provider?	Yes	Which Provider/Company	No
Will you be able to establish utilities in your unit?		Which Provider/Company	
Electric.....	Yes		No
Gas.....	Yes		No
.....	Yes		No
Water.....			

**Household Composition and Characteristic:** List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application. Live in aids must complete a live in aid questionnaire which is different than the standard application for housing and rental assistance; please contact the property staff if a live in aid will live in the unit.

**Other than those household members listed below, do you expect any new additions to the household in the next 12 months?**

New Adult \_\_\_\_\_ Child \_\_\_\_\_ Child (adoption) \_\_\_\_\_ Child (foster) \_\_\_\_\_

<u>Household Member #</u>	<u>Household Member's Full Name</u>	<u>Relationship to Head of Household</u>	<u>Birth date</u>	<u>Social Security #</u>
1).		Head of Household		
Citizenship Status	_____ U.S. Citizen	_____ Eligible Non-Citizen	_____ Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
2).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	_____ U.S. Citizen	_____ Eligible Non-Citizen	_____ Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
3).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	_____ U.S. Citizen	_____ Eligible Non-Citizen	_____ Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				
4).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	_____ U.S. Citizen	_____ Eligible Non-Citizen	_____ Ineligible	

			Non-Citizen	
Please provide a complete list of states where this person has lived:				
5).		<input type="checkbox"/> Co-head/spouse <input type="checkbox"/> Child <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live in-aid <input type="checkbox"/> None of the above		
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Eligible Non-Citizen	<input type="checkbox"/> Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				

**Unit Size: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance to HUD Handbook 4350.3 Revision 1. Please indicate unit size preference below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.**

Unit Size	Special Features
<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> 2 Bedroom Unit	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> 3 Bedroom Unit	<input type="checkbox"/> Communication Accessible Unit (Visual)
	<input type="checkbox"/> Special Features: Please List: _____

**General Information: Please list emergency contacts of your choosing (for applicant and co-applicant).**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Is anyone in your household enrolled in the U.S. Military or is anyone a veteran of the U.S. Military? Yes or No**  
**If yes, please explain**

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**Is anyone in your household a victim of a recent presidentially declared disaster? Yes or No**  
**If yes, please explain**

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**Have you or anyone in the household ever been evicted or been requested to vacate a residence? Yes or No**  
**If yes, please explain including dates and addresses:**

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**Has anyone in the household been convicted of a crime? Yes or No**  
**If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.**  
 Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

**Have you or anyone in the household subject to a lifetime state sex offender registration in any state? Yes or No**  
**If yes, please explain**

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**Have you ever been evicted from federally funded housing program for a lease violation including drug use or failure to report a crime? Yes or No**  
**If yes, When**

**Have you or anyone in the household ever broken an apartment or residential lease contract? Yes or No**  
**If yes, please explain including dates:**

**Have you or anyone in the household ever been sued or served for non-payment of rent? Yes or No**  
**If yes, please explain including dates:**

**Do you have now or ever had pests (roaches, bed bugs, rodents, etc?) Yes or No**  
**If yes, please explain including dates:**

**How did you hear about our community?** \_\_\_\_\_

**Income and Expense Information** (All applicable forms of income and expense will be verified.)

**Employment Information:**

**Applicant's Employer** \_\_\_\_\_ **How long** \_\_\_\_\_ **Monthly Income** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Co-applicant's Employer** \_\_\_\_\_ **How long** \_\_\_\_\_ **Monthly Income** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Income**

Please list total wages, commission, fees, tips and bonuses (before deductions) of all adult members of the household (complete the category that best fits the way your household is paid)

Head	Hour \$ _____	Hours per week _____	Week\$ _____	Month\$ _____	Yearly \$ _____
Co-Head	Hours\$ _____	Hours per week _____	Week\$ _____	Month\$ _____	Yearly \$ _____

If you operate a business or have rental income, Please list the net earned income:  
(A copy of your tax return will be necessary)

Head \$ \_\_\_\_\_ Co-Head \$ \_\_\_\_\_

Please list any interest or any other income from household assets:

Head \$ \_\_\_\_\_ Co-Head \$ \_\_\_\_\_

The full amount received from Social Security (including payments received by adults on behalf of minors or by minors for their support), annuities, insurance policies, retirement funds, pensions, disability or death benefits (excluding lump sum payments).

Head \$ \_\_\_\_\_ (per month) Co-Head \$ \_\_\_\_\_ (per month)

Please indicate the amount received from unemployment, disability, workers compensation or severance pay.

Head \$ \_\_\_\_\_ (per month) Co-Head \$ \_\_\_\_\_ (per month)

Does an order for child support or alimony (paid to a household member) exist? YES or NO  
If yes, please indicate the amount ordered to be paid. (A copy of the court order will be necessary.)

