

# Rental Housing Application for Detroit Shoreway C.D.O. Properties



**COURTLAND BUILDING**  
1406 West. 54th.



**HARP BUILDING**  
1389-1391 West. 64th.



**KENNEDY BUILDING**  
1403 West. 65th



**TEMPLIN BRADLEY LOFTS**  
5700 Detroit Ave.



**PJ SHIER BUILDING**  
6517 Detroit Ave.



**BANK BUILDING**  
6503-6509 Detroit Ave



**NEAR WEST LOFT BUILDING**  
6710 Detroit Ave.



**MURIEL BUILDING**  
7001-7003 Detroit Ave.



**LION MILLS**  
3256 W.25 St.



**MUIRVILLE BUILDING**  
8003 Detroit Ave.



**SYLVIA APARTMENTS**  
6010 Franklin Blvd.



**ASPEN BUILDING**  
6010 Lorain Ave.

## **Income Restrictions @50% & 60% AMGI**

1 Person	\$27,550	1 Person	\$33,060
2 Persons	\$31,450	2 Persons	\$37,740
3 Persons	\$35,400	3 Persons	\$47,160
4 Persons	\$42,450	4 Persons	\$50,940
5 Persons	\$45,600	5 Persons	\$54,720

Effective 4/1/21



## Application for Rental Housing:

\_\_\_\_\_  
Name of building applying for

\_\_\_\_\_  
Unit size applying for

\_\_\_\_\_  
Referred by

### Instructions for completing Rental Application

1. Please print all sections in ink. **Do not leave any sections blank, even those which do not apply to you.** For instance, if a section asks for driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw a line through the incorrect information, then print the correct information above and initial change.
2. As head of household, you must be at least 18yrs of age and will complete this application form. Each additional adult who will live in the apartment must also sign this application.
3. **If you are disabled, or have difficulty completing this application, please advise us if there is any assistance or actions that we may take to provide you with the opportunity to participate in, or benefit from, the same programs, services, and activities as someone that is non-disabled. Detroit Shoreway is committed to the enforcement of its Reasonable Accommodation Policy which ensures that our facilities and programs are barrier free so that persons with mobility impairments can use these facilities and that we are prepared to effectively communicate with persons who have visual, speaking, and hearing impairments. Our Section 504/ADA Coordinator, Mrs. Love can be reached at (216) 961-4242.**
4. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
5. The Non-refundable Application Fee is \$25 per adult household members.  
**MONEYORDER OR CASHIER CHECK PAYABLE TO: DETROIT SHOREWAY CDO.**  
Please do not sign the back of the check as this will invalidate it.

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

**Application for Rental Housing Information sheet (continued):**

**REQUIRED DOCUMENTATION: For all members of household**

- ID for each adult (18 and older)
- Social Security cards for all members of household
- Birth Certificates for all members of household

**CURRENT PROOF OF INCOME: For all members of household**

May consist of one or more of the following:

- Employer Statement or (8) eight consecutive pay stubs ( all working Adults)
- Statement of benefits from Welfare or Social Security Office ( Current Month)
- Statement of benefits from the State Employment Bureau ( award letter)
- Statement of benefits from Workman Compensation
- Printed Statement from Uber, Doordash, Lyft, Grub hub, etc.
- Statement of Child Support or Alimony ( 1 year history)
- Statement of Foster Care Support
- If self-employed, a copy of Income Tax Return for 2 year.
- Any income letter provided needs to reflect preparation data of no more than 30 days from current date.

**CURRENT PROOF OF ASSETS: For all members of household**

- 6 months of Checking bank statements ( if applicable)
- Current month of Saving bank statements ( if applicable)
- Current month of any other assets ( if applicable)

**\$25 Non-Refundable Application Fee:**

For all adult members 18 years and older (money order or cashier check only)

**For instruction on how to submit a Completed Applications with Non-Refundable Application Fee please call Property Management @ 216-635-0130 or email Tasha Thompson at [tthompson@dscdo.org](mailto:tthompson@dscdo.org)**

**Head of Household and Spouse or Co-applicant: Please Print**

Head of Household Full Legal Name		Spouse/Co-applicant Full Legal Name
1.		2.
3. Home Telephone ( )		4. Home Telephone ( )
5. Work Telephone ( )		6. Work Telephone ( )
7. Social Security Number		8. Social Security Number
Email Address:		Email Address:
<b>Please indicate if U.S. Veteran:</b>		<b>Please indicate if U.S. Veteran:</b>

