

RENTAL APPLICATION

Applicant Name _____ Home Phone _____
Street _____ City _____ State _____
Zip _____ Driver's License/State ID _____ Issuing State _____

Please indicate which properties you are interested in residing at:

(Check **ALL** that apply)

Community Living Center
 Kelley Street

Community Living Apartments
 Fern Street

College Park
 Mark's House

CURRENT LANDLORD OR MORTGAGE HOLDER

Current Landlord or Mortgage Holder _____
Phone _____ Street/Apt No. _____
City _____ State _____ Zip _____
Dates From: _____ To: _____ Payment/Rent Amount: \$ _____

PREVIOUS LANDLORD

If current address is less than 5 years, list previous address below:

Prior Address _____
Dates From: _____ To: _____ Payment/Rent Amount: \$ _____
Name of Landlord _____ Phone _____
Landlord's Address _____

List all states in which the Applicant has ever lived: _____

EMPLOYMENT INFORMATION

Current Employer _____ Phone _____
Street _____
City _____ State _____ Zip _____
Contact Person and Position _____

PERSONAL INFORMATION OF APPLICANT

Date of Birth____/____/____ Social Security #____--____--____ Cell#_____

Do you own a car? (Please circle one) **YES** or **NO**

Model/Year_____ License Plate No._____

ANNUAL INCOME

<i>Type of Income</i>	<i>Income</i>
Employment	
Social Security	
Supplemental Security Income (SSI)	
Other	
Total	

PERSONAL REFERENCES

1-Name_____ Phone_____

Address_____

City_____ State_____ Zip_____

2-Name_____ Phone_____

Address_____

City_____ State_____ Zip_____

Eligible Move-In Date_____

Is the applicant, or any member of the applicant’s household, subject to a state or national sex offender registration in any state? (Please circle one) **YES** or **NO**

There is a statutory and regulatory responsibility to prohibit admission to individuals subject to a lifetime registration requirement under a State sex offender registration program. Owners/Agents must terminate the tenancy of a person who is subject to a lifetime registration requirement but has erroneously admitted and receiving assistance.

Have you ever been convicted of a crime, felony, or misdemeanor? (Please circle one) **YES** or **NO**
If “yes”, please explain: _____

If you have a criminal record and disclose it, it will be reviewed prior to accepting or denying your application. If you are denied you will receive a letter with details as to why your application is denied, how you can appeal, and any other rights that you may have. Failure to disclose a criminal record will result in an automatic denial of your application and is grounds for tenancy termination if discovered after move in.

Do you use any federally controlled substance illegally? (Please circle one) **YES** or **NO**
HUD mandates that owners DENY admission to assisted housing for any household with a member determined to be illegally using a controlled substance. Medical and recreational marijuana use is NOT PERMITTED in federally subsidized housing.

I request a Barrier-Free Unit. (Please circle one) **YES** or **NO**

I have Special Requests. (Please circle one) **YES** or **NO** _____

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT ALL STATEMENTS MADE ARE TRUE AND AGREES THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING, THE APPLICATION CAN BE DENIED AND/OR THE LEASE TERMINATED AT A LATER DATE. THE UNDERSIGNED ALSO AGREES THAT BRICKWAYS HAS THE RIGHT TO VERIFY ANY AND ALL INFORMATION GIVEN ABOVE WITH THE APPROPRIATE PERSON OR AGENCY, INCLUDING A COMPLETE CREDIT REPORT.

Signature of Applicant

Date

Signature of Guardian (If applicable)

Date

BRICKWAYS DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN THE ADMISSION, ACCESS TO, 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, 1988)

Susan Onan-Swartz, BrickWays Executive Director
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