Rental Application

Thank you for your interest in SOUTH MALL SENIOR APARTMENTS! Since 1987, Skyrise has been the premier unassisted, income-based living community in the downtown area. We know you will enjoy our spacious apartments, resident activities, and proximity to restaurants, shopping, and entertainment.

Important Information to Note

Application: Please complete the application in its entirety. If the question does not pertain to you do **NOT** leave it blank. Please write N/A so that we know you read the question and it may not apply to you or your circumstances.

Required Documents: Picture identification, social security card and birth certificate must be presented upon return of application. Additional forms may be required for verification of citizenship.

Waitlist: Upon the return of a completed application, your name will be added to our waiting list. Credit checks, criminal background checks, and landlord references will be performed when your name comes to the top of the wait list. The waiting list will be updated every 6 months and you will be asked what your preferred method of contact (i.e., Postal mail, phone, email) You must also meet the criteria of our Tenant Selection Plan to qualify for an apartment (a copy of this document is available upon request).

Our waiting list is comprised of three separate categories based on a HUD elderly preference:

First Priority: Persons 62 years or older get first choice at apartments. Please contact the office directly for the current waitlist timeframe as they are subject to change.

Second Priority: Persons 50 to 61 years old who are disabled or handicapped. Please contact the office directly for the current waitlist timeframe as they are subject to change.

Third Priority: Persons 49 years or younger who are disabled or handicapped. Please contact the office directly for the current waitlist timeframe as they are subject to change.

Change in Address or Phone Number: Should you move, change your telephone number, or have any other circumstances change after completing and returning the application, please note it is your responsibility to report these changes to Skyrise staff. Failure to report changes will result in the denial of your application.

Rent Calculation: Rent is based on your income. The rental rate is 30% of your adjusted income. Adjustments are made for medical expenses and other allowances. Because of the varying adjustments, we are unable to determine your monthly rent until your name comes to the top of the waitlist and your household completes the certification process.

Do you have a Social Security Number (SSN)?

If you do not disclose an SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible non-citizens.

The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN or any of your household members.

I have not provided the SSNs for all my household members to the property owner/manager. What do I do?

Does everyone in your household have an SSN?

Yes	No
1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible non-citizen is reported to the owner/property manager by the time a unit becomes available.	**1.** For any household member who is a U.S. citizen, U.S. national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager
2. You will need to provide the owner/property manager with documentation to verify the SSNs.	**2.** Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 21, 2010, ask the property manager for further details on what to do.

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105 E. Walnut Street, Kalamazoo, MI 49007

Office Hours: Monday–Friday, 10:00 a.m.–12:00 p.m. and 1:00–5:00 p.m.

EQUAL HOUSING OPPORTUNITY

Required Unit Type:	**Date Received:**
☐One Bedroom	Time Received:
☐One Bedroom- Barrier Free	
☐Two Bedroom	
☐Two Bedroom- Barrier Free	

We do not discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap.

Instructions for Head of Household

Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. **Applications will not be considered unless they are filled in completely**.

As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application.

It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.

As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.

After we accept your application we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the tenant Selection Plan available in the application packet.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining Federal funds.

1. Please note how you heard about our property, TV, radio, newspaper, a friend, etc.

_____

2. Name of head of household: _____

What is your present address and phone number? _____

Phone # _____ Do you receive a subsidy at this residence? ☐Yes ☐No

What is the present address of co-applicant, if any? _____

Phone _____ Does he/she receive a subsidy at this residence? ☐Yes ☐No

3. Have you ever lived in subsidized housing? ☐Yes ☐No

If YES, where:_____

Were you evicted? ☐Yes ☐No

If YES, did you owe rent? ☐Yes ☐No If YES, how much did you owe? $_____

4. Do you have any pets? ☐Yes ☐No If YES, what kind: _____ Weight _____

5. Household Composition: *PLEASE PRINT*

List all persons, including you, who will reside in the apartment. *Note: The number to the right of occupant is the household member number and is the number requested in the remaining sections of this application.*

Head of Household (**1**) Name_____ Sex_____ Age_____
Date of Birth _____ Occupation_____ Social Security No._____
Occupant (2) Name_____ Sex_____ Age_____
Date of Birth _____ Occupation_____ Social Security No._____
Occupant (3) Name_____ Sex_____ Age_____
Date of Birth _____ Occupation_____ Social Security No._____
Occupant (3) Name_____ Sex_____ Age_____
Date of Birth _____ Occupation_____ Social Security No._____

6. Will any of the above household members live anywhere except the apartment? ☐Yes ☐No

Are there other persons who will live in the apartment on a less than full-time basis?☐Yes ☐No

If either question is answered YES, please explain: _____

Do you expect any of the above to change in the future: ☐Yes ☐No

If YES, please explain: _____

7. Have you, your spouse or your co-applicant(s) ever used different names from the names shown above? ☐Yes ☐No

If YES, please list names used and dates when such names were in use:

_____

8. Have you, your spouse or your co-applicant(s) ever been evicted or otherwise removed from rental housing? ☐Yes ☐No

If YES, provide landlord name, address and dates:_____

9. How many vehicles does the family own?_____

List make, year, license, state and color for each:_____

10. List all of the states in which you have resided: _____

_____

11. List all of the states in which members of the applicant household have resided:

12. Have you, or any other household member, ever been convicted of any felony or misdemeanor other than traffic violations? ☐Yes ☐No

If YES, explain: _____

_____

13. Have you or any member of your household been involved in criminal activity that poses a threat to the safety or welfare of others? ☐Yes ☐No

If yes, when and where? _____

_____

14. Have you, or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? ☐Yes ☐No

If YES, explain circumstances, outcome and present status._____

_____

15. Have you or any member of your household been subject to a lifetime state sex offender registration in any state? ☐Yes ☐No

If YES, explain: _____

Applicants Under the Age of 62 Applying to Elderly Complexes: Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property.