9. Have you, your spouse or your co-applicant ever used different names for the names shown above?  
 Yes  No  If yes, please list names used and dates when such names were in use:

10. Have you, your spouse or your co-applicant ever been evicted or otherwise removed from rental housing?  
 Yes  No  If yes, please provide landlord name, address, and dates:

**11. Household Composition: Please Print**

List all persons, including yourself, who will reside in the apartment. Note: The number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

Full Name	Relation-ship	Sex	Age	Date of Birth	Occupation/ Name of attending school	Soc. Sec Number	Driver's License #
1.							
2.							
3.							
4.							
5.							
6.							

12. Will any of the above household member's live anywhere except the apartments? Yes  No   
 Are there any other persons who will live in the apartment on a less than full-time basis? Yes  No   
 If either question is answered yes, please explain: \_\_\_\_\_

**13. Income from Employment**

List all full-time, part-time, and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed:

HH Mem.#	Place of Employment	Supervisor	Employer Address	Employer Phone #	Avg. Earn. per month

### 14. Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion or educational grants and scholarships allotted for subsistence and all other income.

HH Mem. #	Income Source	Address of Sources of Income	Contact Person & Telephone	Est. Tot. earn. coming year \$

### 15. Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, real estate:

HH Mem. #	Description of Assets	Est. Current Value	Est. Annual Income from Assets

16. Do you or any member of your household currently illegally use a controlled substance?

Yes  No

17. Have you or any other member of your household ever been convicted of a felony or the illegal manufacture or distribution of a controlled substance?

Yes  No

18. Have you or any other member of your household ever been involved in criminal activity that poses a threat to the health and safety or welfare of others?

Yes  No

### 19. Rental History

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name.

Applicant Street Address	City, State, and Zip	Monthly Rent \$	Telephone ( )
Landlord/ Person in charge Street Address	City, State, and Zip	Security Dep. \$	LL Phone ( )
Name of Household Members			
Move in date	Average Utilities Paid	\$	
Do you have an executed lease agreement at the above address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant Previous Street Address	City, State, and Zip	MonthlyRent \$	Telephone
Landlord Street Address	City, State, and Zip	Avg. Utilities \$	LL Phone ( )
Names of Household Members		Security Dep \$	
		Full Refund?	
Did you fulfill lease term?		Move-in date	
If no, explain		Move-out date	

Applicant Previous Street Address	City, State, and Zip	MonthlyRent	Telephone
Landlord Street Address	City, State, and Zip	App-pd Util	LL Phone ( )
Names of Household Members		Security Dep \$	
		Full Refund?	
Did you fulfill lease term?		Move-in date	
If no, explain		Move-out date	

Are you a former DSCDO tenant?                      Yes              No

Are you currently receiveing Section 8 (HCVP) or other type of rental subsidy?                      Yes              No  
 Type of Assist: \_\_\_\_\_

Are you currently in the process of becoming evicted or have you or any member of your household been evicted?                      Yes              No

Are accomodation needed for a service animal?                      Yes              No

Are you or or any family member, now, or previously during the last 12 month an employee, agent, consultant, officer, elected, or appointed official of the City of Cleveland, Community Development Department, of the Detroit-Shoreway Development Organization (DSCDO), or any DSCDOMember organization of any contractor doing business with DSCDO? A "Family Member" is defined as the employee's spouse and everyone who is related to the employee or the employee's spouse and everyone who is related to the eomployee or the employee's spouse in the following ways: parents, children, grandparents, grandchildren, brothers, sisteers, aunts, uncles, nieces, nephews, step relatives and half relatives.

Yes      No                      If yes, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 20. Utility Payment History

List the names of all utility companies with which you now have or have had accounts at the two most recent previous addresses.

Name of Utility Co.	Type (Electric, Gas,etc)	Name of Acct. Holder	Property Address

Name of Utility Co.	Type (Electric, Gas,etc)	Name of Acct. Holder	Property Address

### Statements by All Adult Household Members

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit capacity, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

Acceptance of completed application by Management

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management Representative

