

APPLICATION PACKAGE

Please read before completing application

Thank you for your interest in The Village at Rivers Edge Apartments.

In this packet you will find an application and corresponding forms. Information on the following page will help you verify if your income/household qualifies to apply. Please complete and sign all forms before submitting your application package. Should you have any questions regarding the application and forms or need additional information, please feel free to contact us at (231) 258-5300, we would be happy to assist you.

Each household member who is 18 years or older is required to fill out an application. There is a \$25 fee per each household member who is 18 years or older when the application is submitted for processing. Once your application is submitted, an invoice for payment of the application fee(s) will be sent to your email address listed in the application. You may also choose to pay by check, money order, debit or credit card. Your application will not start to be processed until the application processing fee has been paid.

Also, when the application is returned, please be sure to include income verifications and copies of drivers' licenses for all household member who are 18 years or older and social security cards for all household members. Providing these items will speed up the application process time.

If you wish to hold an apartment, while your application is being processed, you may also include in a check or money order for the security deposit of one month rent. Or you may choose to place a \$200 holding fee, which will be applied to your security deposit due upon move in. The fee will be made refundable if the site is unable to process the application due to the household not qualifying (see Pre-Lease Agreement for more details.)

We look forward to saying "Welcome Home to The Village at Rivers Edge", please call if you have any questions or concerns.

Thank you,

The Village at Rivers Edge Apartments
(231) 258-5300
(231) 314-5922 (FAX)
info@myvillageatriversedge.com
www.myvillageatriversedge.com

Please call (231) 258-5300 to set up an appointment with the leasing agent to return the application or you could stop by at the following:

**The Village at Rivers Edge Leasing Office
15 Rivers Edge Drive NW
Kalkaska, MI 49646**

We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TTY/TDD 1-800-649-3777



WHAT IS THE RESIDENT CRITERIA?

Household size	Maximum Income/ Year (*)
1 person	\$24,660
2 persons	\$28,200
3 persons	\$31,740
4 persons	\$35,220
5 persons	\$38,040
6 persons	\$40,860

(*) 2018 HUD Published Information

- 1.) Prospective resident must be "income qualified" according to the above chart and household size.
- 2.) Prospective resident must have a valid state ID and social security card.
- 3.) No member of the household can have a felony arrest record.
- 4.) No member of the household can have a misdemeanor within the past two years.
- 5.) Prospective resident must have good credit.
- 6.) Prospective resident must not owe money to another property owner, apartment community or utility company.
- 7.) Prospective resident must be able to have Consumers Energy and DTE Energy put into their name effective date of lease signing.
- 8.) No more than four (4) people can occupy a 2-bedroom apartment.
- 9.) No more than six (6) people can occupy a 3-bedroom apartment.
- 10.) Prospective resident must have favorable landlord references for the last five years.
- 11.) Prospective resident cannot have any evictions in their residency history.
- 12.) We cannot rent to households where all the members in the household are full time students unless specific conditions are met.



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App Fee Paid
 \$ _____

Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights. It is valid for 120 days.

Community: The Village at Rivers Edge Apartments located in Kalkaska, MI Date: _____

Applicant Name: _____ Phone _____

Applicant Email Address: _____

Unit Size (check one) 2 3 Unit Type (check one) Apartment

Preferred Move In Date? _____ Preferred rental budget? _____

How did you hear about us? (Check one) Drive By Internet Property Website Referral: _____

Do you have a Spouse and/or Significant Other who will be applying to live in the apartment with you? Yes No

Would you or a member of your household benefit from the design features of a barrier free unit? Yes No

Please list all persons that will occupy the residence (NOTE: One Application per 18 yr or older household member)

Name <small>(First, Middle Initial, Last)</small>	Maiden Name <small>(If Applicable)</small>	Relationship <small>(i.e. co-head, child)</small>	Date of Birth <small>Month, Day, Year</small>	Social Security Number
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				

Applicant's Housing History

Current Address _____ Date: From: _____ Rent _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____	Previous Address _____ Date: From: _____ Rent _____ To: _____ Reason for Moving: _____ Landlord: _____ Address: _____ Phone: _____
Previous Address _____ Date: From: _____ Rent _____ To: _____ Reason for Moving: _____ Landlord: _____ Address: _____ Phone: _____	Previous Address _____ Date: From: _____ Rent _____ To: _____ Reason for Moving: _____ Landlord: _____ Address: _____ Phone: _____

If you have resided at additional addresses within the past five (5) years, Please attach Previous Address Information on a separate sheet.

