

EENHOORN, LLC RENTAL REQUIREMENTS

Eenhoorn, LLC evaluates all rental applications based on verification of employment income, rental history, credit history, and criminal background checks.

- A credit report is processed on all applicants. There is a non-refundable application fee.
- There are minimum and maximum income requirements that may vary from property to property. The leasing representative will discuss these requirements with you.
- To verify rental history, we require the name and telephone number of your current and previous landlord. Applications not including phone numbers will not be accepted until all blanks are completed. If for any reason the information being requested does not apply to you, write “N/A” or “does not apply” in the blank.
- A separate deposit will allow an apartment to be held for you for up to thirty (30) days. More information is available from the leasing representative.
- Within the terms of our rental agreement an additional deposit may be required for pets. More information is available from the leasing representative.
- Any deposits or holding fees put down to hold an apartment are non-refundable.

CREDIT REPORT REQUIREMENTS

Applicants are screened for credit through Saferent, a national consumer credit reporting site. If you have any questions about the scoring system used by Eenhoorn, LLC please ask the staff for additional information.

CRIMINAL BACKGROUND CHECK

Applicants will also be denied if they answer YES to any of the following:

- Conviction of a felony.
- Conviction of any drug related activity.
- Conviction of any offense involving firearms.
- Conviction of offense involving theft.
- Conviction of offense involving violence.
- Conviction of offense against a minor.

Applicant/Resident (print name)	Signature	Date
---------------------------------	-----------	------

Co-Applicant/Resident (print name)	Signature	Date
------------------------------------	-----------	------

Adult Household Member (print name)	Signature	Date
-------------------------------------	-----------	------

Property Manager/Agent (print name)	Signature	Date
-------------------------------------	-----------	------

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Application for Residency

**The Lofts
26 Sheldon Blvd SE
Grand Rapids, MI 49503
(616) 234-0100**

All applicants/residents over the age of 18 must complete a separate application

I am submitting an application for a: one bedroom two bedroom

How did you learn about The Lofts? _____

HOUSEHOLD INFORMATION				
Full Name	Relationship	Date of Birth	Student	Social Security Number
			<input type="radio"/> FT <input type="radio"/> PT <input type="radio"/> N/A	
			<input type="radio"/> FT <input type="radio"/> PT <input type="radio"/> N/A	
			<input type="radio"/> FT <input type="radio"/> PT <input type="radio"/> N/A	
			<input type="radio"/> FT <input type="radio"/> PT <input type="radio"/> N/A	

If any adult household member is a student, what school do they attend? _____

Are any of the household members listed foster children? Yes No If yes, whom? _____

Are any of the household members listed a live-in attendant? Yes No If yes, whom? _____

Do you anticipate any changes in the household in the next 12 months? _____

RESIDENCE HISTORY		
Current Address, City, State, Zip:		Phone Number:
Do you <input type="radio"/> Rent <input type="radio"/> Own your own home <input type="radio"/> Other	Date of Move In:	Monthly Rent:
Name of Landlord/Mortgage:	Phone:	Reason for Leaving:
Previous Address (if less than three years) City, State, Zip:		Monthly Rent:
Name of Landlord:	Phone:	Date of Move Out:

OTHER INFORMATION		
Driver's License Number:	State:	
Vehicle Make/Model/Color/Year:	License Plate #:	
Vehicle Make/Model/Color/Year:	License Plate #:	
Only vehicles listed above are permitted in resident parking		
Do you have pets? <input type="radio"/> Yes <input type="radio"/> No If Yes, what kind and weight?		
Have you ever filed for bankruptcy?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, when:
Have you been evicted from tenancy?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, explain:
Have you ever been convicted of a felony?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, explain:
Are you receiving rent assistance?	<input type="radio"/> Yes <input type="radio"/> No	Name of Housing Commission:
Case Worker Name and Phone Number:		

CURRENT EMPLOYMENT INFORMATION			
Name of Applicant/Resident:	Occupation:	Work Phone:	Work FAX:
Name of Employer:	Street Address:	City, State, Zip:	
Date of Hire:	Salary: \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Twice a Month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/>	Hours Worked Per Week:
Other _____			
If employed less than six months, list name and address of previous employer:			

Name of Applicant/Resident and Unit # _____

Does anyone in the household have any income from any of these sources?