16. Are you handicapped? ☐Yes ☐No

17. Are you disabled? ☐Yes ☐No

18. Are you displaced? ☐Yes ☐No

Please list name and address of physician who can verify this:_____

_____

Rental History

Please enter the information requested for your current address and those for any landlords during the past five years. Include places where you were not listed on the lease and places where you lived under a different name. If any household member lived at a different address from the head of household, those addresses must also be listed. (If more space is needed, please use back of this page.)

APPLICANT:

Street Address:_____

City, State & Zip:_____

Monthly Rent: $_____ Landlord Telephone _(_____)_____

Landlord Street Address:_____

City, State & Zip:_____

Names of Household Members:_____

_____

Move-in Date:_____ Security Deposit $____

Do you have an executed lease agreement at the above address? ☐Yes ☐No

Did the household fulfill the terms of the executed lease agreement? ☐Yes ☐No

CO-APPLICANT:

Street Address:_____

City, State & Zip:_____

Monthly Rent: $_____ Landlord Telephone _(_____)_____

Landlord Street Address:_____

City, State & Zip:_____

Names of Household Members:_____

_____

Move-in Date:_____ Security Deposit $_____

Do you have an executed lease agreement at the above address? ☐Yes ☐No

Did the household fulfill the terms of the executed lease agreement? ☐Yes ☐No

Income from Employment: (If more space is needed, please use back of this page.)
List all full-time, part-time, and/or seasonal employment of head of household, spouse/co-applicant(s) and other household members age 18 or older, including the self-employed:

Member Name_____ Est. Total $_____
Name of Employer Supervisor _____ Phone #_____
Address of Employer _____

Member Name_____ Est. Total $_____
Name of Employer Supervisor _____ Phone #_____
Address of Employer _____

Member Name_____ Est. Total $_____
Name of Employer Supervisor _____ Phone #_____
Address of Employer _____

Member Name_____ Est. Total $_____
Name of Employer Supervisor _____ Phone #_____
Address of Employer _____

Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, and all other income.

Household Member #	Type of Income Who Pays It	Address of Source of Income	Contact Person Name & Phone #	Estimated Total $

19. Do you expect any change in your income during the next twelve months? ☐Yes ☐No

20. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you? ☐Yes ☐No

21. Please give three (3) references (other than family).

Name	Complete Address	Phone

Proof of Social Security Number, Picture ID, and Citizenship

22. I certify that I have given proof of social security and a picture ID with this application. ☐Yes ☐No

23. I certify that each member of my household is a U.S. citizen, national, or a non-citizen with eligible immigration status as determined by HUD. Yes No☐☐

Verification" form included at the end of this application for each member of the household. ☐Yes ☐No

Waiting List Contact Preference

Please indicate your preferred contact method for waiting list updates.

Multiple selections are allowed.

☐USPS	
☐Phone	
☐Email	
☐Other	

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, Management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read, and understand, the information in this application, in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We have been notified that the Resident Selection Plan which summarizes the procedures for processing applications is available in the management office.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit reporting Act, 15

U.S.C. Section 1681a(d), seeking information on our characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

We also understand that all adult members of the household will be requested to sign the HUD CONSENT FORM ("Authorization for Release of Information") before we can be offered a unit.

If I am signing this form as a chore provider or live-in aide, I understand that a credit/criminal check will be performed as part of the MSHDA approved screening process. I also understand that as a chore provider or live-in aide I am not part of the household and have no legal rights to the apartment.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS SIGNATURES

DATE	SIGNATURE OF HEAD OF HOUSEHOLD
DATE	SIGNATURE OF SPOUSE OR CO-APPLICANT
DATE	SIGNATURE OF CO-APPLICANT
DATE	SIGNATURE OF CO-APPLICANT
DATE	SIGNATURE OF LIVE-IN AIDE OR CHORE PROVIDER

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ACCEPTABLE FORM OF VERIFICATION IN LIEU OF ORIGINAL SOCIAL SECURITY CARD AND/OR BIRTH CERTIFICATE

1.SOCIAL SECURITY CARD: I am unable to provide a copy of my Original Social Security Card and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.

	Driver's license with SSN
	Identification card issued by a Federal, State, or local agency, a medical insurance provider, or an employer or trade union
	Earnings statements on payroll stubs
	Bank statement
	Form 1099
	Benefit award letter
	Retirement benefit letter
	Life insurance policy
	Court records
	Other: Please Specify

I certify that the document(s) provided represents a complete/accurate indication of my Social Security Number.

Name of Person Completing This Form (Please Print) _____ Date _____

Signature of Person Completing This Form _____ Phone Number _____

2. Birth Certificate: I am unable to provide a copy of my Original Birth Certificate and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.

	Military Discharge papers
	Valid Passport
	Census document showing age
	Naturalization certificate
	Social Security Administration Benefits printout including your date of birth
	Other. Please specify

I certify that the document(s) provided represents a complete/accurate indication of my date of birth and correct age.

Name of Person Completing This Form (Please Print) _____ Date _____

Signature of Person Completing This Form _____ Phone Number _____

Penalties For Misusing This Consent:

Title 18, Section 1001 of the U.S. Code 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a), (6), (7), (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).

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