Head \$ \_\_\_\_\_ (per month) Co-Head \$ \_\_\_\_\_ (per month)

List all regular pay, special pay (except for person exposed to hostile fire) and allowances of a member of the armed forces who is head of the family or spouse.

Head \$ \_\_\_\_\_ Co-Head \$ \_\_\_\_\_

Any other income not listed above, including regularly recurring gifts or contributions from outside the household listed above:

Head \$ \_\_\_\_\_ Co-Head \$ \_\_\_\_\_

**Adjustments to Income**

Do you qualify for Medical adjustments or other income adjustments:

Head: YES or NO Co-Head: YES or NO

## HUD Rental Application

If Yes, do you have medical expenses that are not covered by insurance?	
Head \$ _____	Co-Head _____
Does anyone in your household pay childcare expenses that allow you to work or attend school? YES or NO	
Please list the amount of child-care expense:	
Head \$ _____ (per week or per month)	Co-Head \$ _____ (per week or per month)
<b>Adjustments to Income (continued)</b>	
This expense can only be deducted if paid for a member of the household, age 12 or under, and it enables any adult members of the household to work or to attend school. Child-care costs paid by agencies or others outside the household are not deductible.	
Do you pay expenses for care of a minor or an individual with disabilities that allow you to work? YES or NO	
Head \$ _____ (per week or per month)	Co-Head \$ _____ (per week or per month)
Please list the amount of medical deductions. (Costs that are paid by others or outside agencies are not deductible.)	
Head \$ _____ (per month)	Co-Head \$ _____ (per month)

Elderly households qualify for certain deductions. (Definition- A household where the tenant or co-tenant is at least 62 years old or older disabled of any age.) Does your household fit this definition? Yes or No (Must be verified)

**Animals are not allowed without approval through the Reasonable Accommodation process. If you or a member of your household are disabled or handicapped, and require an accommodation, please obtain a copy of the policy from the manager.**

**Additional Information:** I/We agree to provide copies of picture identification for all adult members of the proposed household, copies of birth certificates for minors of the proposed household and copies of Social Security Cards for all members of the proposed household prior to obtaining occupancy.

**Current Residence Information:** Does this household or any member of the proposed household (as listed above) currently reside in any subsidized rental unit? Yes or No (circle one). This includes minors who might be included on another parent's lease. If yes, please provide the address of the rental unit and any management company/owner information you may know. If a minor of the proposed household might be included on another parent's lease, please provide the name of the other parent.

**Violence Against Women Act:** The owner/agent understands that, regardless of whether state or local laws protect victims of domestic violence, rape, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under the Violence Against Women Act. If any resident wishes to exercise the protections provided in the VAWA, he/she should contact the owner/agent immediately. The owner/agent is committed to ensuring that the Privacy Act is enforced in this and all other situations.

The owner/agent will not assume that any act is a result of abuse covered under the Violence Against Women Act. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

**Permission for Release of Information:**

I/We hereby give my/our permission to Management Resources Development, Inc. and their staff to contact any individuals or businesses that they deem necessary for the purpose of verification of the above information and my abilities to pay rental payments. I/We understand that this may include creditors and credit bureaus, criminal background check, current and past employers, current and past landlords and any other agencies, private or government. It is my/our understanding that this application is preliminary only and involves no obligation of the owner or its agents to approve this application or to deliver occupancy of the proposed premises.

**Affidavit of Residency:**

I/We certify to the apartment owner and to Rural Development that if I/we become a resident that it will be my/our permanent and primary residence and that I/we do not and will not maintain a separate rental unit in a different location.

**WARNING:**

**WARNING:** Title 18 Section 1001 of the U.S. Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained the **\*\*Social Security Act of 208 (a) (6), (7) and (8), Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8). \*\***

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

**I would like to request a complete copy of the owner/agents resident selection criteria.**

**Yes**                      **Paper Copy**   
 **No**                        **Electronic copy**

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Applicant \_\_\_\_\_ Date \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, 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.

**Complete for each member of the proposed household as numbered on the first page of this application.**

( **Check one** )

( **Check all that apply** )

<b>A P P L I C A N T</b>	Hispanic or Latino	Non Hispanic or Non Latino	American Indian/ Alaska Native	Asian	Black or African American	Native Hawaiian / Pacific Islander	White
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							

Management Resources Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1998)

Name: Bradon Badeau  
Address: 321 Woodland Pass Suites 100  
City: East Lansing State: MI Zip code: 48823  
Telephone- Voice: 1-517-708-2169  
Telephone- TTY: 1-800-649-3777