



## ELITE PROPERTY MANAGEMENT APPLICATION INSTRUCTIONS

**Fill out all forms and answer all questions. Read each question carefully some questions will require you to initial the answer. Leaving the questions or sections blank will delay the processing of your application. Bring copies of ALL required documents.**

☐ The head of household **MUST** complete an application and each adult (18 years and older) who is not related to our current living in the household must complete a separate application.

☐ The head of household **MUST** complete an application and each adult (18 years and older) living in the household must complete a separate application.

☐ Each household member 18 and over **MUST** complete a MSHDA Checklist.

If you are employed, you **MUST** provide one of the following:

☐ A Letter from your employer on company letterhead stating, hourly rate of pay, number of hours worked per week or annual salary and hire date.

**OR**

☐ 6 of your most current pay stubs (must be consecutive)

☐ Social Security cards for all household members.

☐ Birth Certificates for all household members.

☐ Valid Drivers License or State ID for all household members 18 and older.

☐ You **MUST** disclose all sources of income. Provide documentation, award letters, or print out of payments for all household members 18 and older.

☐ You **MUST** provide documentation of all asset (Checking, savings, 401K, IRA's, Real Estate, CD's, stock, bonds, etc.)

☐ We will run credit, criminal and sex offender background checks. This information will be used to determine eligibility for housing.

☐ If you are approved, we require a security deposit of one (1) month's rent and your first month rental payment is due at the signing of your Lease.

☐ If you have minor child(ren) and both parents are **NOT** listed on the application you **MUST** provide a docket from the Friend of the Court or letter verifying child support status for each child in the household.

☐ There is a **\$25.00 NON REFUNDABLE** application fee for each adult 18 and older. All payments **MUST** be in the form of a money order or certified check.



**Elite Property Management, LLC**  
**16250 Northland Dr – Suite 301**  
**Southfield, MI. 48075**  
**Phone: 248-228-1340**  
**Fax: 248-228-1345**

**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_  
 Time of Application \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Property Preference \_\_\_\_\_

*Please complete all sections of this application and answer all questions. If a question does not apply to you, write No or N/A in the space. All applications must be submitted with a non-refundable \$25 processing fee along with copies of birth certificates, social security cards, current proof of income and proof of assets for all household members. All household members 18 years of age or older who are attending school must also submit copies of school schedules for the past twelve (12) months. Please note that failure to provide all requested documentation could result in a delay in processing your application.*

## APPLICATION FOR RESIDENCY

☐ **HEAD**      ☐ **CO-HEAD OF HOUSEHOLD**      ☐ **OTHER ADULT**

|                       |        |           |                                                                    |
|-----------------------|--------|-----------|--------------------------------------------------------------------|
| First Name<br>Initial | Middle | Last Name | Home Phone Number<br>(   )                                         |
| Street Address        |        |           | Apt Number                                                         |
| City                  |        |           | State                                                              |
| Zip Code              |        |           | Marital Status<br>Married/Widowed/Divorced/Separated/Never Married |
|                       |        |           | Cell Phone Number<br>(   )                                         |
|                       |        |           | Work/Message Phone Number<br>(   )                                 |

What phone number may we leave a message at regarding your application: \_\_\_\_\_

## FAMILY HOUSEHOLD COMPOSITION

| List ALL persons who will reside with you in the rental unit |     |                    |                                   |         |                        |                           |
|--------------------------------------------------------------|-----|--------------------|-----------------------------------|---------|------------------------|---------------------------|
| Full Name as it appears on Social Security Card              | Age | Birthdate mm/dd/yy | Relationship to Head of Household | Sex M/F | Social Security Number | Driver's License/State ID |
|                                                              |     |                    | <b>HEAD OF HOUSEHOLD</b>          |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |
|                                                              |     |                    |                                   |         |                        |                           |

- Does anyone live with you now that is not listed above ☐ YES ☐ NO
- Do you anticipate any additions to your household in the next 12 months ☐ YES ☐ NO  
If Yes, please explain: \_\_\_\_\_
- Have you or any member of your household ever used different names from the names above ☐ YES ☐ NO  
If Yes, please indicate who and what name was used: \_\_\_\_\_
- Will any household member live in the rental unit less than full time ☐ YES ☐ NO  
If Yes, please explain: \_\_\_\_\_
- Will any household member require a reasonable modification to the rental unit ☐ YES ☐ NO

If Yes, please explain: \_\_\_\_\_

## HOUSEHOLD INCOME

| You must disclose all sources of income for all persons in your household |                |                |                          |
|---------------------------------------------------------------------------|----------------|----------------|--------------------------|
| Name of Household Member                                                  | Type of Income | Monthly Amount | Payee's Name and Address |
|                                                                           |                | \$             |                          |
|                                                                           |                | \$             |                          |
|                                                                           |                | \$             |                          |
|                                                                           |                | \$             |                          |
|                                                                           |                | \$             |                          |

