

DEAR APPLICANT:

Thank you for your interest in applying with First Housing Corporation for your housing needs. We are committed to "SETTING THE STANDARD" at this community with a professional management and maintenance team dedicated to providing you with the highest level of service. Our commitment is to exceed your expectations and make this property a great place for you to call home! You should read the posted Resident Selection Criteria (RSC) prior to completing your application. Residential qualifying criteria is subject to change at the Owner's discretion and without notice.

1. Use black or blue ink only when filling out the application and print clearly.
2. A separate application must be completed for each household applicant 18 years of age or older.
3. Fill out all the spaces on the application. Do not leave any blanks.
4. Make sure that all phone numbers listed on the application are correct and current, including previous landlords for the last three-year period.
5. Sign and date the application where applicable. No application will be processed without your signature and date. You will need to bring picture ID for household members over eighteen and social security cards for all family members.
6. You will be contacted when your name comes to the top of the waiting list to verify your interest in housing at our community.

Applications are processed in the order they are received. Incomplete and/or illegible applications or omission of information or submission of false information will result in denial of residency.

Rental Qualifying Criteria

Preliminary application approval will be based on each household member 18 years of age and older receiving positive reports in the following three categories:

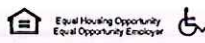
See posted RSC for list of prohibited rental, credit, and criminal activity items. This list of possible causes for rejection is not considered all-inclusive and any other offense may be used for rejection.

1. **Rental History** – Current and previous history must be verifiable. Any unpaid rental collections, evictions, property damage beyond normal wear and tear, illegal activity on premises, or refusal to re-rent by a previous landlord will be grounds for denial.
2. **Credit** – A credit check will be performed. Applications will be rejected with a credit history of three or more I-9 rated accounts and the delinquent amount owed. We do not use credit ratings based on medical or student loans when evaluating credit qualification.
3. **Criminal History** – A criminal background check will be performed for each state in which the applicant has resided and will be evaluated prior to approval of residency. *We do not accept applicants who are subject to registration as a lifetime sexual offender.* Some other unacceptable offenses include arson, assault, drug possession/manufacturing/use, any firearm offense, domestic violence, and breaking/entering. **Signing this acknowledgement indicates that you have had the opportunity to review the posted Resident Selection Criteria. If you do not meet the selection criteria or provide inaccurate or incomplete information, your application will be rejected for all First Housing managed communities with the exception of credit history.**

Applicant signature

Date

RENTAL APPLICATION		ALL CO-APPLICANTS 18 YEARS OR OLDER MUST FILL OUT A SEPARATE RENTAL APPLICATION FORM.		/		
				Signature of Agent		
CURRENT ADDRESS						
Applicant's Name		First	Middle Initial	Last	Phone ()	
Street				Alternate Phone ()		
City			State	Zip Code		
List Maiden Name and all other Last Names you have used						
Do you Own?	Rent?	Rent Amount \$	Driver's License #			
CURRENT LANDLORD OR MORTGAGE HOLDER						
Current Landlord or Mortgage Holder			Phone ()		Dates of Occupancy from to	
Street		City	State	Zip		
LIST ADDRESSES AND LANDLORDS FOR THE LAST THREE YEARS (IF AT CURRENT ADDRESS LESS THAN 3 YEARS) ATTACH ADDITIONAL PAGES IF NEEDED						
Your Prior Address				Rent Amount \$		
Name of Landlord			Phone ()		Dates of Occupancy from to	
Street		City	State	Zip		
Your Prior Address				Rent Amount \$		
Name of Landlord			Phone ()		Date of Occupancy from to	
Street		City	State	Zip		
INCOME INFORMATION						
Applicant's Employer				Phone ()		
Street		City	State	Zip		
Estimated Annual Income		List Income Sources Other than Employment				
LIST ALL PERSONS WHO WILL OCCUPY THE UNIT, INCLUDING YOURSELF						
Name	Date of Birth	Soc. Sec #	Family Member US Military Veteran	Disabled	Relationship	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CREDIT REFERENCES						
Name			Name			
Address			Address			
Phone ()			Phone ()			
PERSONAL REFERENCES						
Name			Name			
Address			Address			
Phone ()			Phone ()			
ADDITIONAL INFORMATION						
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of any drug-related crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of any crime involving fraud or dishonesty?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of any crime involving violence or weapons?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently charged with any of the above criminal activities?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or any member of your household currently subject to a lifetime registration requirement under a state sex offender registration program?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
List all states in which you and all members of your household have lived. Include driver's license numbers.						



