



## Pre-Application for Tenancy at a Samaritas Owned or Management Affordable Living Property

### Samaritas Managed Properties:

- Allen Manor Senior Housing– Grand Rapids
- Christian Manor Apartments– Muskegon
- Immanuel Village Apartments – Mt. Pleasant
- Grand Ravine Senior Housing– Allegan
- SHAWL I Apartments– Whitehall
- SHAWL II Apartments- Montague

### Samaritas Affordable Living at:

- Gateshead Crossing – Detroit
- Grebe Village – Cheboygan
- Sequoia Place – Ann Arbor
- Alison House - Lansing

### Samaritas Affordable Living of:

- Adrian
- Alpena
- Monroe
- Rochester Hills

Please Return Pre-Application to: Sarah Parker at: [spark@samaritas.org](mailto:spark@samaritas.org) or Sarah Parker 8131 E. Jefferson Detroit, MI 48214

I am applying for the following type of apartment:

- Efficiency                       1 Bedroom                       2 Bedroom                       3 Bedroom

<b>General Family Information</b>			
<b>Head of Household:</b>			
1) Name:			
Current Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Date of Birth:		Gender: male ____ female ____ Prefer not to disclose ____	
Social Security Number:		E-Mail Address:	
Please indicate race/national origin:			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Prefer Not To Disclose	
<b>Citizen Declaration:</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am either a citizen or an eligible non-citizen with immigration status. Declaration of Citizenship form will be completed at later date and attached to application.	
Are you expecting any addition to your family due to any of the following:			<input type="checkbox"/> Yes See Below
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Adoption	<input type="checkbox"/> Foster Care	<input type="checkbox"/> 50% Custody of a Minor
<input type="checkbox"/> Other:			





List additional household members		Total Numbers of Household Members: _____	
1) Name:	SSN:	Date of Birth:	
2) Name:	SSN:	Date of Birth:	
3) Name:	SSN:	Date of Birth:	
4) Name:	SSN:	Date of Birth:	
5) Name:	SSN:	Date of Birth:	
6) Name:	SSN:	Date of Birth:	
7) Name:	SSN:	Date of Birth:	
Do you or a member of your family require the special features of a unit designed for persons with mobility impairment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live or have you ever lived in subsidized housing, currently using a Section 8 Voucher or receive any federal or state housing assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay childcare costs that allow you to go to school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay expenses for car of an individual that is disabled that allows you to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you disabled, or over the age of 62: if yes, do you have medical expenses that are not covered by insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you lacking fixed nighttime residence or are you fleeing/attempting to flee from violence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a full-time student 18 or older, am <u>not</u> the head, spouse or co-head of my unit, and thus am eligible for dependent status in my household. The school I attend is:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration of Income:			Amount-Monthly	How Often Received
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Assistance (AFDC, GA, or State SSI)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supplementary Security Income (Federal SSI)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability or Death Benefits		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veterans Administration/GI Bill Benefits		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Military Pay		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployment Compensation		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workman's Compensation		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension and/or Retirement Funds		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do any of your retirement accounts have a Required Minimum Distribution?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance Policies		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trusts		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annuities		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alimony		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ownership of a business or profession		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real or Personal Property (Land Contract)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severance Pay		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular continuous support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employment- <b>include entire household</b>		





I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand the above information is being collected to determine eligibility for federal housing assistance. I/we certify that the statements made in this pre-application are true and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law. I/we understand that this is only a pre-application and completing this form gives no lease or rental rights. Additional information will be required to complete the processing of all applicants.

I/we authorize Management to verify all information provided on this pre-application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate federal, state or local agencies. I/we specifically authorize a criminal background check for all states which I have lived in; a check of the state/national sex offender registry; and, a full credit report from one of the three nationally recognized credit reporting agencies through a private contractor.

*I/we acknowledge that any changes to this pre-application must be made in writing. An additional Tenant application is required to process a move-in. It is the applicant's responsibility to notify property mgmt. of any changes in address, phone number and/or family composition immediately.*

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Co-Applicant Signature* *Date*

**Pre-applications are recorded and filed according to the date and time of submission. Your early return of this form is important. Complete all questions. Incomplete applications may be rejected. To keep our waiting list up to date, we ask you to contact our office every 6 months.**

**Penalties For Misusing This Consent:** 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 of the U.S. Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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).

Sheila Morris  
Director of Housing  
Section 504 Coordinator  
Samaritas Affordable Living

Date and Time Application received: \_\_\_\_\_ Application complete: \_\_\_ Yes \_\_\_ No  
Application received by: \_\_\_\_\_ Application  approved or  declined by \_\_\_\_\_ Date \_\_\_\_\_

