

Preliminary Application for Assistance
Barclay Senior Village

1. List each person who would live with you if you receive housing assistance (start with yourself).

LAST NAME	FIRST NAME	AGE	SEX	RELATIONSHIP	ANNUAL INCOME	SOCIAL SECURITY NUMBER

2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect any change in your household composition? Yes No

4. If you answered yes to either #2 or #3, please explain: _____.

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

6. Please identify any special housing needs your household has: _____

7. Check one box each in "a" and "b" (for statistical purposes only)

a: Is the head of your household?

- American Indian or Alaskan Native Asian African American
 Native Hawaiian or Other Pacific Islander Caucasian

b: Ethnicity of the Head of Household: Hispanic or Latino Not Hispanic or Latino

APPLICANT CERTIFICATION: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OR CO-HEAD

DATE

Application for Admission and Rental Assistance
Barclay Senior Village

Applicant Name _____
 Current Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Do you or anyone in your household currently engage in use of controlled substances?
 Yes No If yes, please specify household member _____.
2. Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders?
 Yes No If yes, please identify household member _____.
3. List the Head of Household and all other members who will be living in the unit.
 Give the relationship of each family member to the head.

Member #	Member's Full Name	Relationship	Date of Birth	Age	In School?	Sex	Social Security #
1							
2							
3							
4							
5							

4. Does the Head of Household or spouse meet the following definition for a person with a disability?
 Yes No (for program and unit eligibility purpose only)
5. Are you now living in a subsidized housing unit?
 Yes No If No, Skip to Income and Asset Information
6. Name of Complex: _____
7. Name of Manager: _____
8. Manager's Phone Number: _____

Income and Asset Information:

Please answer each of the following questions. For each "yes," provide details in the chart below:

Does any member of your household:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support? |

- 7. Not receive child support that he/she is entitled to?
- 8. Now receive or expect to receive alimony?
- 9. Have an entitlement to receive alimony that is not currently being received?
- 10. Now receive or expect to receive public assistance (FIA, DHS, TANF)
- 11. Now receive or expect to receive Social Security or disability benefits?
- 12. Now receive or expect to receive income from pension or annuity?
- 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit.
- 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property?
- 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- 16. Have real property or other assets (including cash) that she/he has sold or given away in the past two years?

Member Number	Source of Income/Type of Income	Annual Income
1		
2		
3		
4		

Assets

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

Member Number	Bank Name	Type of Account	Account Number	Balance
1				
2				
3				
4				

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

Expenses

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number of the care provider:

What does the child care cost you weekly? _____

Yes No Do you pay a care attendant or for any equipment for any disabled household members(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

Elderly Families Only

Yes No Do you have Medicare?
If yes, what is your monthly premium? _____

Yes No Do you have any other kind of medical insurance?
If yes, provide the following:
Name and address of carrier: _____
Policy Number: _____
Premium Amount: _____

Yes No Do you have outstanding medical bills?
If yes, list them below.

What medical expenses do you expect to incur in the next 12 months?

If you use the same pharmacy regularly, please provide the name and address:

Previous Rental History

Name and Address of Your *Present* Landlord:

Telephone Number: _____

How Long Have You Lived There? _____

Reason for Leaving? _____

Name and Address of Your *Former* Landlord:

Telephone Number: _____

How Long Did You Live There? _____

Reason for Leaving? _____

Employment History

Name and Address of Head's *Present* Employer:

Telephone Number: _____

Supervisor's Name: _____

How Long Have You Worked There? _____

Name and Address of Spouse's or Co-Head's

Employer: _____

Telephone Number: _____

Supervisor's Name: _____

How Long Have You Worked There? _____

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Owner/Manager/PHA Representative: _____ Date: _____

The Barclays
2081 Barclay Street
Muskegon, Michigan 49441

By my signature below, I authorize The Barclays to investigate and verify any information pertinent to my rental application.

The following is a list of possible information that may be verified. This list is not intended to be exhaustive. I understand that there may be other information that may be necessary and authorize the company to investigate those matters.

Obtain a credit report from Credit Bureau Services or other consumer credit reporting agency.
Obtain prior rental information from any prior landlord.

Verify my employment and wage income from any employer.

Verify assets and income from assets if I am using that income to qualify for rental.
Obtain a criminal records search of the public records.

Verify income received from any public agency. (Social Security, etc.)

Verify pension income received.

This information will be used only for the purposes stated above and will be held by the company in strict confidence.

I authorize any third party to release information to Richard H. Johnson, Inc. All third parties may rely on photo static copies of this form and my signature as if it were an original signature.

Signed _____ Date _____
Applicant

Signed _____ Date _____
for The Barclays

Richard H. Johnson, Inc.

Disclosure Regarding Agency Relationships

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 lessors/owners of real property to advise the potential 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 lessees 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 owners agent, works 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.

Licensee Disclosure

Richard H. Johnson, Inc. hereby discloses that the agency status we have with the lessor / owner is:

Lessor / Owner's Agent defined above.

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.

Signed _____ Date _____
Potential Tenant

Signed _____ Date _____
Potential Tenant