APPLICATION REQUIREMENTS

A full application must be filled out by each person over the age of 18

Application Fees (payable by money order only, please make money order payable to Southwicke Square Cooperative):

- **Single Adult - $40 each**
- **Married Couple - $40 total**

Must be provided when turning in application:

- **Copy of Social Security Card for each person in the household**
- **Copy of Birth Certificate for each person in the household**
- **Copy of Drivers License and/or State ID for each person in the household 18 or over**
- **An official landlord verification or 3 letters of reference from persons other than family members/relatives.**

Please be sure to answer all questions, including questions about birth dates, social security numbers and income.

Applications will not be accepted without the above items.

Applicant Information

Name: **Email:**

Date of birth: SSN: Phone:

Current address:

City: State: ZIP Code:

Own Rent (Please circle) Monthly payment or rent: How long?

Previous address:

City: State: ZIP Code:

Owned Rented (Please circle) Monthly payment or rent: How long?

Please list all states that applicant and all other members of the household have resided:

Employment or Source of Income Information

Current employer or source:

Employer/source address: How long?

Phone: E-mail: Fax:

City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Emergency Contact

Name of a person not residing with you:

Address:

City: State: ZIP Code: Phone:

Relationship:

Co-applicant Information

Name:

Date of birth: SSN: Phone:

Current address:

City: State: ZIP Code:

Own Rent (Please circle) Monthly payment or rent: How long?

Previous address:

City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

Co-applicant Employment or Source of Income Information

Current employer or source:

Employer/source address: How long?

Phone: E-mail: Fax:

City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Marketing Data

HOW DID YOU HEAR ABOUT US?	Newspaper Internet	Direct Mail
	Apartment Guide	Other
Referred By:	Drive By _____	

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Proposed date of move-in?

Unit Style:_____

EQUAL HOUSING OPPORTUNITY

Has applicant or any other member of the household been subject to a State lifetime sex offender registration program in "any" State? _____

The applicant(s) has submitted the sum of $_____ which is a nonrefundable payment/fee to cover cost of running all background checks and reports. _____
Applicants Initials

I hereby deposit $_____ with Management in connection with this rental application. If application is approved and tenancy taken, this deposit shall be applied to the initial move-in cost in accordance with the terms of the lease agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this deposit in accordance with the refund policy allowed in the state of Michigan. I understand that it may take up to 30 days to receive a refund if I cancel within 72 hours or if my application is denied. I/we hereby agree to the above terms and conditions._____
Applicants Initials

I (we) certify that the information provided in this application is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Managements/Owners immediate cancellation of our application. If at any time during occupancy it is discovered that fraudulent information was submitted to gain approved status for occupancy Management/Owners will take steps to terminate tenancy.

Additional Information		
Number of persons in household:	# of Bedrooms Requested:	Pets:
Does your household require accessibility features?	Describe:	
Reasonable Accommodation request?	Describe:	
I authorize the verification of the information provided on this form as to **my credit, criminal and employment and or income.**		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

_____ _____ _____ AM / PM

Management Agent: Date: Time:

Monies Delivered with this application

Deposit.....$_____ Pet Fee / Deposit.....$_____

Credit/background fee.....$_____ **Total Received.....$_____**

☐Approved ☐Declined ☐Canceled By _____ Date_____

EQUAL HOUSING OPPORTUNITY

HOUSEHOLD COMPOSITION CERTIFICATION

NAME:_____ **ADDRESS:**_____ **UNIT #**_____

PLEASE LIST YOURSELF, ALL DEPENDENTS AND ANY PERSONS LIVING WITH YOU.

NAME: LAST FIRST M.I.	RELATIONSHIP	BIRTH DATE	PLACE OF BIRTH CITY, STATE	SOCIAL SECURITY #	OCCUPATION	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our household composition and is our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of our Lease and/or Occupancy Agreement and render me liable for prosecution.

HOME PHONE # WORK PHONE # EMERGENCY CONTACT NAME EMERGENCY PHONE#

RESIDENT'S SIGNATURE DATE SPOUSE/CO-RESIDENT'S SIGNATURE DATE

_____ I am over the income limit and paying the surcharge/market rate. I do not wish to recertify at this time

SIGNATURE

Rev. 05.10

Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name	First Name	Relationship to Head of Household	Sex	Date of Birth
1/Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions

AGENCY DISCLOSURE STATEMENT

DISCLOSURE REGARDING AGENCY RELATIONSHIPS

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee.

Michigan law requires real estate licensees who are acting as agents of sellers (lessors/owners) or buyers (tenant/lessee) of real property to advise the potential seller (lessors/owners) or buyers (tenant/lessee) with whom they work of the nature of their agency relationship.

LESSOR'S/OWNER'S AGENT
A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize a lessor's/owner's agent to with subagents, tenant or lessee agents and/or transaction coordinators. A subagent is one who has agreed to work with the lessor's/owner's agent, and who, like the lessor's/owner's agent, act solely on behalf of the lessor/owner. Lessor's/owner's agents and subagents will disclose to the lessor/owner all known information about the tenant/lessee which may be used to the benefit of the lessor/owner.