OTHER SOURCES OF INCOME

Absent Family Member	<input type="radio"/> Yes <input type="radio"/> No	Insurance (Periodic Payments)	<input type="radio"/> Yes <input type="radio"/> No	Rental/Real Estate Income	<input type="radio"/> Yes <input type="radio"/> No
Adoption Assistance	<input type="radio"/> Yes <input type="radio"/> No	Long Term Care Insur Payments	<input type="radio"/> Yes <input type="radio"/> No	Second Job	<input type="radio"/> Yes <input type="radio"/> No
Alimony/Child Support	<input type="radio"/> Yes <input type="radio"/> No	Lottery	<input type="radio"/> Yes <input type="radio"/> No	Self-Employed	<input type="radio"/> Yes <input type="radio"/> No
Bonus/Tips/Comm/Fees	<input type="radio"/> Yes <input type="radio"/> No	Military/GI/VA	<input type="radio"/> Yes <input type="radio"/> No	Severance Pay	<input type="radio"/> Yes <input type="radio"/> No
Disability/Death Benefit	<input type="radio"/> Yes <input type="radio"/> No	Pension	<input type="radio"/> Yes <input type="radio"/> No	Social Security/SSI	<input type="radio"/> Yes <input type="radio"/> No
FIA/Public Assistance	<input type="radio"/> Yes <input type="radio"/> No	Person Confined to Nursing Home	<input type="radio"/> Yes <input type="radio"/> No	Trust/Annuity	<input type="radio"/> Yes <input type="radio"/> No
Indian Tribe Payments	<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts	<input type="radio"/> Yes <input type="radio"/> No	Unemployment/Workers Comp	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

APPLICANT	SOURCE	AMOUNT RECEIVED
		\$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other
		\$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other
		\$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other

Does anyone in household have any assets? Please mark "yes" or "no" for each.

ASSETS

Cash	<input type="radio"/> Yes <input type="radio"/> No	Lump Sum/One-Time Receipt(s)	<input type="radio"/> Yes <input type="radio"/> No	Revocable Trust(s)	<input type="radio"/> Yes <input type="radio"/> No
Certificate of Deposit	<input type="radio"/> Yes <input type="radio"/> No	Mobile Home	<input type="radio"/> Yes <input type="radio"/> No	Savings	<input type="radio"/> Yes <input type="radio"/> No
Checking	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Deed/Trust	<input type="radio"/> Yes <input type="radio"/> No	Savings Bonds	<input type="radio"/> Yes <input type="radio"/> No
Insurance (Whole/Life)	<input type="radio"/> Yes <input type="radio"/> No	Mutual Fund(s)	<input type="radio"/> Yes <input type="radio"/> No	Stocks/Bonds	<input type="radio"/> Yes <input type="radio"/> No
IRA/Keogh/401K/503b	<input type="radio"/> Yes <input type="radio"/> No	Personal Property (gems/jewelry/etc.)	<input type="radio"/> Yes <input type="radio"/> No	Time Certificate	<input type="radio"/> Yes <input type="radio"/> No
Land Contracts	<input type="radio"/> Yes <input type="radio"/> No	Real Estate	<input type="radio"/> Yes <input type="radio"/> No	Treasury Bills	<input type="radio"/> Yes <input type="radio"/> No

I have another name(s) listed on one or more of the above assets for the purpose of a beneficiary or power of attorney.

This person does not own, or receive income from, the assets Yes No

I have joint ownership on one or more of the above assets (please list): Yes No

I have income/assets from sources other than those listed above (please list): Yes No

A member of my household is under the age of 18 and has assets (please list): Yes No

For each "Yes" marked above, please complete the following:

APPLICANT	TYPE OF ASSET/ACCOUNT #	NAME OF COMPANY/ADDRESS	PHONE/FAX

Have you sold any real estate for less than it is worth within the last two years? (if sale was due to foreclosure, bankruptcy or divorce, answer no) Yes No If Yes, please explain _____

In the event of an emergency, please contact:

Name	Address	Phone	Cell Phone	Relationship

All of the information provided above is true and complete to the best of my knowledge and belief.