6) If you receive cash benefits from the Department of Human Services, please provide your worker's name and phone number: \_\_\_\_\_  
Phone Number

7) If you are employed, please provide your supervisor or human resources manager's name and phone number: \_\_\_\_\_ What is your hire date: \_\_\_\_\_  
Phone Number

8) Does anyone outside your household give you money ☐ YES ☐ NO  
If YES, what is the total amount you receive each month \$ \_\_\_\_\_

9) Does anyone outside your household pay a bill(s) or purchase supplies for your household ☐ YES ☐ NO  
If YES, what is the estimated monthly value of the contribution(s) \$ \_\_\_\_\_

## ASSETS

| You must disclose all assets for all persons in your household – this includes checking, savings, CDs, 401Ks, life insurance, real estate, etc |                   |               |                |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|----------------|----------------------|
| Name of Household Member                                                                                                                       | Company/Bank Name | Type of Asset | Account Number | Estimated Cash Value |
|                                                                                                                                                |                   |               |                | \$                   |
|                                                                                                                                                |                   |               |                | \$                   |
|                                                                                                                                                |                   |               |                | \$                   |

10) Have you or any member of your household disposed of an asset for less than fair market value during the past two (2) years ☐ YES ☐ NO  
If YES, please explain: \_\_\_\_\_

11) Do you now or have you or any member(s) of your household owned property such as a house, mobile home, cottage, etc. ☐ YES ☐ NO  
If YES, address of property and date purchased/sold: \_\_\_\_\_

## RENTAL HISTORY

Current Landlord's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

Monthly Rental Rate: \$ \_\_\_\_\_  
List all utilities not included in rent: \_\_\_\_\_

Are you or any member of your household related to the landlord ☐ YES ☐ NO

If YES, who and what is the relationship: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Reason you are looking to relocate: \_\_\_\_\_

12) Is your rent currently subsidized ☐ YES ☐ NO

If YES, do you have a Housing Choice Voucher ☐ YES ☐ NO

If YES, which housing commission issued your voucher: \_\_\_\_\_

What was your previous address: \_\_\_\_\_ Monthly Rental Rate: \$ \_\_\_\_\_

City-State- Zip Code \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

Address: \_\_\_\_\_

Move-out Date: \_\_\_\_\_

City-State-Zip Code \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

13) Has any rental housing you were living in been destroyed or damaged by fire ☐ YES ☐ NO

If YES, please explain: \_\_\_\_\_

#### SUPPLEMENTAL INFORMATION

|                                                                                                                                                                                                                             | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 14) Have you or any member of your household ever been evicted from a rental unit. If YES, please indicate apartment (owner) name, phone number and when the eviction took place:                                           |     |    |
| 15) Have you or any member of your household ever been taken to court and/or had a judgment against you for non-payment of rent or other lease violations. If YES, please explain the circumstances and when this occurred: |     |    |
| 16) Is there a household member claiming a disability? If YES, please explain requested accommodation(s) if any:                                                                                                            |     |    |
| 17) Is any household member temporarily absent from the home – away at school, military service, etc.? If YES, which household member(s) and anticipated return date:                                                       |     |    |
| 18) Are you or anyone in your household currently or ever been on parole or probation? If YES, which household member(s):                                                                                                   |     |    |
| 19) Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If YES, list in detail, regardless of date of offense:        |     |    |

|                                                                                                                                                                                                                                                                                |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20) Are you or anyone in your household subject to registration as a sex offender? If YES, list name of registrant(s) and complete address where currently registered:                                                                                                         |     |    |
|                                                                                                                                                                                                                                                                                | Yes | No |
| 21) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration? If YES, please give name(s) and Social Security number(s) used:                              |     |    |
| 22) Have you or any member of your household ever been arrested for or convicted of any drug related criminal activity such as use, possession, distribution, trafficking or manufacturing of an illegal drug? If YES, which household member and what were the circumstances: |     |    |

Who may we thank for referring you to us? \_\_\_\_\_

#### References

|                                                                                                                        |                        |
|------------------------------------------------------------------------------------------------------------------------|------------------------|
| Please provide the name, address and phone number of two personal references. A relative or close friend is acceptable |                        |
| Name:                                                                                                                  | Name:                  |
| Address:                                                                                                               | Address:               |
| City, State, Zip Code:                                                                                                 | City, State, Zip Code: |
| Phone Number:                                                                                                          | Phone Number:          |
| Relationship to you:                                                                                                   | Relationship to you:   |

Upon acceptance of your application, Elite Property Management, LLC will make a preliminary determination of your household eligibility. If your household appears to be eligible for housing under the rules and regulations governing the Low Income Housing Tax Credit Program (LIHTC), your application will be placed on our Waiting List and processed at such time as a rental unit becomes available. Acceptance of this application does not imply or guarantee that your household will be offered a rental unit. It is your responsibility to notify us immediately whenever your address, phone number, income and/or family composition changes.