Are you currently using illegal drugs or any other controlled substance that has not been prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been or are you currently being evicted from your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen, national or have eligible immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have no Social Security Number, you claim you are exempt because	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10	<input type="checkbox"/> N/A
Are you a Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you ever lived in another First Housing Corporation managed development? If "yes," which one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you displaced due to governmental action or by a presidential declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently residing in a property where you received a subsidy or housing voucher to assist you in paying your rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What size unit are you requesting? Check One:	
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	

THE UNDERSIGNED FURTHER REPRESENTS AND WARRANTS THAT ALL STATEMENTS MADE ARE TRUE AND AGREES THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING, THE APPLICATION CAN BE DENIED AND/OR LEASE TERMINATED AT A LATER DATE. THE UNDERSIGNED ALSO AGREES THAT WE HAVE THE RIGHT TO VERIFY ANY AND ALL INFORMATION GIVEN ABOVE WITH THE APPROPRIATE PERSON/AGENCY, INCLUDING A COMPLETE CREDIT, LANDLORD AND CRIMINAL REPORT

WE DO NOT ACCEPT CASH. ALL PAYMENTS MUST BE MADE BY CHECK OR MONEY ORDER.

Signature of Applicant	Date of Application
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FIRST HOUSING CORPORATION MANAGED PROPERTY



Equal Housing Opportunity
Equal Opportunity Employer



<p>Riverfront Apartments 601 N. Cedar St. Lansing, MI 48912 517-372-1082 TTY: 711</p>
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OFFICE USE ONLY	
Applicant (s) Qualifies For:	
Regular Waiting List	
Preference List	
Unit Size Required	
Barrier-Free Unit	
Special Needs Unit	
Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rejection Letter Sent	

OPTIONAL INFORMATION FOR ALL APPLICANTS
Reasonable Accommodations or Special Needs

First Housing Corporation manages this property and has a legal obligation to provide "reasonable accommodations" to applicants if they or any family member have a disability or handicap.

A reasonable accommodation is some modification or change that can be made to the policies, procedures, or services that will assist an otherwise eligible applicant with a disability to have equal access to participate in the program or necessary to afford applicant full enjoyment of the premises. Reasonable modifications are those that would not place an undue financial burden to the apartment complex. Modification requests will be evaluated individually on a case-by-case basis. Reasonable accommodations may include, but are not limited to, adjustments or modifications to buildings, facilities, dwellings, and may also include provision of auxiliary aids, such as readers, interpreters, and materials in accessible formats.

If you believe your housing needs can best be met through a reasonable accommodation, please check below all that applies to your household. A physician or health care provider must document verification of the disability.

- | | |
|---|--|
| <input type="checkbox"/> Ground Floor Unit* | <input type="checkbox"/> Unit for Vision Impaired* |
| <input type="checkbox"/> A Barrier-Free Apartment* | <input type="checkbox"/> Unit for Hearing Impaired* |
| <input type="checkbox"/> One-Level Unit* | <input type="checkbox"/> Bedroom & Bath on First Floor* |
| <input type="checkbox"/> Other Modification to Unit* | <input type="checkbox"/> Live-In Aide* |
| <input type="checkbox"/> Assistive Animal** | <input type="checkbox"/> Modification to Policy, Procedures or Services* |
| <input type="checkbox"/> Need assistance or help in understanding and completing this application | |

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report information to the Manager, avoid disturbing their neighbors, etc.; but there is no requirement that they be able to do these things without assistance.

Signature of Applicant	Date of Application
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AGENCY DISCLOSURE

First Housing Corporation and its representatives are acting as agents for the Owner and not as agents for the Tenants. This information is provided to all prospective Applicants/Tenants prior to their disclosure of any confidential information.

First Housing Corporation has a commitment to protect all collected personal information in a safe and confidential manner. A copy of our Confidentiality Policy is available upon request.

ACKNOWLEDGEMENT

I (We) acknowledge receiving a copy of the following documents on the date listed below.

1. Completed Rental Application;
2. Resident Selection Criteria and Waiting List Ranking Policy;
3. *Resident Rights & Responsibilities* as published by HUD; (revised 03/2018)
4. *Is Fraud Worth It?* as published by HUD;
5. Fact Sheet for HUD Assisted Residents—Project Based Section 8 *“How Your Rent is Determined.”*
6. *Attachment A* - Supplement To Application For Federally Assisted Housing
7. *EIV Brochure*
8. *Notice of Occupancy Rights Under VAWA*
9. *Certification of Domestic Violence*

If there are any questions concerning the information on these documents, please contact our office so that we may help you.

