



**THE BAPTIST MANOR
APPLICATION FOR APARTMENT**

30301 West 13 Mile Road, Farmington Hills, MI 48334
248-626-6100 Fax 248-539-1522



PLEASE PRINT AND FILL OUT COMPLETELY

Name _____
Last Name First Name Middle Initial

Social Security # _____ Sex M F Birth date _____

Driver's License # _____ State _____

Address _____

City _____ Zip _____

List phone #'s in order you wished to be called: 1. _____ 2. _____

Marital Status ___ Single ___ Married ___ Divorced ___ Widowed/Widower ___ Separated

If married, will your spouse be living with you? ___ Yes ___ No

If the answer is no, please explain: _____

Spouse or Co-Applicant _____
Last Name First Name Middle Initial

Marital Status ___ Single ___ Married ___ Divorced ___ Widowed/Widower ___ Separated

Relationship to Applicant _____ Sex M F Birth date _____

Co-Applicant Social Security # _____

Co-Applicant Driver's License # _____ State _____

Address _____

City _____ Zip _____

Whom would you like to designate as a contact person for your application? This contact person will be the only person, other than yourself, whom your application may be discussed with.

Name _____ Telephone _____ Applicant Initial _____

How did you hear about our property? _____

Do you expect any additions to your household in the next twelve months? ___ Yes ___ No

If yes, Name and relationship: _____

Is there anyone living with you now who will not be living with you at this property? ___ Yes ___ No

If yes, Name and relationship & Explanation: _____

Are there any absent household members who normally live with you? ___ Yes ___ No

If yes, Name and relationship: _____

Do you or the co-applicant have a disability, which requires an accessibility feature of a specially designed unit?
_____ YES _____ NO

Are you and your co-applicant a citizen or national of the United States?

Applicant: _____ YES _____ NO
Co-Applicant _____ YES _____ NO

LOCATION(S) DESIRED

_____ Alpha _____ Gamma
_____ Epsilon _____ Drake

APARTMENT PREFERRED

_____ Studio _____ 1-Bedroom _____ 2-Bedroom

Will you be bringing a pet? ____ Yes ____ No If so, what type of animal _____

Please provide vaccination documents from your veterinarian clinic. \$300 deposit at time of move-in. Limit of 30 lbs.

RESIDENTIAL REFERENCES

LIST THE PAST FIVE (5) YEARS OF HOUSING REFERENCES

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Date</u>
NAME _____	_____	OWN__	FROM_____
ADDRESS _____	_____	RENT__	TO_____
PHONE _____	_____		

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Date</u>
NAME _____	_____	OWN__	FROM_____
ADDRESS _____	_____	RENT__	TO_____
PHONE _____	_____		

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Date</u>
NAME _____	_____	OWN__	FROM_____
ADDRESS _____	_____	RENT__	TO_____
PHONE _____	_____		

List all states you or any household member have lived in. _____

Have you or your co-applicant ever been evicted from rental housing? _____ YES _____ NO

If yes, please provide property owner's name, address, dates and details. _____

Have you or your co-applicant ever been involved in criminal activity that posed a threat to the health, safety or welfare of others?

_____ YES _____ NO If yes, please provide details. _____

Are you or any member of the household subject to a State Lifetime Sex Offender Registration Program in any state? Y or N

If yes, which states? _____

Have you or the co-applicant filed for bankruptcy? Yes _____ No _____ If so, When? _____

Explanation: _____

ASSET INFORMATION

INCLUDE ASSETS HELD FOR ALL HOUSEHOLD MEMBERS.

DOES THE APPLICANT OR CO-APPLICANT HOLD:

Checking Account? Yes No
Household Member Financial Institution Amount

Savings Account? Yes No
Household Member Financial Institution Amount

CD's, Money Market Accounts, Treasury Bills, Cash or Other? Yes No
Household Member Financial Institution Amount

Stocks, Bonds, or Securities? Yes No
Household Member Financial Institution Amount

Trust Funds, IRA, 401K, Retirement Fund? Yes No
Household Member Financial Institution Amount

Surrendered value of Whole Life, Universal Life Insurance policy? (Not term life) Yes No
Household Member Insurance Carrier Amount

Real Estate, rental property, land contracts/contract for deeds? (Including your residence, trailer, land, commercial property) Yes No
Household Member Address of Property Value

Personal Property held as an investment? Yes No
(Including stamp/coin collections, artwork, NOT your personal belongings)
Household Member Item Value

Safe Deposit Box containing contents with a monetary value? Yes No
Household Member Financial Institution Amount

Have you or any members of your household disposed of assets for less than fair market value during the past two years?
_____ YES _____ NO

Explanation _____

INCOME INFORMATION FOR APPLICANT AND CO APPLICANT

For the next 12 months, do YOU or the CO APPLICANT expect to receive income from any of the following?

