

For Office Use

Date – Time Application Received

____/____/____ - ____ AM / PM

Received by (Initials): _____

Via – In Person / Drop Box / Mail / E-mail

For Office Use

Apartment Selected: _____ Desired Move in Date: _____ Deposit Amount _____ Check # _____

**PRIMARY APPLICATION**

RETURN TO: **The Village at LaFranier Woods**
 1463 Orchard Hill Parkway
 Traverse City, MI 49686
 (231) 883-0078
 Attn: Community Relations

The Village at LaFranier Woods
 is 100% Smoke Free.
 Smoking is not permitted in
 the apartments or common
 areas.

Application Fee: \$25.00 per person

APPLICANT INFORMATION

Last Name	FirstName	MI	Maiden Name/Other Names Used
Daytime Phone Number	Cell Phone Number	E-mail Address	
Marital Status - optional (circle selection) Married Single Divorced Separated Widowed			Student Status (circle selection) F/T P/T N/A
Mailing Address			
Current Physical Address if Different than Mailing Address			

Preferred Unit Size: _____

Barrier Free Unit desired: Yes No **Reasonable Accommodation needed:** Yes No

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT 18 & OLDER AND A PART OF THE HOUSEHOLD. Please provide the following information with regards to all occupants who will be living in the household. Proof of age will be requested if you are applying to live in a designated senior development. Acceptable verifications include a copy of (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card. A copy of a Social Security Card for all applicants will also be required.



EQUAL HOUSING OPPORTUNITY



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, marital status, handicap or familial status.

OTHER OCCUPANTS

Name of Person(s) to Occupy the Apartment			Relationship	Social Security Number	Date of Birth	Student Yes/No	
LAST	FIRST	MI				<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

CURRENT HOUSING

Your current Housing situation is best described as:

<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo - <input type="checkbox"/> Ownership <input type="checkbox"/> Rental <input type="checkbox"/> Fleeing or attempting to flee Domestic Violence

GENERAL INFORMATION:

- Do you own a pet? **YES / NO** If so, what kind? _____ Weight _____
 Although we are pet friendly, there are restrictions on the pets we allow.
- Do you carry renter's insurance? **YES / NO**
- Do you have the legal right to enter into a lease? **YES / NO**
- Have you ever filed bankruptcy? **YES/NO** If yes, please explain: (include dates)

- Have you ever been evicted from an apartment for any reason? **YES/NO**
 If yes, please explain: _____
- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **YES/NO**
- Have you or any member of your household been arrested or convicted of any crime? **YES/NO**
- What states have you or any member of your household lived in? _____

- Have you ever had bedbugs in your home or apartment? **YES/NO**
 If yes, please provide time period and explain: _____

- Do you currently have bedbugs in your home or apartment? **YES/NO**

RESIDENTIAL HISTORY (Attach additional pages if necessary)

- Present Address: _____
 How long at this address? _____ Rent or own? _____
 Monthly rent/mortgage amount? _____ Reason for moving: _____

 Landlord's Name (if applicable): _____
 Landlord Address: _____
 City _____ State ____ Zip _____ Phone _____



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2. Previous Address: _____
How long at this address? _____ Rent or own? _____
Monthly rent/mortgage amount? _____ Reason for moving: _____

Landlord's Name (if applicable): _____
Landlord Address: _____
City _____ State ____ Zip _____ Phone _____

3. Previous Address: _____
How long at this address? _____ Rent or own? _____
Monthly rent/mortgage amount? _____ Reason for moving: _____

Landlord's Name (if applicable): _____
Landlord Address: _____
City _____ State ____ Zip _____ Phone _____

EMPLOYMENT OR OTHER INCOME SOURCES (List all Sources)

Income Sources: **Estimated Monthly Gross Income: \$** _____
Please list below: (i.e., Social Security, Employment, Pension, Alimony, Disability, etc.)

Assets - Income Sources: **Estimated Monthly Gross Income: \$** _____
Please list below: (i.e., Checking, Savings, CD's, Stocks, Bonds, Annuity, IRA, Real Estate, Trust-irrevocable, etc.)

