



FOR OFFICE USE ONLY
Online Applicant

**Pre-Application
LABELLE TOWERS CO-OP APARTMENTS**

Thank you for your interest in residing in one of CSI Support & Development's properties. We look forward to processing your application. **Please note that we will not be able to place your name on the waitlist unless this form is fully completed and signed. Please print.** Check our website at www.csi.coop or speak to a specialist at 313-731-7073 (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.

RETURN THIS PRE-APPLICATION TO:
LaBelle Towers Co-op
Attention: Patricia Williams
33 LaBelle
Highland Park, MI 48203
Or Fax to 1-313-731-7180
Or seniorhousingmi@csi.coop
For questions: 313-731-7073

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|--|--|--|-------------|--|--|--------------------------|--|------------------------------|-----------------------------|
| <i>Applicant Information</i> LAST NAME | | | FIRST NAME | | | M.I. | | | |
| <i>(Head of Household)</i> | | | | | | | | | |
| TELEPHONE NUMBER AND AREA CODE () () () | | | | | | DATE OF BIRTH / / | | | |
| Name of other person who is applying for this apartment, if applicable: _____ | | | | | | | | | |
| CURRENT ADDRESS | | | | | | | | | |
| Street No. | | | Street Name | | | Apt. No. | | | |
| City | | | State | | | Zip Code | | | |
| UNIT TYPE REQUESTING. Occupancy standards: minimum 1 person, maximum 2 persons. There is a limited number of units for applicants age 55-61. | | | | | | | | | |
| <input type="checkbox"/> Standard Studio (head-of-household, the co-head-of-household or the spouse must be 55+) | | | | | | | | | |
| OR | | | | | | | | | |
| <input type="checkbox"/> Standard One Bedroom (head-of-household, the co-head-of-household or the spouse must be 55+) | | | | | | | | | |
| OR | | | | | | | | | |
| <input type="checkbox"/> One Bedroom Mobility Accessible (head-of-household, the co-head-of-household or the spouse must be 55+, 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 to qualify) | | | | | | | | | |
| How did you hear about us? | | | | | | | | | |
| Income limits may apply: 1 Person 2 Persons Please note: Income limits subject to change by HUD. \$36,700 p/yr. \$41,950 p/yr. 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 \$22,050 p/yr. or (2) persons \$25,200 p/yr. | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a victim of a recent presidentially declared disaster? | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been evicted from a property managed by CSI Support & Development for a lease violation? | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LaBelle Towers Co-op Apartments 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? | | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| X _____ APPLICANT SIGNATURE | | | | | | DATE | | | |
| X _____ CO-APPLICANT SIGNATURE (if applicable) | | | | | | DATE | | | |



We are required by the Department of HUD to have your signature on file in order to be placed on the waitlist. The head of household or co-head must be at least 55 at the time we receive this pre-application in order to qualify for a standard unit. Call for eligibility requirements. Please note that the building has no health support services or personal assistance.

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.

Pre-applications received for a closed waitlist will not be processed. If you are in search of more immediate housing, note that some of our co-ops have shorter waitlists than others. Please contact our Waitlist Department at 800-593-3052 for waitlist information.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 586-753-9002 or emailing us at seniorhousingmi@csi.coop.

CSI Support & Development does not discriminate on the basis of race, color, religion, sex, national origin, familial status or disability or any other applicable state or local prohibitions against discriminatory practices against otherwise qualified individuals in admission or access to, or treatment or employment in, its programs and activities. If you feel you have been discriminated against, you may file a written complaint with the President of the Board of Directors of CSI Support & Development at the following address: President, Board of Directors, 8425 E. Twelve Mile Road Suite 100, Warren, MI 48093.

Note: 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).