Applicant's Signature—Head of Household

Agent's Signature

Applicant's Signature

Applicant's Signature

Applicant's Signature

Date

A First Housing Corporation Managed Property

CHECKLIST

of Income, Assets and Expenses

Department of Consumer and Industry Services
Michigan State Housing Development Authority
(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937)

Name:	Unit Number:	Phone:
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**Complete a separate form for each household member who is 18 years or older.
Complete Each Line. Do Not Leave Any Blanks.**

	YES	NO	
1			I am a citizen of the United States or a permanent Legal Resident.
2			I am presently a Student. Name of School attended
3			I was a student sometime during the past twelve-month period or anticipate becoming a student sometime during the upcoming twelve-month period.
			INCOME
4			I have a job and receive money/wages, tips or bonuses. List the businesses or companies that pay you.
5			I am self-employed. List the types of jobs you do.
6			I receive Social Security or Rail Road Retirement Act income
7			I receive Supplemental Security Income (SSI).
8			I receive quarterly payments from FIA for the State-paid portion of an SSI grant.
9			I receive unearned income for a family member age 17 or under (example: Social Security).
10			I receive periodic payments for retirement funds or pensions. If yes, how many funds or pensions? [] List name(s) of fund or pension provider.
11			I receive Disability or Death benefits other than Social Security.
12			I receive Veteran's Administration benefits.
13			I receive Public Assistance.
14			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
15			I receive unemployment benefits.
16			I receive periodic payments from Worker's Compensation.
17			I receive periodic payments from trust, annuity, or inheritance. If yes, from how many sources? []
18			I receive income from rental of real estate or personal property.
19			I receive periodic payments from lottery winnings.
20			I receive adoption assistance payments.
21			I receive alimony.
22			I receive GI Bill Benefits.
23			I receive military active duty allotments.
24			I am a member of an Indian Tribe receiving gaming payments.
25			I receive periodic payments from insurance policies. If yes, how many policies? []
26			I receive Long Term Care Insurance Payment Proceeds in excess of \$180/day or \$67,000 annually.
27			I receive recurring or periodic income not listed above. Describe:
			CHILD SUPPORT
28			I receive child support. If yes, from how many parents do you receive support? [] If yes, is child support paid directly to FIA? <input type="checkbox"/> Yes <input type="checkbox"/> No or is child support paid directly to a county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which county? []
29			I have been awarded a judgment for child support but have not been receiving payments.
30			I anticipate filing a claim for child support within the next twelve (12) months.
31			I have SOLE physical custody of the children in my household.
32			I have JOINT physical custody of the children in my household.
			ASSETS
33			I have Savings Account(s): List name(s) of institution.
34			I have Checking Account(s). List name(s) of institution.
35			I have Certificates of Deposit. List name(s) of institution.
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)?
37			I have cash held in my home or in safety deposit box.
38			I have savings bonds. If yes, how many? []
39			I have Treasury Bills. How many? []
40			I have Stocks. List Name(s) of Institution(s):
	YES	NO	ASSETS



41			I have Bonds. List Name(s) of Institution(s):
42			I have Mutual Funds. List Name(s) of Institution(s):
43			I have a bank account (such as checking, savings, money market or Certificate of Deposit) in a bank in a foreign country:
44			I have an IRA, 401k or Keogh Account(s). List name(s) of institution.
45			I have Time Certificate(s). List name(s) of institution
46			I own real estate. If yes, how many? []
47			I own a mobile home.
48			I have land contracts. If yes, how many? []
49			I hold a mortgage or deed of trust.
50			I have revocable trusts. If yes, how many trusts? []
51			I have whole life or a universal life insurance policy(ies). If yes, how many policies? []
52			I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.).
53			I have lump sum receipts or one-time receipts.
54			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as power of attorney. These other persons do not own the assets and receive no income from the assets.
55			I have joint ownership on one or more of the above assets.
56			I have income/assets from sources other than those listed above. Describe:
57			A member of my household is under the age of 18 and has assets (see question #69 for list of assets). (Describe)

	YES	NO	ALLOWANCES/DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)
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58			I am Elderly (age 62 or older), Handicapped or Disabled <u>and</u> pay Medicare Premiums.
59			I am Elderly (age 62 or older), Handicapped or Disabled <u>and</u> pay medical insurance premiums other than Medicare.
60			I am Elderly (age 62 or older), Handicapped or Disabled <u>and</u> pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
61			I am Elderly (age 62 or older), Handicapped or Disabled <u>and</u> pay long term care insurance premiums.
62			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
63			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
64			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
65			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.
66			I am disabled and pay expenses for an assistive animal that are not reimbursed.

	YES	NO	OTHER ITEMS
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67			I have provided copies of Social Security cards for all household members.
68			Are you or any member of your household subject to a lifetime registration requirement under a State sex offender program?
69			I have received a copy of the EIV & YOU brochure as published by HUD

	YES	NO	DISPOSAL / DIVESTITURE OF ASSETS (all residents and prospective residents in all types of developments must complete the section below)
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70			I have sold, given away or otherwise transferred ownership of assets* within the last two (2) years. CHECK & INITIAL the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):
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*Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Signature of Resident / Applicant:	Date:
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We do not accept cash. All payments to this office must be made by check or money order.