



Pre-Application For Occupancy

Milwaukee Junction
c/o Genesis Villas,
91 Harper Ave. Detroit, MI 48202
Phone: (313) 874-2218
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Date Received: _____
Application #: _____

Please complete all sections and sign the last page.

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Check what size units you would want to be considered for:
___ One Bedroom ___ Other, please specify _____
___ Two Bedrooms _____
Please indicate if you are requesting a unit with special accommodations for any member of your household due to a ___ mobility, ___ visual, or ___ hearing disability.

Housing Status

Name & Address of Present Landlord: _____ City, State: _____ Zip Code: _____

Name & Address of Managing Agent: _____ City, State: _____ Zip Code: _____

Landlord Telephone Number: _____ Managing Agent Telephone Number: _____

Is the apartment lease in your name? ___ Yes ___ No
Do you pay your own rent? ___ Yes ___ No If not, who does? _____

Are you sharing your apartment? ___ Yes ___ No
Is your landlord a relative? ___ Yes ___ No

Monthly rent: \$ _____
Does your rent include utilities? ___ Yes ___ No Average monthly utility expenses: \$ _____

How much do you contribute to the monthly rent? \$ _____
(If you do not contribute anything, write "0")

How long have you lived at this address? _____ years _____ months
Reasons for wanting to move? _____

Do you currently have a Section 8 voucher? ___ Yes ___ No
Is your rent presently being subsidized through Section 8? ___ Yes ___ No
Please check the size of your present residence:
___ Studio ___ Three Bedrooms
___ One Bedroom ___ Other: please specify _____
___ Two Bedrooms _____

Housing Status (continued)

Name and Address of Previous Landlord: _____ Street: _____ City/State: _____ Zip Code: _____

Previous Landlord Telephone Number: _____ Previous Managing Agent Name: _____ Telephone Number: _____

Reason for moving:

Previous rent per month:
\$

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Full Name:	Relationship to Head of Household	Birth date	SS#
1.	Head of Household		
2.			
3.			
4.			
5.			

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				\$ _____ Per _____
2.				\$ _____ Per _____
3.				\$ _____ Per _____
4.				\$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____

Assets

Complete each category as applicable.

Checking Account Name of Bank:	Passbook/Savings Account Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Money Market Account Name of Bank	Savings Certificate Name of Bank
Address:	Address:
Account Number:	Account Number:
Balance/Date: \$ / as of	Balance/Date: \$ / as of
Stocks and Bonds Value: \$	Savings Bond/s Value: \$
Do you own any real estate? ___Yes ___No	If yes, what is the current value?
Have you ever owned any real estate? ___ Yes ___No	If yes, when? When sold? For how much?
Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years? ___ Yes ___No	If yes, list each asset and the amount received for each asset.

Full-Time Student Status

List all persons who full-time students.

Full Name	Name and address of School	Phone	Period of Enrollment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Program Information

Do you presently reside in a development where your rent is based upon your income? Yes No If yes, explain:

How did you hear about our development?

Why are you applying to our development?

Were you or any member of your household ever convicted of a felony?
 Yes No

If yes, when? Explain circumstances briefly.

Have you or any member of your household ever been evicted?
 Yes No

If yes, when? Explain circumstances briefly.

Has anyone in your household been convicted of violating any drug-related laws?
 Yes No

If yes, when? Explain circumstances briefly.

Do you have a pet? Yes No type of pet(s): _____ Emergency Contact Name: _____ Phone _____

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

I acknowledge that a credit background check of all adult household members will be part of the application process and I authorize that check. By signing below, I also acknowledge that, upon clearing a credit background check, a further criminal background check will be required of all adult household members.

Signature of applicant _____

Date _____

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant: _____

Date: _____

Rental Application for Residents and Occupants

1. Criminal and Rental History Sections are now two (2) separate sections
 - a. Rental History (to be completed by all applicants)
 - b. Criminal History (do not complete this section if the unit for which you are apply is located in Detroit)

Detroit Fair Chance Housing Ordinance. Pursuant to Chapter 26, Article V, of the 1984 Detroit City Housing Code, we will not inquire about or request that you disclose your criminal conviction history until we have determined your qualification to rent the unit for which you are applying under all other rental criteria not related to potential past criminal convictions or an unresolved arrest. Once we have determined your qualification to rent the unit for which you are applying under all other rental criteria not related to potential past criminal convictions or an unresolved arrest, we will then perform a criminal conviction history review.

Adverse Action Based on Criminal Conviction History. You will be notified of any prospective adverse action and the items forming the basis for the prospective adverse action prior to us taking such action if we intend to base the adverse action related to eligible housing on an item or items in your conviction history. We will also provide you with a copy of your background check report.

You have fourteen (14) calendar days from the notice referenced above to provide us with evidence, in writing, of the inaccuracy of the item(s) of your conviction history or evidence of rehabilitation or other mitigating factors.

We will delay any adverse action for a reasonable period of not less than five (5) calendar days after receipt of the information to reconsider the prospective adverse action in light of the information you provide. Once a determination has been made, we will promptly notify you of any final adverse action based upon your conviction history or contents of your criminal background check.

For Office Use Only

Applicant name: _____

Applicant Verification Code: _____

Did the applicant pass a credit background check ? ___ Yes ___ No

Date of Verification: _____

Date: _____

Signature of Verifier: _____

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of applicant

Date

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I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant: _____

Date: _____



Insert Property Name does not discriminate on the basis of disability in the admission or access to, or employment in, its federally assisted programs and activities.