Social Security, SSI or any other payment from Social Security Office? Yes No

<u>Household Member</u>	<u>SS or SSI</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from Pension, Retirement or Annuity accounts? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Employment wages or salaries (Include overtime, tips, and bonuses, commissions received in CASH) Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Self-Employment? (Include overtime, tips, and bonuses, commissions received in CASH) Yes No

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Disability, Death Benefits or Life Insurance Dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Public Assistance, General Relief, AFDC, TANF (Temporary Assistance for Needy Families) Yes No

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular pay as member of the Armed Forces/Military? Yes No

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Unemployment Benefits or Workman's Compensation? Yes No

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Child Support or Alimony? PLEASE PROVIDE A COPY OF COURT ORDER Yes No

<u>Household Member</u>	<u>Name of Payer</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from any type of settlement? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular gifts or payments from anyone outside the home? (This includes any regular payments of living expenses such as utilities, credit card bills, rent or mortgage payments, medication, anything EXCEPT FOOD.) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Any other income sources or types not listed? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Regular payments from a pension, retirement account or social program from a FOREIGN COUNTRY? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in your household expect a change to your income in the next 12 months? Yes No

If YES, Household Member _____
 Explanation: _____

Are you or the co-applicant a Permanent Legal Alien sponsored by a US Citizen? Yes No

If YES, Household Member _____
 If YES, what is the name and address of the sponsor who signed the Affidavit of Sponsorship I-864?
 Sponsor: _____

EXPENSES

Estimate the total **YOU** pay for the following expenses per year. (if sponsored, How much is paid on your behalf?)

Health Insurance (do not include Medicare) Yes No

<u>Household Member</u>	<u>Provider Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Prescriptions Yes No

<u>Household Member</u>	<u>Pharmacy Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Doctor Co-payments Yes No

<u>Household Member</u>	<u>Physician's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Dental Expenses Yes No

<u>Household Member</u>	<u>Dentist's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Eyeglasses and Optical Expenses Yes No

<u>Household Member</u>	<u>Physician's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Hearing Aids

Yes No

<u>Household Member</u>	<u>Provider's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Other Medical Expenses

Yes No

<u>Household Member</u>	<u>Provider's Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

Name and address of qualified health care professional who can verify your **mobility impairment and/or disability, if applicable.**

Name _____

Address, City, State, Zip _____

The following information on race is required by H.U.D. for statistical purposes only.

_____ Caucasian	_____ African American	_____ Asian	_____ Hispanic	_____ Other
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Signature Clause: I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the US Dept. of Housing and Urban Development (HUD). I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's Tenant Selection Plan.

I hereby grant The Baptist Manor the right to process this application for the purpose of, obtaining a Rental Agreement with this property.

Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be a valid as the original.

Applicant Signature and Date

Co-Applicant Signature and Date

The Baptist Manor is assisted by the Department of Housing and Urban Development (HUD). An Applicant and/or resident must be either an eligible citizen or a non-citizen with eligible immigration status to receive rental assistance. To determine this, The Baptist Manor requests that every applicant complete the Tenant Declaration Form and Family Summary Sheet.

The Baptist Manor requires a copy of photo identification, which must be made in the Baptist Manor office.

The Department of Homeland Security has instituted a new computer procedure which requires our office to have a copy of one of the following documents to input information onto the SAVE software program. If the applicant is a naturalized U.S. citizen, we request a copy of their Certificate of Naturalization. If you are a Permanent Resident Alien, we ask that you provide one of the following documents: A copy must be made in our office by a Baptist Manor Employee, dated and initialed by the employee.

- | | | | |
|--------------|--|---------------|--|
| I-551 | Permanent Resident Card | I-94 | Arrival/Departure Record |
| I-688 | Temporary Resident | I-688B | Employment Authorization Document |
| I-151 | Alien Registration Receipt Card | | |

If you are unable to supply this information when filing your application, an additional interview will be requested. This information is then verified with the DHS. If the applicant is eligible to receive the housing benefit, the SAVE program will confirm that benefit. Please note that all personal information on the application and Immigration Verification must be identical. Applications with names that differ from the DHS information will not be accepted.