Do you expect any additions to the household within the next twelve months? Yes No
 If "yes", please explain: _____

Do you have full custody of your child(ren)? Yes No N/A

Is there anyone living with you now who won't be living with you at this property? Yes No
 If "yes", please explain _____

Are there any absent household members who under normal conditions would live with you? Yes No
 If "yes", please explain: _____

Are you or any other household members separated but not divorced from their spouse? Yes No
 If "yes", please explain: _____



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Are you or any other household members (including minors) currently a part or full-time student or expect to be one in the next 12 months? Yes No If Yes, who and when: _____

Have you or any other household members (including minors) been a part or full-time student in the past 12 months? Yes No If Yes, who and when _____

Have you or any member of your household lived in subsidized (tenant or property based voucher) housing? Yes No If Yes, when and where _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If Yes, please explain _____

Employment	
1 st Position	2 nd Position (if applicable)
Employer _____	Employer _____
Address _____	Address _____
Phone _____	Phone _____
Length of Employment _____	Length of Employment _____
Position Held _____	Position Held _____
Supervisor: _____	Supervisor: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per _____
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hrs/Wk _____	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hrs/Wk _____

*If employment is **LESS** than one year, please provide previous employer, address, phone and length of employment on separate paper.*

Do you or any other household members expect any changes to your income in the next 12 months? Yes No
If Yes, please explain _____

Have you or anyone else named on this application filed for bankruptcy? Yes No
If Yes, what year and please explain _____

Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Yes No If Yes, please explain _____

Have you or anyone else named on this application been convicted of dealing, manufacturing or in possession of illegal drugs? Yes No If Yes, please explain _____

Have you or anyone else named on this application been convicted of a misdemeanor for any offense? Yes No
If Yes, please explain _____

Have you or anyone else named on this application been convicted of a felony for any offense? Yes No
If Yes, please explain _____

Does your household have or anticipate having any pets other than those used as service animals? Yes No
If Yes, please explain _____

Own a car? Yes No Model _____ Year _____ License Plate _____ Color _____

Second car? Yes No Model _____ Year _____ License Plate _____ Color _____

Have you or any other household members disposed or given away any asset(s) for LESS than fair market value within the past two years? Yes No If Yes, please list asset and value received _____

Are you or any other ADULT household member claiming zero income? Yes No
If Yes, please list who and an explanation _____



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Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount/month: \$ _____
Source: _____	Amount/month: \$ _____
Source: _____	Amount/month: \$ _____

Have you or any other household members disposed or given away any asset(s) for LESS than fair market value within the past two years? Yes No If "yes", please list asset and value received: _____

Provide your banking, credit and/or asset type of information below:

Type of Assets	Name of Institution	Phone Number	Rate Of Interest
1.			
2.			
3.			
4.			
5.			

PERSONAL REFERENCES: List 3 references that we can call for a personal reference (**only one can a relative**):

Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

CERTIFICATION

I certify that this will be my permanent residence and do not or will not maintain a separate subsidized rental unit in a different location. I understand that I must pay a security deposit for this apartment prior to occupancy. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income, household size, student status).

I authorize my consent to have management verify the information contained in this application for purpose of proving my eligibility for occupancy. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Section 8 and/or Housing Credit Programs.

I consent to release the necessary information to determine my eligibility. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable, and any other information required for expediting this process.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that any such actions may result in criminal penalties.

APPLICANT must sign below:

_____	_____
Applicant Signature	Date

PENALTY FOR MISUSE OF THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, the PHA, and/or any other owner (or any employee of HUD, the PHA, or the Owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based upon the use of this 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 42 U.S. Code 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S. Code 408 (f), (g) and (h).



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NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Owner/Management Agent Requesting Information:

Property Name	The Village at Rivers Edge Apartments			
Address	15 Rivers Edge Drive NW			
City	Kalkaska	State	MI	Zip 49646
Phone	(231) 258-5300	Fax	(231) 314-5922	

Who Must Sign the Consent Form?

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable.

In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Acknowledgement:

By signing this consent form, I am authorizing the Owner/Management Agent of the housing community for which I am applying (listed above) to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing and will be kept confidential and will not be released outside of this scope. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information which I have provided on my original application for housing.

Applicant /Resident
 Signature _____ Date: _____

Applicant/Resident
 Name (Please Print) _____

This release for information will expire thirteen (13) months from the date of signature.