#### Application Certification:

*I understand that the information requested on this application is being collected to determine my household's eligibility to participate in the LIHTC Program and authorize Elite Property Management, LLC to verify all the information provided herein, including but not limited to income, assets, rental history, credit and criminal.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**WARNING** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY**

**MSHDA INCOME & ASSETS CHECKLIST**

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

|                        |              |
|------------------------|--------------|
| Household Member Name: | Unit Number: |
| Development Name:      |              |

|               | 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.                     |
| <b>INCOME</b> |     |    |                                                                                                                                                                        |
| 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.<br>List the types of jobs you do: _____                                                                                 |
| 6             |     |    | I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.                                                                                |
| 7             |     |    | I receive Social Security or Railroad Retirement Act income.                                                                                                           |
| 8             |     |    | I receive Supplemental Security Income (SSI).                                                                                                                          |
| 9             |     |    | I receive quarterly payments from DHHS for the State-paid portion of an 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, 401(k), IRA, 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 a 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, casino or online gaming, 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.                                                                                                            |
| 26            |     |    | I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____                |



|                                                                                                                     | Yes | No | COMPLETE EACH ITEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 54                                                                                                                  |     |    | I have joint ownership on one or more of the above assets.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>ALLOWANCES / DEDUCTIONS</b><br>(Complete the items below for Section 8, Section 236, and Moderate Projects Only) |     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 55                                                                                                                  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay Medicare premiums.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 56                                                                                                                  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical insurance premiums, other than Medicare.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 57                                                                                                                  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay medical or prescription or chore provider expenses which are not reimbursed by insurance.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 58                                                                                                                  |     |    | I am Elderly (age 62 or older), Handicapped or Disabled and <b>pay long term care insurance premiums.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 59                                                                                                                  |     |    | I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 60                                                                                                                  |     |    | The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education.<br>If yes, DHHS pays <input type="checkbox"/> full <input type="checkbox"/> partial.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 61                                                                                                                  |     |    | I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 62                                                                                                                  |     |    | I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>OTHER ITEMS</b>                                                                                                  |     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 63                                                                                                                  |     |    | 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>SPECIAL CONSIDERATION OF ASSETS</b>                                                                              |     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 64                                                                                                                  |     |    | <b>Section 8 PBRA Programs only:</b> My household's assets exceed \$100,000+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 65                                                                                                                  |     |    | <p>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):</p> <hr/> <p><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></p> |

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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

**TO BE COMPLETED BY OWNER/MANAGEMENT AGENT**

**Household Asset(s) Verification vs. Self-Certification:**

- ☐ **Move-In/Initial Certification – All household assets must be 3<sup>rd</sup> party verified.**
- ☐ **1<sup>st</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$\_\_\_\_\_**  
(can be found on huduser.org)
- ☐ **2<sup>nd</sup> Year Annual Recertification – Year: \_\_\_\_\_ Asset Threshold: \$\_\_\_\_\_**  
(can be found on huduser.org)
- ☐ **3<sup>rd</sup> Year Annual Recertification – All household assets must be 3<sup>rd</sup> party verified.**
- The cycle will now repeat, with 3<sup>rd</sup> party verifications of assets occurring every three (3) years.**

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**\*\*Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

**Current Passbook Savings Rate: \_\_\_\_\_ %** (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Owner/Management Signature

\_\_\_\_\_  
Date



Michigan State Housing Development Authority

## ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name:

MSHDA #:

Unit Address/Number:

TIC Effective Date:

|      | Name of Household Member | Currently a Student                                      | If not currently a student, was the member a student at any time during the past year? |
|------|--------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|
| Head |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| 2    |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| 3    |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| 4    |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| 5    |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| 6    |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |

A. ☐ At least one household member ( ) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.<sup>1</sup> A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.

B. ☐ Household contains all students, but is qualified because the following occupant ( ) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is required for the part-time student.

C. ☐ Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) ☐ Yes ☐ No Program:
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation. ☐ Yes ☐ No
- At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

☐ Yes, Program Name:

☐ No

- At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

☐ Yes      ☐ No      Explanation:

- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

☐ Yes      ☐ No      Document Attached:

*Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

<sup>i</sup> Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.