Before returning application, be sure you have marked "Yes" or "No" for each source of income/asset. Incomplete applications will be returned and delay processing.

Printed Name of Applicant/Resident _____ Signature _____ Date _____

Printed Name of Co-Applicant/Resident _____ Signature _____ Date _____

Printed Name of Property Manager/Agent _____ Signature _____ Date _____

Michigan State Housing Development Authority
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.

Name:	Unit Number:
-------	--------------

	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.

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

	Yes	No	COMPLETE EACH ITEM:
25			I receive periodic payments from insurance policies, if yes, how many policies? _____
26			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
27			I receive other recurring or periodic income not listed above. Describe _____
CHILD SUPPORT			
28			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to FIA? Yes No
29			I have been awarded a judgment for child support but have not been receiving payments.
30			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)			
31			I have a savings account(s) at: _____ (List name(s) of institution)
32			I have a checking account(s) at: _____ (List name(s) of institution)
33			I have certificates of deposit at: _____ (List name(s) of institution)
34			I have cash held in my home or in a safety deposit box.
35			I have savings bonds. If yes, how many? _____
36			I have Treasury Bills. If yes, how many? _____
37			I have stocks.
38			I have bonds
39			I have mutual funds.
40			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
41			I have time certificate(s) at: _____ (List name(s) of institution)
42			I own real estate. If yes, how many properties? _____
43			I own a mobile home.
44			I have land contracts. If yes, how many? _____
45			I hold a mortgage or deed of trust.
46			I have revocable trusts. If yes, how many trusts? _____
47			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____
48			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
49			I have lump sum receipts or one-time receipts.
50			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.
51			I have joint ownership on one or more of the above assets.

	Yes	No	COMPLETE EACH ITEM:
52			I have income/assets from sources other than those listed above. (Describe) _____
53			A member of my household is under the age of 18 and has assets (see Question #63 for list of assets). (Describe) _____
	Yes	No	COMPLETE EACH ITEM:
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
54			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
56			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.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
58			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
59			Family Independence Agency (FIA) 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 full partial.
60			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
61			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

OTHER ITEMS			
62			I have provided proof of Social Security number (or certification) for all household members five (5) years of age and older. (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)			
63			<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> <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 (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

May 1998
P – 88- 2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a priority on preventing fraud. If your application or recertification forms contain false incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, saving bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than it's full value; such as your home to your children.

Family/Household Members

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you

Signing the Application

- Don't not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertification

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms;

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD office or the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Tenant Signature _____

Date _____

TENANT RELEASE AND CONSENT

The Lofts
26 Sheldon Blvd. SE
Grand Rapids, MI 49503
Phone: (616) 234-0100/ FAX: (616) 234-0881

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed above, and/or affiliates of the apartment community listed above, including, but not limited to, their officers, directors, employees, agents, credit reporting agencies, law enforcement agencies, present and/or previous employers or landlords, its officers and employers that shall provide information to the apartment community listed above upon request, from and against any and all claims, demands, suits or expenses arising from, or related to, the content, validity or handling of said reports.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment income, assets, medical and child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participated as a Qualified Resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Present Employers	Welfare Agencies	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Agencies	Medical Child Care Providers
Banks and Other Financial Institutions	Previous Landlords (including PHA)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for one year and one month** from the date signed.

I/We understand that I/We have a right to review this file and correct any information that is incorrect.

Applicant/Resident (print name)	Signature	Date
Co-Applicant/Resident (print name)	Signature	Date
Adult Household Member (print name)	Signature	Date
Property Manger/Agent (print name)	Signature	Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 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 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).**

Application Checklist

APPLICANTS NAME(S) _____

Move In Date _____ Assigned Address _____

Application Fee _____ Date Received _____

Administration Fee _____ Date Received _____

Security Deposit _____ Date Received _____

Quoted Special _____

Lease Term (3, 6, 12, other) _____

Cosigner Information For Full Time Student Received _____

Verifications

S.S. #/ ID Verified _____

Saferent Check Date _____ Result _____

Criminal Check Date _____ Result _____

Income Verification (Date Received) _____

Landlord Verification (Date Received) _____

Decision

Applicant(s): Accepted AWC Declined

Conditions of Acceptance _____

Decision Override Received _____ Approved by _____

NOTES:

