CSI SUPPORT & DEVELOPMENT
Affordable Rental Communities for Seniors

FOR OFFICE USE ONLY
Online Applicant

APPLICATION

CITY VIEW IN THE SQUARE APARTMENTS

Thank you for your interest in residing in one of CSI Support & Development's properties. We look forward to processing your application. Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.** Please print using black or blue pen. Do not use white out.

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** Check our website at www.csi.coop or call (269) 344-1681 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process, a friendly CSI staff member is just a phone call away.

APPLICANT INFORMATION

NAME

_____ _____ _____
Last Name First Name Middle Initial

CURRENT ADDRESS

_____
Street Address Apt. No.

_____
City State Zip Code

TELEPHONE NUMBER AND AREA CODE

( )_____

E-mail: _____

UNIT TYPE REQUESTING (Occupancy standards: minimum 1 person, maximum 2 persons)

☐ **Standard One Bedroom with subsidy** (Rent based on income. Maximum: $36,900/year for 1 person, or $42,150/year for 2 persons. Head-of-household, the co-head-of-household or the spouse must be 62+)

☐ **Standard One Bedroom without subsidy** (Rent $900/month. Minimum income: $21,600/year Maximum: $40,260/year for 1 person, or $46,020/year for 2 persons. Section 8 vouchers are accepted for these units, in which case the minimum income requirement is waived. Head-of-household, the co-head-of-household or the spouse must be 62+)

☐ **One Bedroom Mobility Accessible** (Rent based on income. Maximum: $36,900/year for 1 person, or $42,150/year for 2 persons. Head-of-household, the co-head-of-household or the spouse must be disabled and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required in order to qualify.)

Please note: Income limits and rent amount subject to change

Estimate of your anticipated annual income: $_____

Preference may be given to individuals with incomes at or below 30% of the area median income. Is your income at or below (1) person $21,250 p/yr. or (2) persons $24,250 p/yr.

How did you hear about us?

HOUSEHOLD COMPOSITION

<u>If you are the head of household (HOH), please complete this section</u> which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member. If you are not the HOH, please skip this section.

1. Will anyone else live in the unit with you? If yes, please provide the following information and note that all adults must complete their own application:	☐ Yes ☐ No
Other Household member's full name	**Relationship to head of household**
	☐ Co-head/Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in aide *(Live-in aides must be approved before move in)* ☐ None of the above

HOUSING INFORMATION

2. Will this unit be your only place of residency?	☐ Yes ☐ No
3. **If the head of household or co-head/spouse is not 62** or older, do you claim eligibility because the head of household or co-head/spouse is disabled and requires the specially designed features of a mobility accessible unit (lower kitchen cabinets/counters, wheelchair accessible doorways, etc.)?	☐ Yes ☐ No ☐ N/A
4. City View in the Square does not allow smoking in any common areas, and within 25 feet of the building. Do you acknowledge that you are aware of this smoke free policy?	☐ Yes ☐ No
5. The Controlled Substances Act prohibits all forms of marijuana use, therefore, the use of medical or recreational marijuana is illegal under federal law even if it is permitted under state law and is not allowed on any CSI property because of federal funds received. Do you acknowledge that you are aware of this zero-tolerance marijuana use policy, and agree that you, your guests, and service providers hired by you will abide by this policy?	☐ Yes ☐ No
6. Do you understand that failure to comply with the smoking and marijuana policies may result in termination of tenancy?	☐ Yes ☐ No
7. The management and property staff do not provide, nor has the authority to provide, any personal care or personal supervision services. All care and supervision services must be provided by the resident or aides supervised by the resident or the resident's representative(s). Neither CSI nor the co-op provide assistance with personal activities or daily living. Are you able to meet all the obligations of tenancy with or without assistance from outside the building?	☐ Yes ☐ No
8.Legally, do you need permission of another person (i.e. court appointed guardian) to make leasing or financial decisions? If yes, please provide her/his contact information: Name: _____ Phone number: (_____)_____	☐ Yes ☐ No

