

8900 Gratiot, LLC

9200 Gratiot Ave | Detroit, MI 48213
313.922.1435 | FAX: 313.922.8888

Application For Occupancy

Residence Location:
8900 Gratiot Ave | Detroit, MI 48213

For Office Use Only
Date and Time Received _____

Application No. _____

All household members ages 18 and over MUST complete a separate application. Please complete all sections leaving no blank areas and sign the last page.

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

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

Marital Status: Married Single Widow Living apart

Emergency Contact: Name: _____ Relationship: _____ Phone Number: _____

What size apartment are you looking for? (Please Circle) 1 Bedroom 2 Bedroom Other: _____

How did you hear about us? _____ When do you expect to move? _____

What is your reason for moving? _____

Household Information

List all the persons (including yourself) who will occupy the apartment:

Full Name	Relationship	Soc. Sec. #	Birthdate	Sex
1. _____	Head of Household	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

For Each Household Member list all states in which they previously resided

Name	States Resided in
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Do you have any pets? (Please Circle) Yes No If Yes, please describe: _____

Full or Part-Time Students

List all persons in household who are full-time students:

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

Housing Status

Do you have need of accessible features such as lowered sinks, wider doorways, etc.? (Please Circle) Yes No

Do you own the home you are currently living in? Yes No; If yes, then skip down below to the question: "How long have you lived at this address".

Present Landlord:	Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the apartment lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Landlord:	Street	City/State	Landlord Telephone Number: ()
Monthly Rent: (If you don't contribute to the monthly rent, please write "0")	Average Utility Bill Per Month:	Size of Present Apartment:	
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have a Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No

How long have you lived at this address?
_____ Years _____ Months

If you have lived at your current address **less than 3 years** what was your previous address? Provide below.

Name of Previous Landlord:	Address of Previous Landlord:	Street	City	State	Zip
Previous Landlord's Telephone Number:	Previous Rent:				
Reason for moving From previous address:					

Income from Employment

List all full and/or part time employment for all household members. Include self-employment earnings.
See below for non-employment sources of income.

Household Member's Name	Occupation	Name and Address of Employer	Length of Employment	Gross Earnings <u>Before</u> Taxes
1.		_____ _____	_____	\$ _____ per _____
2.		_____ _____	_____	\$ _____ per _____
3.		_____ _____	_____	\$ _____ per _____
4.		_____ _____	_____	\$ _____ per _____

Income from Other Sources

(Examples: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces reserves, regular and service pay), cash contributions:

Household Member's Name	Type of Income	Gross Amount Before Deductions
1.		\$ _____ per _____
2.		\$ _____ per _____
3.		\$ _____ per _____
4.		\$ _____ per _____
5.		\$ _____ per _____
6.		\$ _____ per _____
7.		\$ _____ per _____

Assets

Complete each category as applicable.

Checking Accounts:	Bank	Account Number	Balance
	1.		\$ _____
	2.		\$ _____

Savings Accounts:	Bank	Account Number	Balance
	1.		\$ _____
	2.		\$ _____
Passbook Savings/Money Market Account and/or Certificate of Deposits (CD)			
	1.		\$ _____
	2.		\$ _____
IRAs, 401K, Annuity			
	1.		\$ _____
	2.		\$ _____
Stocks and Bonds Value: \$ _____		Savings Bonds Value: \$ _____	
Others: Value: \$ _____		Others: Value: \$ _____	
Life Insurance: <input type="checkbox"/> Whole <input type="checkbox"/> Universal <input type="checkbox"/> Term		Amount:	
	1.		\$ _____
	2.		\$ _____
Do you NOW own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," what is the value? \$ _____	
Have you EVER owned real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," when?	
Has any adult household member sold, given away, or otherwise disposed of any assets during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list each asset and the amount received for each asset: _____			

Program and Other Information

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

Were you or any member of your household ever convicted of a crime? If yes, when? Explain circumstances briefly. _____

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? _____

Is any member of your family a military veteran? If yes, which branch? _____

Have you or any member of your household ever been evicted? If yes, when? Explain circumstances briefly. _____

Have you or any member of your household ever committed fraud? If yes, when? Explain circumstances briefly. _____

Do you have any vehicles? (Please Circle) Yes No

If Yes, please provide make, model, color and license plate: _____

The following information is required for statistical purposes so that the U.S. Department of Housing and Urban Development may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

Racial Group Identification (Used for statistical purposes only).
Please check the one group which identifies the head of household:

White (Non Hispanic Origin): _____

Black (Non Hispanic Origin): _____

Hispanic: _____

American Indian: _____

Alaskan Native: _____

Asian or Pacific Islander: _____

I acknowledge that a criminal and credit background check of all adult household members may be a part of this application process, and I authorize that check.

I declare that the statements contained in this application are true and complete to the best of my knowledge.

WARNING: Willful false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S. Code.

Applicant Signature

Date

Detroit Catholic Pastoral Alliance *does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Executive Director, Detroit Catholic Pastoral Alliance, 9200 Gratiot Ave., Detroit, MI 48213 (313) 922-1435.*

An Equal Housing Opportunity

Rev 02-19

