

Application for Admission and Rental Assistance

Thomas F. Taylor Towers

(Independent Senior Living)

36500 Marquette St.
Westland, MI 48185

Phone: (734)326-0700

(*TTY:(734)326-0057 for hearing impaired)



Managed by: Westland Taylor Corporation

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race and gender information is requested in order to assure the Federal government that Federal laws prohibiting discrimination against applicants are in compliance. Applicants 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 any applicant. Please answer each question completely. Any information found to be incomplete and/or falsified will cause the application to be denied and it will not be processed.

Applicant Household Information:

Sections labeled "(Optional)" may be left blank

List every person who will live in your unit at Thomas F. Taylor Towers (Including children or Live-in Aide)

FULL NAME OF EVERY HOUSEHOLD MEMBER (First, Middle, Last)	Relationship to Head of Household	Race (Optional)	Citizenship	Gender (Optional)	Date of Birth	Social Security Number	Check if Living with Head currently
		B=Black W=white A=Asian O=Other	Citizen Immigrant Refugee Visa Holder	M=Male F=Female			
	Head						XXXX

List all household members who are a student of higher education:

Contact Information	
Street Address:	Phone#:
City, State, Zip code	Alternate Phone#:

Please Tell us how you heard of us:

Newspaper Ad Drove by Online Referred by _____ Other _____

List All States where any household members have resided:

Size of Unit Required: One Bedroom Two Bedroom Fully Accessible/ Handicap

Check All That Apply: Live with Friend/Family Lacking Nighttime Residence Fleeing Violence

Rental History:

Present Landlord Name	
Address	
Phone	
Move-In Date	
Reason for Leaving	

For Official Use Only: OK MISSING INFO DOES NOT QUALIFY _____

Received By: _____

DATE STAMP HERE

Time: _____

Please Answer All of the following Questions

___Yes ___No Individuals with disabilities have the right to request reasonable accommodations. Do you or any household member require any special accommodations or have a need for a fully-accessible unit? If Yes, explain.

___Yes ___No Do you have a doctor-recommended Live-in Aide because of a medical necessity?

___Yes ___No Do you expect future additions to your household due to pregnancy, adoption, foster children, or pending child full or partial custody? If Yes, explain.

___Yes ___No Do you have a child away at school who will live at your residence during school recess?

___Yes ___No Do you have a household member who is temporarily absent from the home due to:
 Employment Military Deployment Placement in healthcare facility

___Yes ___No Do you have a family member who is permanently confined in a nursing home?

___Yes ___No Is any household member currently in the US Military or a U.S. Military Veteran?

___Yes ___No Is any household member a recent victim of a Presidentially Declared Disaster?

___Yes ___No Are you lacking a fixed nighttime residence?

___Yes ___No Have you or any household member ever lived in Public or HUD-assisted housing, or been a Section 8 Voucher holder? If Yes, list property name, location, and date of occupancy:

___Yes ___No Do you or any household member owe money to HUD or any previous landlord? If yes, provide all details.

___Yes ___No Are you or any member of your household subject to a state lifetime sex offender registration program? If Yes, list which family member and which state.

___Yes ___No Have you ever committed fraud in a HUD-assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing programs? If Yes, explain.

___Yes ___No Have you or any member of your household ever been evicted from any rental housing. If yes, explain.

___Yes ___No Does any household member have a criminal or juvenile record? If yes, describe.

Yes No Have you or any member of your household been convicted of a felony or any crime other than a traffic violation? If so, list convicted household member(s) and describe all convictions.

Yes No Are you or any household member currently a user of a controlled substance including but not limited to marijuana?

Yes No Have you or any household member been convicted of the illegal manufacture or distribution of a controlled substance including but not limited to marijuana?

Yes No Has any household member ever used any name or social security number other than the one they are currently using? If Yes, list name and SSN: _____

Yes No Is any member of your household employed? If Yes, list all employer information requested.

Household Member: _____ Employer Name/Phone: _____

Household Member: _____ Employer Name/Phone: _____

Below, list the gross amount of all money earned or received by each member of your household, **Fill in the provided fields with gross amount received (before deductions) and how often: w=weekly, b=biweekly, m=monthly, a=annually.(example: \$600/m)

Name of Person receiving income	Amount of Social Security You receive	Amount of income received from Employment	Amount received from a Pension or Annuity	Amount of any other income.
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Asset Information

Yes No Has any household member given away any asset for less than market value during the past two years? If Yes, give date and explanation: _____

Yes No Has any household member sold any real estate in the last two years? If Yes, describe.

Yes No Does any household member own or have an interest in any real estate or mobile home? If Yes, describe:

Yes No Does any family member (including children) have assets such as cash, checking, savings, CDs, 401K, life insurance, etc.? If Yes, complete section below. ****Direct Express cards are considered an asset.

Asset Owner's Name	Asset Type	Account/Policy #	Name of Financial Institution	Value	Income from Asset	Interest Rate
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

Eligible Deductions from Income to Reduce Rent

HUD allows certain deductions for qualifying households that enable those residents to pay rent based on necessary household expenses. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and will not be shared with entities outside of HUD. The information provided will only be used to help us determine if your household is eligible for such deductions.

Yes No Does any household member 18 or older attend an institute of higher education?

Yes No Does any household member pay childcare expenses to enable them to work, seek work or attend school?

Yes No Does any household member pay disability expenses to enable them to work?

Yes No Does any household member pay medical expenses?

Emergency Contacts

In cases of emergency, management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well-being is threatened and/or where management feels a resident's actions/conduct appears to be a lease violation. Some examples include non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and housekeeping that violates safety and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case of Emergency		
First Emergency Contact to Notify Is:		
Full Name:	Relationship:	Phone:
Address:		
Second Emergency Contact to Notify Is:		
Full Name:	Relationship:	Phone:
Address:		

Describe any other information you feel will help us to process your application:

Certification and Consent to the Release of Information

NOTE: All household members 18 and older must sign this Application.

By signing this application, I certify the accuracy of the information contained herein. I understand that the Department of Housing and Urban Development (HUD) is authorized to collect this information to determine eligibility, appropriate bedroom size and the amount my family will pay for rent. I authorize management to verify any references I have listed and to access any records pertaining to me which may be on file with law enforcement and credit bureau authorities as well as EIV existing tenant information in accordance with HUD guidelines. I authorize my present/prior landlords to release information regarding my tenancy. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing unit and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I do hereby swear and attest that all of the information herein about my household is true and correct. I also understand that all changes in the income of any household member as well as changes in the household composition will be reported to the landlord in writing immediately.

Signed _____

Date _____

Signed _____

Date _____

Managing Agent's Fair Housing and Section 504 Designated Representative

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion and/or familial status. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name: Teresa DeHart-Schulcz **Title:** Executive Director **Phone:** (734) 326-0700

You may submit your application by mail or in person.
Regular Office Hours of Operation are: Monday-Friday, 8:00 AM- 4:00 PM
(Closed for lunch daily from 12:00PM-12:45PM)

THOMAS F. TAYLOR TOWERS

36500 Marquette • Westland, Michigan 48185
(734)326-0700 • Fax(734)326-6980 • T.T.Y. (734)326-0057
CREDIT/ CRIMINAL BACKGROUND RELEASE

Person #1 : Head of Household

As part of our pre-rental screening, we will need to run a credit report and a criminal background check on all members of your household. Please have each member of your household complete this form.

First, Middle (Full), & Last Name: _____

Former Name or Alias: _____

Current Address: _____

Former Address: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____

Driver's License or State ID # _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Thomas F. Taylor Towers and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and an investigative consumer report to be generated for occupancy purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Thomas F. Taylor Towers or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Thomas F. Taylor Towers and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information.

Signature: _____ **Date:** _____

THOMAS F. TAYLOR TOWERS

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CREDIT/ CRIMINAL BACKGROUND RELEASE

Person #2: Spouse, Cohead, Live-in Aide or Other Member of Household

As part of our pre-rental screening, we will need to run a credit report and a criminal background check on all members of your household. Please have each member of your household complete this form.

First, Middle (Full), & Last Name: _____

Former Name or Alias: _____

Current Address: _____

Former Address: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____

Driver's License or State ID # _____

The information contained in this application is correct to the best of my knowledge.

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Signature: _____ 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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Thomas F Taylor Towers

36500 Marquette St., Westland, MI 48185

Name of Property

Project No.

Address of Property

Teresa DeHart-Schulcz, Executive Director

Section 8 Elderly

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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Date (mm/dd/yyyy):

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Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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Native Hawaiian or Other Pacific Islander	
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Other	

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