



L I N C

community revitalization inc.

HOUSING APPLICATION CHECKLIST

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

CHECKLIST

Our goal is to process your application within 72 hours. To help us attain that goal, this application will not be accepted unless all of the below items are completed and initialed. Please initial each line.

_____ Completed Application

_____ Current landlord contact information

_____ Include a copy of your 2 most recent bank statement, which shows the names on the account, the account number, and the balance.

_____ Written letter signed/dated stating you don't have a bank account (if applicable)

_____ Copy of 4 weeks' pay stub/Include verification of income (please include contact person)

_____ Current letter from Social Security/Disability, DHS or any other income being used (if applicable)

_____ Include a copy of social security card for all tenants living in the unit

_____ Include a copy of your valid Driver's License or valid State Identification.

_____ Last two years tax returns (signed and dated)

_____ \$20 Application fee made payable to LINC (money order or cashier check only)

PLEASE NOTE YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE APPLICATION FEE.

LINC RENTAL APPLICATION

**Return to: LINC Community Revitalization, Inc
1167 Madison Ave., SE
Grand Rapids, MI. 49507**

Office # 616-451-9140 Fax # 616-451-0615

Property Address : _____ **Apartment Size: 2 or 3** **Date:** _____

Applicant's Name _____ ☎ # (____) _____ - _____

Birthdate ____ - ____ - ____

Social Security Number _____ - _____ - _____ Driver's License Number _____

Co-Applicant _____ ☎ # (____) _____ - _____

Birthdate ____ - ____ - ____

Social Security Number _____ - _____ - _____ Driver's License Number _____

List below all persons (other than those listed above) that will occupy this apartment

First and Last Name	Sex	Birthdate	Race	Social Security Number	Relationship to Tenant
_____	_____	____ - ____ - ____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____	____ - ____ - ____	_____

Are you or anyone in the household a full or part time or anticipate being a student? _____ **If yes, who?** _____

Do you have a pet? _____ **If yes, specify kind of pet** _____ **Weight** _____

Would you or anyone in your household benefit from the features of a barrier free (wheelchair-adapted) apartment? _____

Are any household members temporarily absent? _____ **Yes** _____ **No** _____ **If yes, who?** _____

Present Address _____ **City/State** _____ **Zip Code** _____

____ Own ____ Rent From (Month-Year) ____ - ____ To ____ - ____ Monthly Payment for Rent \$ _____ Utilities \$ _____

Name of Landlord/Mortgage Holder _____ ☎ # (____) _____ - _____

Are you related to Landlord/Mortgage Holder? _____ if yes, specify relationship _____

Reason for moving _____

Previous Address _____ **City/State** _____ **Zip Code** _____

____ Own ____ Rent From (Month-Year) ____ - ____ to ____ - ____ Monthly Payment for Rent \$ _____ Utilities \$ _____

Are you related to Landlord / Mortgage Holder? _____ if yes, specify relationship _____

Reason for moving _____

Continue on back, if necessary, to provide 2 FULL years of Rental / Living history.

Tenant's Employer _____ **Supervisor** _____

Employer Address _____ **City** _____ ☎ # (____) _____ - _____

Job Title _____ **How long have you had this job** _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____

Co-Tenant's Employer _____ **Supervisor** _____

Employer Address _____ **City** _____ ☎ # (____) _____ - _____

Job Title _____ **How long have you had this job?** _____

Income: Hourly Wage \$ _____ Average hours worked per week _____ Gross Monthly Income \$ _____



<u>Tenant</u>	<u>Co-Tenant</u>	
\$ _____	\$ _____	Family Independence Agency (food stamps, money, etc.)
\$ _____	\$ _____	Social Security and/or SSI received per month. (include Medicare)
\$ _____	\$ _____	Cash contributions received per month.
\$ _____	\$ _____	Pension received per month.
\$ _____	\$ _____	Veterans Administration benefits received per week.
\$ _____	\$ _____	Child Support or Alimony received per week.
\$ _____	\$ _____	Unemployment Benefits received per week.
\$ _____	\$ _____	Interest earned from assets per year.
\$ _____	\$ _____	Income received for a household member under the age of 18.
\$ _____	\$ _____	Other (specify) _____

