

Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community Island City Apartments Office Phone (517) 663-6478 Date _____

Unit Size 1 Bedroom 2 Bedroom 3 Bedroom Unit Type: Apartment

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Would you request a disability adjustment to income? **Yes** or **No**

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Applicant's History

Applicant:

Co-Applicant

Current Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Current Landlord: _____
 Address: _____
 Phone _____

Current Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Current Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

Previous Address: _____

 Date: From _____ Rent: \$ _____
 To: _____
 Reason for Moving: _____
 Previous Landlord: _____
 Address: _____
 Phone _____

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

 Head of Household Date

 Co-Applicant, Spouse/Co-Head Date



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

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Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes** or **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes** or **No**

If "yes", please explain: _____

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: _____

Provide asset information below:

Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Have you disposed of any assets in the last two years? **Yes** or **No**

If "yes", please list asset and value received: _____

Head of Household Date

Co-Applicant, Spouse/Co-Head Date



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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Island City Apartments

755 Island Court, Eaton Rapids, MI 48827

Name of Property

Project No.

Address of Property

Michigan Asset Group LLC

Tax Credit

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 4. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

Michigan Asset Group LLC. and/or Island City Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
 Housing at Island City Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.

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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize Michigan Asset Group LLC., and/or Island City Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

Housing purposes

I understand that Michigan Asset Group LLC, and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that Michigan Asset Group LLC, and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Co-Applicant

Date

Witness

Date



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NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information:

Island City Apartments

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

_____	_____
Head of Household	Date
_____	_____
Co-Applicant	Date
_____	_____
Other Family Member over age 18	Date
_____	_____
Other Family Member over age 18	Date



AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Michigan Asset Group, LLC. It is Michigan Asset Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name *(no nicknames)* _____

Maiden Names(s), Nickname(s), Other Name(s) *(please include dates used)* _____ **Male** **Female**

Social Security Number _____ **Date of Birth** _____

Driver's License Number _____ **State** _____

Is Your Driver's License Valid? **Yes** **No** ⇨ *Please give details*

All addresses for the last 7 years: *(Street / City / County / State / Years From-To)*

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____ / _____ / _____ / _____ / _____				
2.	_____ / _____ / _____ / _____ / _____				
3.	_____ / _____ / _____ / _____ / _____				
4.	_____ / _____ / _____ / _____ / _____				

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X _____ **Signature** _____ **Date** _____

We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

This institution is an equal opportunity provider and employer.



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Full Name *(no nicknames)* _____

Maiden Names(s), Nickname(s), Other Name(s) *(please include dates used)* _____ **Male** **Female**

Social Security Number _____ **Date of Birth** _____

Driver's License Number _____ **State** _____

Is Your Driver's License Valid? **Yes** **No** ⇨ *Please give details*

All addresses for the last 7 years: *(Street / City / County / State / Years From-To)*

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____ / _____ / _____ / _____ / _____				
2.	_____ / _____ / _____ / _____ / _____				
3.	_____ / _____ / _____ / _____ / _____				
4.	_____ / _____ / _____ / _____ / _____				

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Michigan Asset Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Michigan Asset Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

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PREVIOUS LANDLORD VERIFICATION

I authorize Michigan Asset Group to obtain information on my rental history by contacting any references necessary to evaluate renting risks. I hereby release all references to give Michigan Asset Group all requested information.

Signature _____ **Date** _____

Applicant Name _____ Date _____

Address to be Verified _____

Name of Landlord: _____

Current Landlord Previous Landlord Other _____

Dates of Applicants Residency: From _____ To _____

1. Rent Payment

- A. Is/Was applicant current on rent? _____
- B. Has/Had he/she ever been late? _____ How late? _____ How Often? _____
- C. Have/Had you ever begun eviction proceedings for non-payment? _____
- D. Monthly Rental Rate? _____

2. Caring for the Apartment

- A. Does/Did the applicant keep the apartment clean? _____
- B. Has/Had the applicant damaged the apartment? _____
If yes, describe _____
- C. Has/Had the applicant paid for the damage? _____
- D. Will/Did you keep any of the security deposit? _____

3. General

- A. Did the applicant give a 30 day notice to vacate? _____
- B. Does/Did the applicant permit persons other than those on the lease to live in the apartment? _____
- C. Has/Had the applicant or family members damaged or vandalized the common areas? _____
- D. Does/Did the applicant create any physical hazards to the project or residents? _____
- E. Does/Did the applicant interfere with the rights and quiet enjoyment of other residents? _____
- F. Did the applicant give you any false information? Describe _____
- G. Would you re-admit this applicant? _____
If no, why not? _____

Check One:

- _____ Verified by Telephone
- _____ Completed by Previous Landlord

Landlord or Signature of Person Completing this Form _____

Date _____