

APPLICATION PACKAGE

Please read before completing application

Thank you for your interest in The Village at Rivers Edge Apartments. In this packet you will find an application and corresponding forms. Information on the following page will help you verify if your income/household qualifies to apply. Please complete and sign all forms before returning your application package. Should you have any questions regarding the application and forms or need additional information, please feel free to contact us at (231) 258-5300, we would be happy to assist you.

Each adult is required to fill out an application. There is a \$25 fee per adult when the application is returned. If you do not include the fee when returning the application, the application will not be processed. Please bring in or mail check or money order.

Also, when the application is returned, please be sure to include income verifications and copies of drivers' licenses for all adults and social security cards for all household members. Providing these items will speed up the application process time.

If you wish to hold an apartment, while your application is being processed, you may also include in a check or money order for the security deposit of one month rent. Or you may choose to place a \$200 holding fee, which will be applied to your security deposit due upon move in. The fee will be made refundable if the site is unable to process the application due to the household not qualifying.

We look forward to saying "Welcome Home to The Village at Rivers Edge", please call if you have any questions or concerns.

Thank you,

The Village at Rivers Edge Apartments
(231) 258-5300
(231) 314-5922 (FAX)
info@myvillageatriversedge.com
www.myvillageatriversedge.com

Please mail or bring in your complete application anytime during our regular business hours, Monday through Friday from 10am-4pm or by appointment at:

**The Village at Rivers Edge Apartments
15 Rivers Edge Drive NW
Kalkaska, MI 49646**

We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TTY/TDD 1-800-649-3777

110220



WHAT IS THE RESIDENT CRITERIA?

Household size	Maximum Income/ Year (*)
1 person	\$22,320
2 persons	\$25,560
3 persons	\$28,740
4 persons	\$31,920
5 persons	\$34,500
6 persons	\$37,020

(*) 2010 HUD Published Information

- 1.) Prospective resident must be "income qualified" according to the above chart and household size.
- 2.) Prospective resident must have a valid state ID and social security card.
- 3.) No member of the family can have a felony arrest record.
- 4.) Prospective resident must have good credit.
- 5.) Prospective resident must not owe money to another property owner, apartment community or utility company.
- 6.) Prospective resident must be able to have Consumers Energy and DTE Energy put into their name effective date of lease signing.
- 7.) No more than four (4) people can occupy a 2-bedroom apartment.
- 8.) No more than six (6) people can occupy a 3-bedroom apartment.
- 9.) Prospective resident must have favorable landlord references for the last five years.
- 10.) Prospective resident cannot have any evictions in their residency history.
- 11.) We cannot rent to households where all the members in the household are full time students unless specific conditions are met.



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App Fee Paid
\$ _____

Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community: The Village at Rivers Edge Apartments located in Kalkaska, MI Date: _____

How did you hear about our community? (Check one) Drive By Phone Book Website Referral: _____

Unit Size (check one) 2 3 Unit Type (check one) Apartment Townhome

Would you or a member of your household benefit from the design features of a barrier free unit? Yes No

Applicant Name: _____ Phone (_____) _____

Applicant Email Address: _____

Spouse Email Address: _____

Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Relationship (ie Spouse, co-head, child)	Date of Birth Month, Day, Year	Social Security Number
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				

Applicant's Housing History

Applicant	Spouse ONLY
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<p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p>To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	<p>Current Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p>To: _____</p> <p>Reason for Moving: _____</p> <p>Current Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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<p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p>To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	<p>Previous Address: _____</p> <p>Date: From _____ Rent: \$ _____</p> <p>To: _____</p> <p>Reason for Moving: _____</p> <p>Previous Landlord: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
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If you have resided at additional addresses within the past five (5) years, Please attach Previous Address Information on a separate sheet.

Do you expect any additions to the household within the next twelve months? Yes No
If "yes", please explain: _____

Do you have full custody of your child(ren)? Yes No N/A

Is there anyone living with you now who won't be living with you at this property? Yes No
If "yes", please explain: _____



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Are there any absent household members who under normal conditions would live with you? Yes No
If "yes", please explain: _____

Are you or any other household members separated but not divorced from their spouse? Yes No
If "yes", please explain: _____

Are you or any other household members (including minors) currently a full-time student or expect to be one in the next 12 months? Yes No If Yes, who and when: _____

Have you or any other household members (including minors) been a full-time student in the past 12 months?
 Yes No If Yes, who and when: _____

Have you or any member of your household lived in subsidized housing? Yes No If "yes", when and where: _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If "yes", please explain: _____

Employment	
Applicant	Spouse ONLY
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Supervisor: _____	Supervisor: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hrs/Wk: _____	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hrs/Wk: _____

If employment is LESS than one year, please provide previous employer, address, phone and length of employment on separate paper.

Do you or any other household members expect any changes to your income in the next 12 months? Yes No
If "yes", please explain: _____

Have you or anyone else named on this application filed for bankruptcy? Yes No If Yes, what year and please explain: _____

Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Yes No If "yes", please explain: _____

Have you or anyone else named on this application been convicted of property damage or disturbances? Yes No
If "yes", please explain: _____

Have you or anyone else named on this application been convicted of dealing, manufacturing or in possession of illegal drugs?
 Yes No If "yes", please explain: _____

Have you or anyone else named on this application been convicted of a felony or misdemeanor for any offense?
 Yes No If "yes", please explain: _____

Do you own a car? Yes No Model: _____ Year: _____ License #: _____

A second car? Yes No Model: _____ Year: _____ License #: _____

Does your household have or anticipate having any pets other than those used as service animals? Yes No
If "yes", please explain: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____ Amount/month: \$ _____

Source: _____ Amount/month: \$ _____

Source: _____ Amount/month: \$ _____



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NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Owner/Management Agent Requesting Information:

Property Name	The Village at Rivers Edge Apartments			
Address	15 Rivers Edge Drive NW			
City	Kalkaska	State	MI	Zip 49646
Phone	(231) 258-5300	Fax	(231) 314-5922	

Who Must Sign the Consent Form?

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable.

In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Acknowledgement:

By signing this consent form, I am authorizing the Owner/Management Agent of the housing community for which I am applying (listed above) to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing and will be kept confidential and will not be released outside of this scope. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information which I have provided on my original application for housing.

Applicant /Resident
 Signature _____ **Date:** _____

Applicant/Resident
 Name (Please Print) _____

This release for information will expire thirteen (13) months from the date of signature.

PENALTY FOR MISUSE OF THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government, the PHA, and/or any other owner (or any employee of HUD, the PHA, or the Owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based upon the use of this consent form. Use of the information collected, based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the PHA, 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 42 U.S. Code 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S. Code 408 (f), (g) and (h)



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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:
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	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.
25			I receive periodic payments from insurance policies, if yes, how many policies? _____



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	Yes	No	COMPLETE EACH ITEM:
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. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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) _____



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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 <input type="checkbox"/> full <input type="checkbox"/> 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. Initial 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 /Resident Signature _____

Date _____



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AUTHORIZATION FOR BACKGROUND/CREDIT CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background/credit investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Brookstone Realty Management. It is Brookstone Realty Management's policy to evaluate any adverse information obtained in the background/credit investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name (no nicknames) _____

Maiden Names(s), Nickname(s), Other Name(s) (please include dates used) _____ **Male** **Female**

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Driver's License / State ID Number _____ **State** _____

ALL ADDRESSES FOR THE LAST SEVEN (7) YEARS – List Present Address First

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____ / _____ / _____ / _____ / _____				
2.	_____ / _____ / _____ / _____ / _____				
3.	_____ / _____ / _____ / _____ / _____				
4.	_____ / _____ / _____ / _____ / _____				

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for housing applied for and the information given by me herein. In reference to being considered for housing, I release Brookstone Realty Management, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Brookstone Realty Management is based upon my successful completion of the background/credit screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

Signature

Date

For Office Use Only:

Unit #: _____ Voucher Amount: _____ Security Deposit: _____ Monthly Rent: _____ Lease Term: _____

Bedrooms: _____ Monthly Income: _____ Other Monthly Income: _____ Current Rental Rate: _____

APPROVED APPROVED With CONDITIONS DECLINED By (initials): _____ Date: _____



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Things You Should Know

Don't risk your changes 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	If your application or recertification forms contain false or incomplete information, you may be: <ul style="list-style-type: none">◆ Evicted from your apartment or house;◆ Required to repay all overpaid rental assistance you received;◆ Fines 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 Income	When you give answers to application questions, you must include the following information: <ul style="list-style-type: none">◆ 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).



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<p>Assets</p> <p>Family Household Members</p>	<ul style="list-style-type: none"> ◆ All bank accounts, savings 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 its full value, such your home to your children. ◆ The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.
<p>Signing the Application</p>	<ul style="list-style-type: none"> ◆ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ◆ When you sign the 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, Rural Development may do computer matches of the income you report with various Federal, State or Private agencies to verify that it is correct.
<p>Recertifications</p>	<p>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 Recertifications forms:</p> <ul style="list-style-type: none"> ◆ All income changes, such as pay increases or benefits, change of job, loss of job, 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 assets that was sold in the last 2 years for less than it is full value.
<p>Beware of Fraud</p>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ◆ 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 a written explanation if you are required to pay any money other than rent (such as maintenance charges).
<p>Reporting Abuse</p>	<p>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 complex or PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at 1-800-347-3735. This is a toll free number. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, SW, Washington D.C. 20410</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant/Tenant Signature _____ Date</p>

HUD-1140-OIG



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