

**Mail this application to:**

**The name of the waitlist I'm applying for is:** \_\_\_\_\_

*Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open*

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".  
**Incomplete applications may be returned or discarded.**

**Name of HoH:** \_\_\_\_\_

**Long-Term Mailing Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

**Phone(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother's last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family's **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

**Office Only: Date/Time Stamp**

# THOMAS F. TAYLOR TOWERS

36500 Marquette · Westland, Michigan 48185  
Phone (734) 326-0700 · Fax (734) 326-6980 · T.Y.Y. (734) 326-0057

## Pre-Application Form For Rental

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

TTY: \_\_\_\_\_

TTY: \_\_\_\_\_

List persons other than applicant to occupy the apartment:

\_\_\_\_\_

Type of Unit Needed:

One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Elderly \_\_\_\_\_ Handicap \_\_\_\_\_

Present Address: \_\_\_\_\_ Are You Renting? \_\_\_\_\_

\_\_\_\_\_ Subsidized Housing? \_\_\_\_\_

\_\_\_\_\_ Currently Own? \_\_\_\_\_

List Present Income Amounts (for each applicant):

SS \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ SS \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Employment \$ \_\_\_\_\_ Federal Aid \$ \_\_\_\_\_

Asset Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

\_\_\_\_\_

List any assets disposed of for less than fair market value in the past two years:

\_\_\_\_\_

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

PLEASE READ, SIGN AND DATE REVERSE SIDE



EQUAL HOUSING  
OPPORTUNITY



### **Denying Admissions-Mandatory Provisions**

Owners are required to adopt and incorporate into their screening and admissions policy the following mandatory provisions and questions that could prohibit admission to the applicants who fit into the following categories. Owners are required to deny admission to federally assisted housing by these statements.

1. Has any household member been evicted from federally assisted housing for drug related criminal activity, for three years from the date of eviction? Has the evicted household member who engaged in drug related criminal activity successfully completed a supervised drug rehab program or circumstances leading to the conviction no longer exist? The owner may, but is not required to, admit the household.

*1<sup>st</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

*2<sup>nd</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

2. Is any household member currently engaging in illegal drug use?

*1<sup>st</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

*2<sup>nd</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

3. Will the Owner determine that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of drug may interfere with the health, safety, or the right to peaceful enjoyment of the premises by other residents? (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)

*1<sup>st</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

*2<sup>nd</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

4. In accordance with Federal Law, owners shall establish standards that prohibit admission to a federally assisted property to sex offenders subject to a lifetime registration requirement under the state sex offender program. During the admission screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided. Has any member of the household subject to a lifetime registration requirement under the state sex offender registration program?

*1<sup>st</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

*2<sup>nd</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

5. Is there reasonable cause to believe that a household member is abusive of alcohol, criminal activity, or drug related criminal activity that would interfere with the health, safety and peaceful enjoyment of the premises by other residents?

*1<sup>st</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

*2<sup>nd</sup> Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_*

### **Denying Admission – Discretionary Provisions**

In addition to the above mandatory screening standards and guidance in HUD Handbook 4350.3, Occupancy Requirements of Subsidized Multifamily Programs, Owners of Federally assisted housing has the direction to prohibit the admission of a household with a household member who is currently engaging in, or has engaged in during a reasonable time before the admission decision in:

- Drug-related criminal activity.
- Violent criminal activity.
- Other criminal activity that would threaten the health or safety of the PHA or owner or employee, contractor, subcontractor or agent of the PHA or owner that is involved in the housing operation.

To the extent that an owner's admissions policy includes any item above or any similar restriction that employs a standard regarding a household member's current or recent actions, the Owner may delineate the length of time to the admission decision during which the applicant must not have engaged in the criminal activity that the Owner will consider in making his/her determination.

Moreover, the Owner has the discretion to reconsider an applicant who was previously denied admission to a Federally assisted housing because of a determination concerning a member of the household if the household who has been engaged in criminal activity. The Owner may admit the household if the household member is not currently engaged in, or has not engaged in the criminal activity described above during a reasonable period, determined by the Owner, before the admission decision. However, to the extent an Owner chooses to adapt this admission provision or a similar admission authority that is based on a household member's current or recent actions, the Owner must have sufficient evidence submitted by the household member which, 1. A certification that states he/she is not currently engaged in such criminal activity and has not engaged in such criminal activity during the specified period and 2. Supporting information from such sources as a probation officer, a landlord, neighbors, social service agency workers or criminal records that were verified by the Owner.

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Applicant Signature

\_\_\_\_\_  
2<sup>nd</sup> Applicant Signature

Yes\_\_\_\_No\_\_\_\_ Yes\_\_\_\_No\_\_\_\_

## Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns):** To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

### CURRENT RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### PRIOR RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 2

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 3

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A