Credit References (List Three)

1. _____ Address _____ ☎# () _____ - _____
2. _____ Address _____ ☎# () _____ - _____
3. _____ Address _____ ☎# () _____ - _____

Personal References (List two) No Relatives

1. _____ Address _____ ☎# () _____ - _____
2. _____ Address _____ ☎# () _____ - _____

Number of Automobiles _____

1. Model _____ Year _____ Color _____ License # _____ State _____
2. Model _____ Year _____ Color _____ License # _____ State _____

Have you or the Co-Tenant ever been convicted of a felony? _____ If yes, explain _____

Have you or the Co-Tenant ever been evicted? _____ If yes, explain _____

Are you or the Co-Tenant separated, but not divorced from your spouse? _____ yes _____ no

I / We certify that the above information is true and correct to the best of my / our knowledge and belief. Inquires maybe made to verify this information. I / We hereby certify that should I / We be accepted for residency, that the housing I / We occupy is /will be my /our permanent residence. I / We further certify that I / We do not and will not maintain a separate subsidized rental unit in a different location.

I AGREE THAT LINC COMMUNITY REVITALIZATION, INC. OR AMERICAN PREFERRED MANAGEMENT CO. MAY INVESTIGATE MY RENTAL / CREDIT / LIVING HISTORY BY CONTACTING MY REFERENCES, PRESENT/PAST LANDLORDS, AND ANY OTHER SOURCE NECESSARY TO EVALUATE RENTING RISKS.

Date _____ / _____ / _____ Applicant's Signature _____

Co-Applicant's Signature _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and/or Michigan State Housing Development Authority that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This Information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, national origin, and sex of the individual applicants on the basis of visual observation or surname.

CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for all yes answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	Address:	City:

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ (enter #) job(s) and receive money/wages. (List each job separately)
			Name of Employer: 1) _____ 2) _____
			Street Address: _____
			City, State, ZIP: _____
			E-mail address: _____
			Contact Person: _____
			Telephone: _____
			Fax#: _____
			The Work Number _____
			Pay Code #: _____
			If more than two jobs provide additional information on a separate sheet.
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$ _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$ _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____
			If received from more than one source, provide additional information on a separate sheet.
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ (List each source separately)
			Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____
			If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____	
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____	
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____ If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. From how many Friend of the Court(s) do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____ If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.	
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.	
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____ If received from more than one source provide additional information on a separate sheet.	

CHECKLIST (continued)

A-22 I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____
 Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Number of Credit Hours Enrolled: _____

If attending more than one school, provide additional information on a separate sheet.

A-24 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

A-25 I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

B-1 I have the following accounts Savings Checking IRA's or Keogh Other _____
 [check which one(s)]:

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

B-2 I own real estate. Describe: _____

B-3 I have a land contract(s). Describe: _____

CHECKLIST (continued)

- Yes No
- B-4 I own a mobile home. Describe: _____
- B-5 I receive income from rental of real estate or personal property. Describe: _____
- B-6 I receive income from Indian Trust Land. Describe: _____
- B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: _____
- B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
 How many do you have? _____ (List each separately)
 Name of each source: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account #: _____
- If more than two, provide additional information on a separate sheet.
- B-9 I have a life insurance policy **with a cash surrender value**.
 Source Name: _____ Policy #: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
- If received from more than one source provide additional information on a separate sheet.
- B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
 List items: _____ Sale amount \$ _____
- B-11 I have income/assets from sources **other** than those listed above. Describe: _____

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes No

B-12 I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST (continued)

Section C – Rental Rehabilitation

Yes No

C-1 I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

Yes No

C-2 I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: _____

Please return to:

Certification:

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).