TENANT'S/LESSEE'S AGENTS
A tenant's/lessee's agent, under an agency agreement with the tenant/lessee, acts solely on behalf of the tenant/lessee. Tenant's lessee's agent and subagents will disclose to the tenant/lessee known information about the lessor/owner which may be used to benefit the tenant/lessee.

DUAL AGENTS
A real estate licensee can be the agent of both the lessor/owner and the tenant/lessee in a transaction, but only with the knowledge and informed consent, in writing, of both the lessor/owner and the tenant/lessee.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the lessor/owner or the tenant/lessee.

In obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

LICENSE DISCLOSURE
I hereby disclose that the agency status I/we have with the lessor/owner and/or the tenant lessee is:

X Lessor/owner's Agent
Tenant/lessee's Agent
Dual Agent
None of the above

Further, this form was provided to them before disclosure of any confidential information.

_____ _____
LICENSEE Date

By signing below, the parties confirm that they have received and read the information in this agency disclosure statement and that this form was provided before the disclosure of any confidential information specific to the potential owner/lessor or tenant/lessee.

_____
Incoming Resident Date

_____ _____
Incoming Resident Date

EQUAL HOUSING OPPORTUNITY

AUTHORIZATION AND ACKNOWLEDGEMENT
BY APPLICANT

The undersigned applicant hereby acknowledges the following:

That as part of the process for applying for membership at Southwicke Square Cooperative the applicant shall be subject to the following investigations:

1. Credit Report;
2. Inquiry of prior landlords;
3. Criminal background checks of each adult member of the household for verification of income.

That in the event the application is approved and the applicant becomes a member of the Cooperative, the applicant acknowledges that he/she will be required under the terms of the Occupancy Agreement and the Rules and Regulations to report all changes in family composition.

That in addition, incoming adult members shall be required to submit to the same background checks as the original applicant and adult members of the household at the time the member was applied and approved as a member of the Cooperative.

That this requirement shall apply even though the members income may have risen to the extent that they are no longer receiving a subsidy and are no longer required to recertify for the Department of Housing and Urban Development.

Date: _____ _____
Member

Date: _____ _____
Member

Date: _____ _____
Member

Date: _____ _____
Member

CRIMINAL HISTORY

CONSENT TO RELEASE INFORMATION

DATE: _____

FULL NAME: _____ **DATE OF BIRTH:** _____

FULL NAME: _____ **DATE OB BIRTH:** _____

Current Address: _____

_____

_____

Management screens the Criminal and Sex Offender Registry. This screening contains background information that includes your personal confidential material. By signing below, you agree to allow Management and its agents to access this information in order to determine your eligibility.

Have you or any member of your household been convicted of a crime? _____

If yes, when, where and the nature of the offense: _____

_____

Are there any felony charges or warrants pending against anyone in the household? _____

All information obtained is kept confidential and private but will remain in your tenant data file if your application is approved for housing.

Signatures allow for consent to release information up to (13) thirteen month of signature date.

SIGNATURE_____ **DATE**_____

SIGNATURE_____ **DATE**_____

MANAGEMENT ACKNOWLEDGEMENT_____

EQUAL HOUSING OPPORTUNITY

DISCREPANCY NOTIFICATION AGREEMENT

By signing this agreement, the applicant or resident consent to provide the owner with letters received from HUD/REAC about discrepancies between the income reported to HUD through recertifications with the property and the federal tax return or social security data.

The property is required to verify and resolve any reported income discrepancies. The Applicant/Resident and all adult household members must provide any and all necessary forms and sign forms requested by the property to resolve any reported discrepancies. The property must also seek repayment of any excess assistance received by your household.

If the applicant or resident applicant does not provide the property with the HUD/REAC letter as requested, the property is required by HUD to terminate assistance.

Applicant/Resident	Date
Applicant/Resident	Date
Management Agent	Date

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

_____ _____
Tenant Date

_____ _____
Landlord Date

Landlord Verification

DATE: ___/___/___

To: _____
_____
_____
_____

FROM: Mark Cruickshank
Property Manager
Southwicke Square Cooperative
1943 Marian Dr.
Trenton, MI 48183

RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name: _____
SSN: **XXX-XX-**_____
Address: _____
_____
_____

This person has applied for housing assistance under a program of the U.S. Department of Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

_____ ___/___/___
Name of Applicant/Tenant Move-in Date

_____
_____
_____
Address including unit number

How long have they lived in the complex? _____

1. Has rent been paid on time? _____

2. Amount monthly rent? $_____ Were utilities including in rent? _____

3. Have you had any problems with this resident? _____ If answer is yes, please note the problems, including: _____

a) Nonpayment of Rent _____
b) Failure to cooperate with applicable recertification procedures _____
_____
c) Violations of house rules _____
d) Violations of lease _____
e) History of disruptive behavior _____
f) Housekeeping habits _____
g) Termination of assistance for fraud _____
h) Previous evictions _____
i) Convictions involving the illegal manufacture or distribution of a controlled substance _____
j) Conviction for the illegal use of a controlled substance _____
_____

_____ _____
NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION (PRINT) COMPLEX NAME

_____ _____ ___/___/___
SIGNATURE PHONE DATE

==========

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

_____ ___/___/___
SIGNATURE DATE

Southwicke Square Cooperative, does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.