



Management Resources Development
321 Woodland Pass, Ste. 100
East Lansing, MI 48823

PHONE: (517) 351-1544 FAX: (517)-337-8345

MI TDD/TTY: 7-1-1 / TX TDD: 800-735-2989

Rev: 3-2016

Dear Applicant

Thank you for your interest in a MRD property.

The first step toward making MRD Properties your next home is completing the attached application and returning it to the property office.

With the completed application, a Non-refundable Criminal Credit Background Screening Fee of \$13.00 for each adult listed on the application must be paid. This fee must be paid in certified funds, (money order or cashier's check.) This fee purchases a screening report on each adult in the household, which assists in determining whether or not your household meets the specified criteria to be eligible for housing at this apartment community. This fee is non-refundable.

When a completed application and the appropriate fee are received in the property office, the application will be placed on the wait list and we will begin processing your application for occupancy. Within two weeks of submitting this application you will have a response from MRD property informing you of the status of your application.

Before move in, all applicants will need to provide all household members' social security cards and birth certificates also household members over the age of 18 will need to provide picture Id's.

Please contact the office at MRD Property if you have any other questions regarding the application or move in process. We look forward to working with you, we know you'll love living at any of our MRD properties

This institution is an equal opportunity provider.

Equal Housing Opportunity



Rental Application

Unit Size Desired: _____

Management Resources Development, Inc.
 MI TDD/TTY: 7-1-1
 TX TDD/TTY: 800-735-2989

Date Received ___/___/___
 Time Received ___:___ a.m./p.m.
 Received By: _____



Property Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Please Print



**Equal Housing
 Opportunity**

(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.

(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) _____

Household Member #	Household Member's Full Name	Relationship to Head of Household	Birth date	Social Security #
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	_____ U.S. Citizen	_____ Eligible Non-Citizen	_____ Ineligible Non-Citizen	
Please provide a complete list of states where this person has lived:				

Rental Application

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
___ 1 Bedroom Unit	___ Mobility Accessible Unit
___ 2 Bedroom Unit	___ Communication Accessible Unit (Hearing)
___ 3 Bedroom Unit	___ Communication Accessible Unit (Visual)
	___ 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

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

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:

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

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 _____		
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)		
Adjustments to Income (continued)					
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)		

Rental Application

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). **

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

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 compliant filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for programs 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/compliant_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 compliant 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.

Equal Housing Opportunity



Authorization for Landlord Reference
INTERNAL USE ONLY

Name of Landlord _____ Address _____ Address _____ Telephone Number _____] Current Landlord] Previous Landlord Name of Applicant/Co-Applicant _____ Rental Unit Address _____	
The individual(s) listed above has/have completed an application for housing with our apartment community and has listed you as a previous or current Landlord. Please answer each question and return the form to the address shown below or via fax. Thank you in advance for your cooperation and prompt return. The signature below provides you permission to provide information regarding the residency		
_____ Applicant's Signature	_____ Co-Applicant's Signature	_____ Manager's Signature

Please return form to: _____ Fax # _____

Applicant's Name	Dates of Residency	
Street:	From:	To:
City:	State:	Zip:
Please list all members living with household:		
RENT PAYMENT HISTORY		
How much is (was) applicant rent?	\$	
Is (was) applicant current on Rent?		Yes No
Is (was) applicant ever late paying rent?	How late?	How Often?
If this property received federal assistance, did the applicant and his/her family fully and accurately disclose employment, income and changes in family composition as required?		Yes No
If no, describe:		
Has this tenant had 2 or more NSF's within the last 24 months?		Yes No
Have you ever had to evict this tenant?		Yes No
Have you ever filed against this tenant (with the courts) within the last 24 months?		Yes No
Does this applicant have an outstanding balance with MRD that cannot be paid prior to application being accepted		Yes No
CARE OF UNIT		
Does (did) the applicant or guests keep the unit clean?		Yes No
Has (had) the applicant or guest damaged the unit or common area?		Yes No
If yes, how extensive?	How Often?	
Describe:		
Does the resident have now or had in the past Bed Bugs issues?		Yes No
Has (had) the applicant paid for the damage(s)?		Yes No
will (did) you keep any Security Deposit for damages?		Yes No
How much does the applicant owe for damages or is it for Break Lease Fee?		
GENERAL INFORMATION		
Does (did) the applicant or guest create any physical hazards to the premises or residents?		Yes No
Does (did) the applicant or guest interfere with the rights and quiet enjoyment of residents?		Yes No
If yes, describe:		
Has (had) the applicant given you any false information?		Yes No
Does (did) the applicant have a pet? If Yes what kind and how many?		Yes No
Did (does) the applicant satisfy the requirements of tenancy such as notice to vacate, ect?		Yes No
If no, why not:		
Has the tenant received any lease violations within the last 24 months?		Yes No
Are you related to this applicant family?		Yes No
Would you rent to this applicant again?		Yes No
If no, why not:		
Signature:		Date: