

**Maple Valley Apartments
Occupancy Application**

Received

Date: _____

Time: _____

1. Name: _____ Date: _____

Social Security Number: _____ D.L.#: _____

Date of Birth: _____ Phone #: _____

2. Date Occupancy Desired: _____

3. Present Address: _____

How Long There: _____ Present Monthly Rent: _____

Name of Present Landlord: _____ Phone #: _____

Name & Address if Previous Landlord: _____

4. Employer: _____ Phone #: _____

Business Address: _____

Length of Employment: _____

If NOT Employed, Source of Income: _____

5. Name, age, and sex of all persons who will occupy unit including temporarily absent members:

	Name	Date of Birth	Sex	Relationship	Elderly Status
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

6. References: *(not family members)*

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

7. Notify in Case of Accident or Emergency: _____

Address: _____

Phone #: _____



8. How did you learn about these apartments: Newspaper: _____ Radio _____ Resident: _____
Drive by: _____ Road Signs: _____ Other: _____

9. Have you ever been charged with a Felony? No _____ Yes _____ If so what _____

Please note that this is an application and gives no lease or rent rights. Additional information and a deposit will be required at a later date to complete processing of residents.

I authorize inquiries to be made to verify the statements made above.

Date: _____

Signature: _____ Signature: _____

Additional Information:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (mark one or more)

- 1. American Indian/Alaskan Native _____
- 2. Asian _____
- 3. African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Gender: Male _____ Female _____

MAPLE VALLEY ARMS *Apartments*

CONSENT TO RELEASE INFORMATION

B & B DEVELOPMENT
PO BOX 486
NASHVILLE, MI 49073

I authorize B & B Development to obtain income, asset, medical and child care expense (if applicable) from current and previous organizations and or persons that I have indicated as being the contact for providing such information. This consent may be attached to any required income, asset or expense verification forms and may be photocopied for multiple use.

I understand that this information will be held in confidence by B & B Development and will be used only for determining my eligibility for housing, housing assistance, and rent calculation.

Name of Applicant or Resident		
Address		
City	State	ZIP Code
Signature of Applicant or Resident		Date



EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER



ASSET VERIFICATION

Dear Financial Institution,

We are required to verify the incomes of all members of families applying for admission as tenants to federally aided housing units which we operate and to re-determine the income of tenants periodically. This is because of the laws under which these housing units are administered, restrict occupancy to low and mid income families and base rents on the amount of family income.

To comply with this requirement, we ask your cooperation in completing the applicable items on **page two (2)** of this document. Your assistance in this verification is greatly appreciated. Please contact our office if you have any questions regarding this request.

**B & B DEVELOPMENT
MAPLE VALLEY ARMS
PO BOX 486
NASHVILLE, MI 49073
(517) 852-0852**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT	
Financial Institution Name	Financial Institution Phone
Financial Institution Person	Financial Institution Fax

I hereby authorize the release of the requested information.

Name of Applicant/Tenant	Last Four Digits of SSN	Date
Signature of Applicant/Tenant	Maple Valley Arms Apartments	



EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER



ASSET VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT	
Name of Applicant/Tenant	Date

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION			
PART 1: CHECKING ACCOUNTS			
Account Number <small>_____</small>	Current Account Balance	APY (If Applicable)	
Account Number <small>_____</small>	Current Account Balance	APY (If Applicable)	
PART 2: SAVINGS ACCOUNTS			
Account Number <small>_____</small>	Current Account Balance	APY	Withdrawal Penalty
Account Number <small>_____</small>	Current Account Balance	APY	Withdrawal Penalty
PART 3: CERTIFICATES OF DEPOSIT			
Account Number <small>_____</small>	Current Account Balance	APY	Withdrawal Penalty
Account Number <small>_____</small>	Current Account Balance	APY	Withdrawal Penalty
PART 4: TRUSTS AND INVESTMENTS			
Value of Trust/Investment Fund Administered	Anticipated amount expected to be earned over the next 12 months		
VERIFICATION			
Name of Verifying Agent	Signature of Verifying Agent		
Title	<div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> </div>		

RETURN BY MAIL
MAPLE VALLEY ARMS
PO BOX 486
NASHVILLE, MI 49073

RETURN BY FAX
(517) 852-9711



EQUAL HOUSING OPPORTUNITY.
EQUAL OPPORTUNITY EMPLOYER



Please complete a separate form for each household member age 18 and older.