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AUTHORIZATION FOR BACKGROUND/CREDIT CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background/credit investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Brookstone Realty Management. It is Brookstone Realty Management's policy to evaluate any adverse information obtained in the background/credit investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name (*no nicknames*) _____

Maiden Names(s), Nickname(s), Other Name(s) (*please include dates used*) _____ Male Female

Social Security Number: _____ Date of Birth: _____

Driver's License / State ID Number _____ State _____

ALL ADDRESSES FOR THE LAST SEVEN (7) YEARS – Starting with Present Address First

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	State	Zip	Years From-To
1.	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
4.	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for housing applied for and the information given by me herein. In reference to being considered for housing, I release Brookstone Realty Management, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Brookstone Realty Management is based upon my successful completion of the background/credit screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

Applicant Signature

Date

For Office Use Only:

Unit #: _____ Voucher Amount: _____ Security Deposit: _____ Monthly Rent: _____ Lease Term: _____

Bedrooms: _____ Monthly Income: _____ Other Monthly Income: _____ Current Rental Rate: _____

APPROVED APPROVED With CONDITIONS DECLINED By (initials): _____ Date: _____

Michigan State Housing Development Authority

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CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time DATES: _____

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 or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.



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	Yes	No	COMPLETE EACH ITEM:
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
CHILD SUPPORT			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (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 a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.
53			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.



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	Yes	No	COMPLETE EACH ITEM:
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) 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.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
66			I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ <i>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.</i>

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.

Applicant / Tenant Signature

Date



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**Race and Ethnic Data
U.S. Department of Housing**

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

OMB Approval No. 2502-0204
Reporting Form

**15 Rivers Edge Drive
Kalkaska, MI 49646**

The Village at Rivers Edge Apartments
Name of Property

V05005
Project No.

Address of Property

The Village at Rivers Edge LDHA LP
Name of Owner/Managing Agent

LIHTC
Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	Select All that Apply
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.**

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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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

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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THE VILLAGE AT RIVERS EDGE APARTMENTS

Pre-Lease Agreement

Applicant(s) Name: _____

The above applicant(s) has applied on the date listed below to rent an apartment home in The Village at Rivers Edge located in Kalkaska, Michigan.

The applicant(s) has submitted a \$25.00 non-refundable application processing fee per each proposed household member who is 18 years or older.

The applicant(s) desired move-in date is _____
Month Day Year

The applicant(s) has been informed that The Village at Rivers Edge is a Section 42 Tax Credit Program property with guidelines that dictate that the applicant(s)'s household must income qualify before signing a 12-month lease. As part of the move-in approval process, third party inquiries will be made in reference to income and assets in addition to a background-credit check and a landlord reference. The applicant(s) has been informed that the information obtained from these inquiries will be a determining factor in the decision to approve the applicant(s)'s application.

The applicant(s) is aware that the applicant(s) is responsible to provide necessary information and sign appropriate paper work to begin the certification process within a reasonable amount of time which is agreed upon by the applicant(s) and the landlord/owner representative(s).

Also, the applicant(s) has been informed that the utilities - gas (DTE) and electric (Consumers) are to be transferred to the applicant(s)'s name effective the lease signing/move-in date.

The applicant(s) has been informed that **if not approved for move-in**, the applicant(s) will receive written notification as to why the application was denied. The applicant(s) fully understands that the \$25.00 processing fee WILL NOT be refunded.

The applicant(s) fully understands that The Village at Rivers Edge is not liable to the Applicant(s) if the apartment home is not ready for occupancy at the desired move-in time due to a current occupant's holding over or because of a reason beyond The Village at Rivers Edge's control.

The applicant(s) has paid \$200.00 to hold an apartment home off the market and if the applicant(s)'s application is approved for move-in, this holding fee will be credited towards the applicant(s)'s move-in expenses (security deposit, prorated and/or first month's rent and additional fees.)

1. If, for any reason, the applicant(s) **decides to cancel this application before 72 working hours have expired from the time the application is received as noted below**, the holding fee will be refunded in full to the payer. NOTE: **if the 72 working hours has expired**, the holding fee will not be returned.
2. If the applicant(s) **have not been approved for move-in**, the holding fee will be refunded in full to the payer.

This documentation expires thirty (30) days from the date signed by applicant(s) below.

By signing below the applicant(s) acknowledges and understand the terms and conditions involved in renting an apartment home at The Village at Rivers Edge and accept the conditions of this pre-lease agreement in its entirety.

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Landlord/Owner Representative Signature Date/Time Received

OFFICE USE	
<input type="checkbox"/> \$25.00 App Fee	<input type="checkbox"/> \$200.00 Holding Fee
Date Pd: _____	Date Pd: _____



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TTY/TDD 1-800-649-3777