Disposal of Assets:
Have you or any member of your household disposed of any assets or given away any assets for LESS than Fair Market Value in the past two years? YES NO

If Yes, please describe: _____

Real Estate

Do you Own Real Estate: YES NO if yes, address: _____
Do you Own your own home: YES NO if yes, address: _____
Do you Own Rental Properties: YES NO if yes, address: _____



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PERSONAL REFERENCE (Excluding Family Members)

Name: _____ Relationship: _____
Phone (days) _____ Cell Phone: _____
E-Mail Address: _____
Address: _____

EMERGENCY CONTACT: (Other than person listed on application)

Please list someone in the immediate area if possible.

Name: _____ Relationship: _____
Phone (days) _____ Cell Phone: _____
E-Mail Address: _____
Address: _____

SIGNATURE CLAUSE

- I/We understand that management is relying on this information to prove my/our household eligibility. I/We certify that all the information provided to the application questions are truthful and complete to the best of my/our knowledge.
- I/We understand that any misrepresentation may result in the denial of my/our application.
- I/We will provide all necessary information where applicable and additional information as required to complete this process.
- I/We authorize investigation of all statements contained in this application for residency as may be necessary.
- I/We understand that my/our occupancy is contingent on meeting management’s resident selection criteria, and any/all programs related to this housing, if applicable.
- I/We authorize **THE VILLAGE AT LAFRANIER WOODS**, its subsidiaries, and its agents to investigate my/our credit worthiness AND criminal history through any credit bureau, police department, state, or national sex offender list or by any other reasonable means.
- I/We further understand that management’s verification of information does not entitle me/us to occupancy until such time that I/we have been notified as approved and offered housing.
- I/We have read this application and understand it.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT. ALL PERSONS DESIGNATED AS APPLICANT OR CO-APPLICANT(S) MUST SIGN BELOW.

Signature of Applicant

Date

Signature of Co-Applicant

Date



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**Race and Ethnic Data
Reporting Form**

U.S. Department of Housing
and Urban Development
Office of Housing

**OMB Approval No. 2502-0204
(Exp. 5/31/2011)**

Village at LaFranier Woods

1463 Orchard Hill Parkway, Traverse City, MI 49686

Heritage Management

HOME Program

LIHTC – Tax Credit Program Sec. 42

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side or on next page.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Form HUD-27061-H (9/2003)



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A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9/2003)



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AGENCY DISCLOSURE

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 or buyers of real property to advise the potential buyers or sellers with whom they work of the nature of their agency relationship.

DEFINITIONS

BUYER – a purchaser, **tenant**, or lessee of any legal or equitable interest in real estate.

SELLER – the equitable or legal owner of real estate, including a **landlord**.

Seller's Agent – A seller's agent, under a listing agreement with the seller, acts solely on behalf of the seller. A seller can authorize a seller's agent to work with subagents, a buyer's agents and/or transaction coordinator. A subagent is one who has agreed to work with the listing agent, and who, like the listing agent, acts solely on behalf of the seller. Seller's agents and subagents will disclose to the seller known information about the buyer, which may be used to the benefit of the seller.

Buyer's Agents – A buyer's agent, under a buyer's agency agreement with the buyer, acts solely on behalf of the buyer. Buyer's agents and subagents will disclose to the buyer known information about the seller, which may be used to benefit the buyer.

Dual Agents – A real estate licensee can be the agent of both the seller and buyer in a transaction, but only with the knowledge and informed consent, in writing, of both the seller and the buyer. In such, a dual agency situation, the licensee will know be able to disclose all known information to either the seller or the buyer. The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the seller and the buyer.

Licensee Disclosure:

We hereby disclose that the agency what we have is that of a **Seller's Agent**. The Seller's Agent relationship remains in effect throughout tenancy. Further, this information was provided to Applicant / Co-applicant before disclosure of any confidential information.

Community Manager/Licensee

Date

Acknowledgement:

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 to them before the disclosure of any confidential information specific to the potential sellers and buyers.

Applicant

Date

Co-Applicant

Date



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