BACKGROUND INFORMATION

9. Have you ever used a different name (or names) from the name given in this application? If yes, please provide name(s):	☐ Yes ☐ No
10. Have you ever been convicted of a crime? If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both if you have been convicted of both: ☐Felony, what year(s)? ☐Misdemeanor, what year(s)?	☐ Yes ☐ No
11. Are you currently using illegal drugs or have you ever been convicted of illegal manufacturing or distribution of illegal drugs?	☐ Yes ☐ No
12. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes ☐ No

13. Please indicate each state where you and the members of your household have resided: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

☐AL ☐AK ☐AZ ☐AR ☐ CA ☐CO ☐CT ☐DE ☐FL ☐GA ☐ HI ☐ID ☐IL

☐IN ☐IA ☐KS ☐KY ☐ LA ☐ME ☐MD ☐MA ☐MI ☐MN ☐ MS ☐MO ☐MT

☐NE ☐NV ☐NH ☐NJ ☐ NM ☐NY ☐NC ☐ND ☐OH ☐OK ☐OR ☐PA ☐ RI

☐SC ☐SD ☐TN ☐TX ☐UT ☐ VT ☐VA ☐WA ☐WV ☐WI ☐WY ☐Washington D.C

LANDLORD INFORMATION

14. Are you currently receiving housing assistance from HUD or a Public Housing Agency?	☐ Yes ☐ No
15. Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, when?	☐ Yes ☐ No
16. Have you ever been evicted from a property managed by CSI Support & Development for lease violations?	☐ Yes ☐ No
17. Are you currently homeless?	☐ Yes ☐ No
18. Are you currently renting? If not, please explain your current living arrangements:	☐ Yes ☐ No

19. We require information on where you have lived for the past five years. Please provide this information and give the name, address, phone number of your landlords, and the date you lived there. (Use an additional sheet if you need more space.)

Dates From - To	Address of Your Location	Name and Address of Landlord	Telephone Number of Landlord	Indicate which Apply
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Have you been evicted, or is this landlord attempting to evict you or another person living with you for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No
				☐ Own ☐ Pay Rent ☐ Live with family or friends ☐ Other-explain:
				Do you currently have outstanding balances overdue to this landlord? ☐ Yes ☐ No
				Were you or any member of your household evicted from this property for lease violations? ☐ Yes ☐ No

PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Rules for Animal Ownership. They are available upon request. The presence of any animal must be approved before the animal is allowed to be kept in the unit. **Please note that only one four-legged, warm-blooded, under 20 lbs., domesticated animal is allowed per apartment as a pet. Accommodations can be made for assistance animals. Pets and assistance animals must be approved before they are allowed to live in the unit.**

20. Do you plan to keep an animal in your apartment?	☐ Yes ☐ No

21. If yes, please provide the following information:

ANIMAL TYPE *(dog, cat, turtle, etc.)*	**BREED** *(if applicable)*	**WEIGHT**

PARKING

22. This building may have a limited number of parking spaces. Do you require a parking space?	☐ Yes ☐ No

APPLICANT SIGNATURE AND CERTIFICATION

I understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I understand that any false information may make me ineligible for a unit.

I certify that all information given in this application and in the attachments: application's information and the citizenship declaration are true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my Lease Agreement.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I understand that it is a criminal offense, punishable by a $10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

During the application process, if your address and/or phone number is to change, it is your responsibility to provide us with the new address and/or phone number.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 269-344-1681 or emailing us at seniorhousingmi@csi.coop

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate

in the project, you should bring that fact to the management's attention. The management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Notification of Non-Discrimination Based on Disability: CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator 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): CSI Support & Development, Attn: Corporate Controller, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Penalties for Misusing Form: 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) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

_____ _____

SIGNATURE DATE

AUTHORIZATION TO RELEASE INFORMATION

I am applying for an apartment at **City View in the Square Co-op Apartments**. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) _____

Date of Birth _____

Applicant's Social Security Number _____

All Social Security Numbers Used by Applicant _____

If you have no social security number, you claim you are exempt because:

☐ You are an ineligible non-citizen

☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

Applicant's Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:

City View in the Square
Attn: Assistant Co-op Coordinator
710 Collins
Kalamazoo, MI 49001