



Waitlist Application

3400 Isabella St.
Midland, MI 48640
Phone: 989-633-9910
Fax: 989-633-9235
Email: info@ahamidland.org

Office use only

Date Received: _____

Application #: _____

Please complete all sections, sign the last page and return to the Affordable Housing Alliance.

Return by mail, fax, email or drop it off at the office. A drop box is located to the left of the door for your convenience.

Name: _____

Street Address/Apt #: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Check what size units you would want to be considered for:
 One Bedroom Three Bedrooms
 Two Bedrooms Other, please specify: _____

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a mobility, visual, or hearing disability.

Housing Status

Name & Address of Present Landlord: _____ City, State: _____ Zip Code: _____

Name & Address of Managing Agent: _____ City, State: _____ Zip Code: _____

Landlord Telephone Number: _____ Managing Agent Telephone Number: _____

Is the apartment lease in your name? Yes No Do you pay your own rent? Yes No If not, who does? _____

Are you sharing your apartment? Yes No Is your landlord a relative? Yes No

Monthly rent: \$ _____ Does your rent include utilities? Yes No Average monthly utility expenses: \$ _____

How much do you contribute to the monthly rent? \$ _____
(If you do not contribute anything, write "0")

How long have you lived at this address? _____ years _____ months Reasons for wanting to move? _____

Do you currently have a Section 8 voucher? Yes No Please check the size of your present residence:
 Studio Three Bedrooms
 One Bedroom Other: please specify _____
 Two Bedrooms

Name and Address of Previous Landlord: _____ Street: _____ City/State: _____ Zip Code: _____

Previous Landlord Telephone Number: _____ Previous Managing Agent Name: _____ Telephone Number: _____

Reason for moving: _____

Previous rent per month: \$ _____

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Full Name:	Relationship to Head of Household	Birth date	SS#
1.			
2.			
3.			
4.			
5.			

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				\$ _____ Per _____
2.				\$ _____ Per _____
3.				\$ _____ Per _____
4.				\$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____

Assets

Complete each category as applicable.

Checking Account

Name of Bank:

Passbook/Savings Account

Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:

\$ / as of

Balance/Date:

\$ / as of

Money Market Account

Name of Bank

Savings Certificate

Name of Bank

Address:

Address:

Account Number:

Account Number:

Balance/Date:

\$ / as of

Balance/Date:

\$ / as of

Stocks and Bonds Value:

\$

Savings Bond/s Value:

\$

Do you own any real estate? Yes No

If yes, what is the current value?

Have you ever owned any real estate?

Yes No

If yes, when? When sold? For how much?

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years?

Yes No

If yes, list each asset and the amount received for each asset.

Full-Time Student Status

List all persons who are full-time students.

Full Name

Name and address of School

Phone

Period of Enrollment

1.

2.

3.

4.

Program Information

Do you presently reside in a development where your rent is based upon your income? Yes No If yes, explain: _____

How did you hear about our development? _____

Why are you applying to our development? _____

Were you or any member of your household ever convicted of a felony?
 Yes No

If yes, when? Explain circumstances briefly. _____

Have you or any member of your household ever been evicted?
 Yes No

If yes, when? Explain circumstances briefly. _____

Has anyone in your household been convicted of violating any drug-related laws?
 Yes No

If yes, when? Explain circumstances briefly. _____

Do you have a pet? Yes No type of pet(s): _____ Emergency Contact Name: _____ Phone: _____

I acknowledge that a criminal and credit background check of all adult household members will be part of the application process, and I authorize that check.

Signature of head of household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household: _____ Date: _____

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

If your phone number or income changes, it is your responsibility to contact the office to update your application.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.



The Affordable Housing Alliance does not discriminate on the basis of disability in the admission or access to, or employment in, its federally assisted programs and activities.