# Race and Ethnic Data Reporting Form

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

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

|                              |             |                                      |
|------------------------------|-------------|--------------------------------------|
| Name of Property             | Project No. | Address of Property                  |
| 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*                        | 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.

## 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.



## Authorization for Release of Information

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**CONSENT:** I authorize and direct any Federal, State or Local agency, organization, business or individual to release to Elite Property Management any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under Public and Indian Housing, Section 8 Rental Assistance and/or other housing assistance programs. I understand and agree that this authorization and the information obtained with it may be given to and used by the Department of Housing and Urban Development (HUD) and/or the Michigan State Housing Development Authority (MSHDA) in administering and enforcing program rules, regulations and policies. I also consent for Elite Property Management to release information from my file about rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease and/or Elite Property Management policies.

**INFORMATION COVERED:** I understand that depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity, Family and Marital Status; Employment, Income and Assets; Residences and Rental Activity; Medical or Childcare Allowances; and Credit and Criminal History. I understand that this authorization cannot be used to obtain any information about my household or me that is not pertinent to my eligibility for and/or continued participation in a housing program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to: Previous/Present Landlords (including Public Housing Authorities); Past/Present Employers; Veterans Administration; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Welfare Agencies; Banks/Financial Institutions; Social Security Administration; Schools/Colleges; Law Enforcements Agencies; Medical Providers; Childcare Providers; Support/Alimony Providers; Credit Providers and Credit Bureaus; and Utility Companies.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD, MSHDA or Elite Property Management may conduct computer matching programs, including the Enterprise Income Verification System (EIV) to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD, MSHDA and/or Elite Property Management may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Services Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Services, the Social Security Administration and State Welfare and Food Stamp Agencies.

**CONDITIONS:** I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility, level of benefits or verifying my true circumstances. The original authorization is on file with Elite Property Management and will stay in effect during the time an active application is on file or during the full duration of my tenancy. I also understand that my housing assistance may be denied or terminated if I or any other adult in my household does not sign this authorization. I understand I have a right to review my file and provide any information necessary to disprove incorrect information.

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Print Name of Head of Household

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Signature of Head of Household

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Date

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Print Name of Spouse/Co-Head

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Signature of Spouse/Co-Head

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Date



## Agency Disclosure Statement

### Disclosure Regarding Agency Relationship

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 (lessors/owners) or buyers (tenants/lessee) of real estate property to advise the potential seller (lessor/owners) or buyers (tenant/lessee) with whom they work of the nature of their agency relationship.

#### Lessor's/Owner's Agent

A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize a lessor's/owner's agent to work with subagents, tenant or lessee agents and/or transaction coordinators. A subagent is one who has agreed to work with the lessor's/owner's agent and who, like the lessor's/owner's agent, acts solely on behalf of the lessor/owner. Lessor's/owner's agents and subagents will disclose to the lessor/owner all known information about the tenant/lessee which may be used to the benefit of the lessor/owner.

#### Tenant's/Lessee's Agent

A tenant's/lessee's agent, under an agency agreement with the tenant/lessee, acts solely on behalf of the tenant/lessee. Tenant's/lessee's agent and subagents will disclose to the tenant/lessee known information about the lessor/owner which may be used to benefit the tenant/lessee.

#### Dual Agents

A real estate licensee can be the agent of both the lessor/owner and the tenant/lessee in the transaction but only with the knowledge and informed consent in writing of both the lessor/owner and the tenant/lessee.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the lessor/owner or the tenant/lessee.

The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

#### License Disclosure

I hereby disclose that the agency status I/we have with the lessor/owner and/or tenant/lessee is:

- ☒ Lessor/Owner's Agent
- ☐ Tenant/Lessee's Agent
- ☐ Dual Agent
- ☐ None of the Above

Further, this form was provided to them before disclosure of any confidential information.

\_\_\_\_\_  
Licensee #6502353378

\_\_\_\_\_  
Date

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 before the disclosure of any confidential information specific to the potential owner/lessor or tenant/lessee.

\_\_\_\_\_  
Incoming Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Incoming Resident

\_\_\_\_\_  
Date



## CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete the entire form  
(ALL adults MUST complete a separate form)

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_  
(Street, Apartment Number) (City, State, Zip Code)

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, when, where and the nature of  
Offense:

\_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges or warrants pending against you? \_\_\_\_\_

By signing this application, the undersigned hereby authorizes \_\_\_\_\_

By signing this application, the undersigned hereby authorizes **HENRY STREET 4%  
APARTMENTS** to investigate and confirm the information stated by the person signing this  
form.

The undersigned understands and agree that said investigation may include, is not limited to  
obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

