

PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS

Property Contact Information

Office Hours	Telephone Number (313) 336-7404
Property Address 19230 Ford Road Dearborn, MI 48128	TDD Number
	Fax Number (313) 336-4797

After we receive your application, we will:

- Determine your preliminary eligibility
- Then your application will either be processed for admission or placed on our waiting list.

This does not guarantee that your household will be eligible for a unit.

Need for Special Accommodations

If you need help in completing this application, please contact us and advise us of your needs when you receive this application.

Altman Management Company does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988.)

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ TTY: _____ FAX: _____



We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, marital status, or handicap.



FOR OFFICE USE ONLY

Date & Time Received:	(Record with a date & time stamp OR write in and initial the date and time the application was received)	
Property Name: St. Sarkis Towers		
Unit Number:		Effective Date:

TO BE COMPLETED BY APPLICANT

Head of Household Name:	
State Issued ID # (Head of Household):	State:
Home phone:	Cell phone:
Email:	
Preferred Number of Bedrooms:	



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FOR APPLICANT USE ONLY

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

HOUSEHOLD COMPOSITION

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Member Name	Relationship	Date of Birth	Sex <small>If decline, put "D"</small>	Marital Status <small>(optional)</small>	Student Status this and/or next calendar year	Is this person... <small>(optional)</small>
1		HEAD				Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
2						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
3						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
4						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
5						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
6						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
7						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
8						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?
9						Full-Time Part-Time Not a Student	Disabled? A veteran of the US Military? Displaced by government action or a Presidentially Declared Disaster?



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CITIZENSHIP STATUS & SOCIAL SECURITY NUMBER DISCLOSURE

Member #	Citizenship Status	Social Security Number	If a member does not have a Social Security Number, visa, or alien registration number, please check the statement that applies:
1			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
2			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
3			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
4			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
5			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
6			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
7			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
8			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
9			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old

HOUSEHOLD QUESTIONS

2. Will any member of the household require a live-in aide?	Yes	No	If Yes , list name(s) below:
3. Is any member of this household temporarily absent, but under normal conditions would live in the unit?	Yes	No	If Yes , list name(s) below:
4. Have you or any member of your household ever used different names from the names given on this application?	Yes	No	If Yes , explain:
5. Have you or any member of your household ever used social security numbers different from those listed on this application?	Yes	No	If Yes , explain:
6. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?	Yes	No	If Yes , explain:
7. Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	Yes	No	If Yes , list name(s) below:
8. Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?	Yes	No	If No , list name(s) below: N/A
9. Please list all states where members on this application have lived:			



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INCOME INFORMATION

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

Include income for all members of the household

10. Employment Wages/Salaries (include tips, bonuses, commissions, and seasonal employment)	Yes	No
11. Regular pay for a Member of the Military	Yes	No
12. Self-Employment (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	Yes	No
13. Unemployment Benefits or Severance Pay	Yes	No
14. Workers' Compensation or Other Insurance Settlements	Yes	No
15. Social Security Income (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	Yes	No
16. Supplemental Security Income (SSI)	Yes	No
17. Disability Benefits	Yes	No
18. Public Assistance (TANF, GA, AFDC, cash assistance, etc. excluding food stamps and medical assistance)	Yes	No
19. Child Support	Yes	No
20. Alimony/Spousal Maintenance	Yes	No
21. Regular Cash and Non-Cash Contributions (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	Yes	No
22. Student Financial Aid (public or private - excluding student loans)	Yes	No
23. Veterans Benefits	Yes	No
24. Regular payments from Pensions (including PERA, railroad, etc.)	Yes	No
25. Regular payments from Retirement Benefits	Yes	No
26. Periodic payments from Indian Trusts	Yes	No
27. Death Benefits (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	Yes	No
28. Regular payments from Annuities or Life Insurance Dividends	Yes	No
29. Other (list):	Yes	No

30. Does any adult member of the household have zero income?	Yes	If Yes, please list name(s):	No
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ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

Include assets for all members of the household

31. Checking Accounts	Yes	No
32. Savings Accounts	Yes	No
33. Cash Card (including government benefits cards)	Yes	No
34. Stocks	Yes	No
35. Bonds	Yes	No
36. Money Market/Mutual Funds	Yes	No
37. Certificate of Deposit	Yes	No
38. Trust	Yes	No
39. Lump Sum Receipts (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	Yes	No
40. 401(k) or 403(b) Account	Yes	No
41. IRA Account	Yes	No
42. Keogh Account	Yes	No
43. Capital Investments	Yes	No
44. Real Estate	Yes	No
45. Land Contracts	Yes	No
46. GoFundMe/Crowdsourcing Funds	Yes	No
47. Bitcoin/Cryptocurrency	Yes	No
48. Life Insurance Policies (excluding Term Life Insurance)	Yes	No
49. Pension/Annuity/Other Retirement Accounts	Yes	No
50. Cash on Hand	Yes	No
51. Personal Items Held as an Investment	Yes	No
52. Other (list):	Yes	No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

53. I/We hereby certify that I/We **HAVE** **HAVE NOT** sold or given away assets for less than their fair market value within the last two years.

If applicable: Identify assets sold or disposed of for less than fair market value

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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EXPENSE INFORMATION

Households may be able to deduct all or part of the household’s expenses from the total annual income.

Child Care Expenses

54. **Anticipated expenses for the care of children under age 13 (including foster children) may be deducted from annual income if the care is necessary to enable a family member to work, seek employment, or further their education.**

Does this household incur child care expenses that meet the criteria above? Yes No

Disability Expenses

55. **Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and auxiliary apparatus for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 years of age or older to be employed. (This may or may not be the member who is a person with disabilities)**

Does this household include any member who is a person with disabilities? Yes No

If Yes, please indicate whether or not the household incurs any of the following unreimbursed expenses, which are necessary for a member of the household to be employed:

56. **Expenses from attendant care?** Yes No

57. **Expenses from the cost of an auxiliary apparatus or service animal, including costs for maintenance and upkeep?** Yes No

Medical Expenses

58. **Households in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities are eligible to deduct unreimbursed medical expenses for all family members.**

Does this household meet this qualification? Yes No

If Yes, please indicate whether or not any member of the household incurs any of the following unreimbursed expenses:

59. **Expenses from Medicare premiums?** Yes No

60. **Expenses from other medical insurance premiums?** Yes No

61. **Expenses from medical assistance through a public assistance agency?** Yes No

62. **Expenses incurred from ongoing visits to a dentist or doctor’s office?** Yes No

63. **Expenses from prescription medications?** Yes No

64. **Expenses from over-the-counter medication prescribed by a healthcare professional?** Yes No

65. **Outstanding medical bills for which you or a member of your household are currently paying?** Yes No

66. **Additional out-of-pocket medical expenses?** Yes No



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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

67. Applicant name

68. Applicant signature

Date

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

69. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
Yes No (If No, skip to the next page)

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person’s ability to live independently
- is such that the person’s ability to live independently could be improved by more suitable housing conditions

70. **Do you or a household member have a mobility impairment which meets the definitions stated above?** Yes No

71. **If yes, list name(s) of family members:**

72. **Do you or a household member have a condition which requires (check those that apply):**

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: _____

73. **Please explain exactly what you need to accommodate your situation:**

74. **Who should we contact to verify your need for the above housing features?**

Name

Address

City

State

Zip

Phone



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SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/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 my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

1.	Applicant Signature	Date
2.	Applicant Signature	Date
3.	Applicant Signature	Date
4.	Applicant Signature	Date
5.	Applicant Signature	Date
6.	Applicant Signature	Date
7.	Applicant Signature	Date
8.	Applicant Signature	Date
9.	Applicant Signature	Date



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Housing History Disclosure

Property name **St. Sarkis Towers**
 Unit number _____

Head of household
 Member name _____

Please provide the last _____ months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
(If this box is checked, please provide an explanation below.)

Explanation: _____

1.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

2.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

3.	Street Address:		
City:	State:	Zip Code:	
Reason for leaving:			
Start Date (Month/Year):		End Date (Month/Year):	
(Check One) Rent Own Other _____			Rent per month:
Landlord Name:		Landlord Phone:	
Is this a government subsidized development?		Yes No	This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature _____ Printed name _____ Date _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.