Name of Applicant or Resident	Apartment	<input type="checkbox"/> New Resident <input type="checkbox"/> Recertification
I receive income from full time and/or part time employment <input type="checkbox"/> ...Yes..... <input type="checkbox"/> .No..		
I am an independent contractor and/or self employed <input type="checkbox"/> ...Yes..... <input type="checkbox"/> No		
I regularly receive cash contributions or gifts from persons not living with me – includes rent and utilities.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you receive any of the following, check the box to its left.		
<input type="checkbox"/> Periodic payments from worker’s compensation	<input type="checkbox"/> Unemployment benefits	
<input type="checkbox"/> Veteran’s Administration benefits	<input type="checkbox"/> Child support and/or alimony	
<input type="checkbox"/> G.I. Bill benefits	<input type="checkbox"/> Educational grants or scholarships	
<input type="checkbox"/> Social Security benefits	<input type="checkbox"/> Public assistance excluding food stamps and Medicaid	
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Disability or death benefits other than Social Security	
<input type="checkbox"/> Periodic payments from trusts, annuities or inheritance		
I have checking account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	How many banks?	▶
I have savings account(s). <input type="checkbox"/> Yes <input type="checkbox"/> No	How many banks?	▶
I have time certificate(s). <input type="checkbox"/> Yes <input type="checkbox"/> No	How many banks?	▶
I have certificate(s) of deposit. <input type="checkbox"/> Yes <input type="checkbox"/> No	How many banks?	▶
If you have any of the following, check the box to its left.		
<input type="checkbox"/> IRAs or Keough accounts	<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds <input type="checkbox"/> Treasury Bills
<input type="checkbox"/> Personal property held for investments (gems, jewelry, coin collections, etc)		
I have disposed of assets within the last two (2) years..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I pay Medicare premiums..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I pay medical insurance premiums other than Medicare..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I pay medical or prescription expenses not reimbursed by insurance..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I pay child care expenses for children under age 13..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I need two (2) bedrooms for medical reasons..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I need a handicapped or barrier free unit..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
I qualify for elderly status because I am 62 years of age, handicapped or disabled.		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that to the best of my knowledge, all statements are true. When circumstances change I will notify the resident manager for possible recertification. I understand that failure to disclose all assets will result in eviction from this apartment community and recapture of unearned rent subsidies.

Signature of Applicant or Resident	Witness – Agent or Management	Date
▶		



EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER



EMPLOYMENT VERIFICATION

Dear Employer,

We are required to verify the incomes of all members of families applying for admission as tenants to federally aided housing units which we operate and to re-determine the income of tenants periodically. This is because of the laws under which these housing units are administered, restrict occupancy to low and mid income families and base rents on the amount of family income.

To comply with this requirement, we ask your cooperation in completing the applicable items on **page two (2)** of this document. Your assistance in this verification is greatly appreciated. Please contact our office if you have any questions regarding this request.

**B & B DEVELOPMENT
MAPLE VALLEY ARMS
PO BOX 486
NASHVILLE, MI 49073
(517) 852-0852**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT			
Employer Name		Employer Contact Person	
Employer Address		Employer Phone	
		Employer Fax	

I hereby authorize the release of the requested information.

Name of Applicant/Tenant		Date
Signature of Applicant/Tenant ▶ _____		Maple Valley Arms Apartments _____



EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER



EMPLOYMENT VERIFICATION



THIS SECTION TO BE COMPLETED BY MANAGEMENT

Name of Applicant/Tenant	Date
--------------------------	------

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employed Since	Occupation		
Base Pay Rate			
\$		<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly
		<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Average hours per week at base pay rate		Overtime Rate Per Hour	Average number of overtime Hours expected to be worked (if any) during the next 12 mos.
		\$	

Please list any other compensation not listed above (commissions, bonuses, tips, etc.)

Received For	Rate	Per
	\$	
	\$	
Is pay received for vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many days per year? 
Name of Verifying Agent	Signature of Verifying Agent	
Title		

RETURN BY MAIL
MAPLE VALLEY ARMS
PO BOX 486
NASHVILLE, MI 49073

RETURN BY FAX
(517) 852-9711



EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER

