



The Baptist Manor
30301 W. 13 Mile Rd.
Farmington Hills, MI 48334
Phone: 248-626-6100
Fax: 248-539-1522
T.Slone@thebaptistmanor.org

Dear Applicant(s),

Enclosed please find an application for housing at The Baptist Manor. Please complete the housing application and return it with the additional documents listed below.

Please note, applications are not on a waitlist until file is complete with the following documents.

Application for Housing

Note the person who is listed first will be considered "head of household."

Release for Criminal and Credit Check

Landlord Verification *top portion only.*

Copies of the Following Documentation for each applicant:

Proof of all household income(s)

Driver's License or State ID

Social Security Card

Birth Certificate, US Passport, Naturalization Papers, or Permanent Resident Card

Please feel free to call or email with any questions or concerns.

Tyler Slone
Director of Marketing



EQUAL HOUSING
OPPORTUNITY



12/2025



THE BAPTIST MANOR



APPLICATION FOR HOUSING

30301 W. 13 MILE RD., FARMINGTON HILLS, MI 48334

PHONE: 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 NUMBER _____

ADDRESS _____

CITY/STATE/ZIP _____

CELL NUMBER _____ OTHER NUMBER _____

EMAIL ADDRESS _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED/ WIDOWER SEPARATED

IF MARRIED, WILL YOUR SPOUSE BE LIVING WITH YOU? YES NO

SPOUSE OR CO-APPLICANT _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY # _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE _____
DRIVER'S LICENSE NUMBER _____		
CELL PHONE: _____	RELATIONSHIP: _____	
EMAIL ADDRESS _____		

LOCATION(S) DESIRED:

ALPHA BUILDING _____ UNIT SIZE: STUDIO _____ 1-BEDROOM _____ 2-BEDROOM _____

GAMMA BUILDING _____ UNIT SIZE: STUDIO _____ 1-BEDROOM _____ 2-BEDROOM _____

BETA HOMES _____ UNIT SIZE: 2-BEDROOM (ALL BETA HOMES ARE 2-BEDROOM)

DELTA HOMES _____ UNIT SIZE: 1-BEDROOM _____ 2-BEDROOM _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

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 EXPLAIN _____

HAVE YOU OR THE CO-APPLICANT FILED FOR BANKRUPTCY? YES NO IF SO, WHEN? _____

EXPLANATION: _____

PREVIOUS LANDLORD OR MORTGAGE COMPANY NAME: _____ PHONE: _____

RESIDENCE FROM: _____ TO _____ MONTHLY RENT/MORTGAGE _____

INCOME INFORMATION FOR APPLICANT AND CO-APPLICANT

EMPLOYMENT WAGES OR SALARIES (INCLUDE OVERTIME, TIPS, AND BONUSES, COMMISSIONS RECEIVED IN CASH) YES NO

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT	WEEKLY/MONTHLY/YEARLY
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL SECURITY, SSI, OR ANY OTHER PAYMENT FROM SOCIAL SECURITY OFFICE. YES NO

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT	WEEKLY/MONTHLY/YEARLY
_____	_____	_____	_____
_____	_____	_____	_____

REGULAR PAYMENTS FROM PENSION, RETIREMENT, OR ANNUITY ACCOUNTS? YES NO

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT	WEEKLY/MONTHLY/YEARLY
_____	_____	_____	_____
_____	_____	_____	_____

ANY OTHER INCOME SOURCES OR TYPES NOT LISTED? YES NO

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT	WEEKLY/MONTHLY/YEARLY
_____	_____	_____	_____
_____	_____	_____	_____

WILL YOU BE BRINGING A PET? YES NO IF YES, WHAT TYPE OF ANIMAL? _____

PLEASE BE AWARE THAT THE BAPTIST MANOR ALLOWS ONE ANIMAL WEIGHING LESS THAN THIRTY (30) POUNDS AND UNDER 18 INCHES AT THE SHOULDER. THIS RULE DOES NOT APPLY TO SERVICE ANIMALS.

BY INITIALIZING HERE, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE PET POLICY. _____

The above information is complete, true, and correct to the best of my/our knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

**DISCLOSURE TO RESIDENTIAL APPLICATION
REGARDING PROCUREMENT OF A CRIMINAL BACKGROUND, CREDIT CHECK,
PROPERTY SEARCH, EVICTION CHECK AND LANDLORD VERIFICATION
HOH APPLICANT**

In connection with your application for residency at the Baptist Manor, we will procure a criminal background and a consumer report as part of the process of our application process. In the event that information for the report is utilized in whole or in part in making an adverse decision with regard to your potential residency, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. On the back of this release is a summary of these rights.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for residency.

EACH APPLICANT MUST FILL OUT.

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency (CRA). Most CRA'S are credit bureaus that gather and sell information about you – such as, you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade commission's website (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to it information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However the CRA is not required to remove accurate data from you file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. Access to your file is limited. A CRA may provide information

about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are providing to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<u>The FCRA gives several different federal agencies authority to enforce the FCRA:</u>	
For Questions or Concerns Regarding: CRA's, Creditors and others not below	Please Contact: Federal Trade commission Consumers Response Center FRCA Washington, DC 20680
National banks, federal branches/ agencies of foreign banks (word "national" or initials "N.A." appear in or after bank's name).	Office of the controller of the Currency/Compliance Mail Stop 6-6 Washington, DC 20219
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks).	Federal Reserve Board Consumer& Community Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks ("Federal" or initials "FSB" appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (word "Federal Credit Union" appears in institution's name).	National Credit Union Admin. 1775 Duke St. Alexandria, VA 22314 703-518-6360
State-chartered bank that are not members of the Federal Reserve System	Federal Deposit Insurance Div. of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Dept. of Trans. Office of Financial Mgmt. Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Dept. of Agriculture Office of Deputy Administrator GIPSA Washington, DC 20250 202-720-7051



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Landlord Verification

The Applicant listed below has applied for an apartment. Please complete this form and return it via fax or email. Please address it to the attention of Tyler Slone, Director of Marketing. Thank you for completing this in a timely fashion.

Applicant Release

I, _____ hereby authorize the release of the requested information.
(Print Name)

Signature

Date

- I own the residence. How long have you owned the residence?
- I have a landlord. **Landlord contact information:**
- I am living with family/friends and not currently on a lease.

Current Address of Resident: _____

Former Address of Resident: _____

Former Address of Resident: _____

DO NOT WRITE BELOW THIS LINE. THIS IS FOR YOUR LANDLORD TO COMPLETE.

Dates of Residency: _____ to _____

Rental Rate: _____ Rental payments made on time? always sometimes never

Is the Resident in a current lease? _____ Expiration Date of current lease: _____

Was applicant approved without a cosigner? _____

Did the resident have any lease violations during their residency? _____

Number of occupants in the unit? _____ Are/were all occupants on the lease? _____

Did you ever initiate or complete an eviction process against the resident? _____

Did the resident give proper notice of intent to vacate prior to terminating their residency? _____

Were there any damages to the premises? _____ Explain: _____

Check all that apply: walls flooring counter tops appliances common areas

Did the resident pay for the above damages? _____

Did the family or guests of the resident display disruptive behavior? _____

Have you identified any false information given by the resident for project eligibility or program eligibility? _____

Would you rent to this resident again? _____ Do you have any additional comments? _____

Name and Title of Person Verifying Tenancy

Name _____ Title _____

Signature _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT:

Title 18, Section 10, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and 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 application 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 of improper use.

