

For office use only

Family Size: _____

Income: _____

AMI: _____

Subsidy: _____

Comments: _____



ICCF
INNER CITY CHRISTIAN FEDERATION
Making places to come home to.

Date of App: _____

Date of Updated: _____

APPLICATION FOR HOUSING AT _____

APPLICANT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE (DAYS) _____ **(EVENINGS)** _____

CO-APPLICANT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE (DAYS) _____ **(EVENINGS)** _____

Do you currently receive Section 8? _____

This application is for a: (please check one)

_____ **One bedroom apartment**

_____ **Two bedroom apartment**

_____ **Three bedroom apartment**

_____ **Do you have a pet? If so, what kind?** _____

Housing Opportunity Center
920 Cherry St SE
Grand Rapids, MI 49506
Phone: (616) 336-9333
FAX: (616) 336-9323



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Family Haven
701 Prospect Ave. SE
Grand Rapids, MI 49503
Phone: (616) 247-4949
FAX: (616) 247-7999

HOUSEHOLD INFORMATION

Please complete the chart below, starting with yourself on the first line, listing all other person who will live with you in the apartment.

NAME	DOB	SEX	SS#	RELATION

How did you hear about this property? _____

Why do you wish to move at this time? _____

HOUSING HISTORY

PRESENT LANDLORD: NAME _____

Landlord's Address: _____

Phone: _____ How long did you live there? _____

Monthly Rent \$ _____ Monthly fuel & electric cost \$ _____

PREVIOUS HOUSING

Your previous Landlord's name _____

His/Her Address _____

Phone _____ How long did you live there? _____

Monthly Rent \$ _____ Monthly fuel & electric cost \$ _____

Reason for moving _____

IF YOU OWN YOUR OWN HOME:

Monthly Mortgage \$ _____ Balance on Mortgage \$ _____

Real Estate Taxes per Year \$ _____

Insurance Premium per Year \$ _____

Monthly Fuel & Electric Cost \$ _____

Other Expenses _____

INCOME AND ASSETS

Our housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income, which may include, but not be limited to: Wages, Social Security, SSI, SSDI, Veteran’s Benefits, Survivor’s Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker’s Compensation.

APPLICANT

Employer: _____

Address: _____ **City** _____ **ST** _____ **ZIP** _____

Telephone: _____ **Position:** _____

How long with this employer? _____

CO – APPLICANT

Employer: _____

Address: _____ **City** _____ **ST** _____ **ZIP** _____

Telephone: _____ **Position:** _____

How long with this employer? _____

Please complete the following information for each person, BEGINNING WITH YOURSELF, who will occupy the apartment:

Family Member	Source of Income	Gross Amount	Weekly, or Monthly

List all checking and savings accounts, IRAS, Keoughs, and Certificates of Deposit Below:

Family Member	Account #	Bank Name	Address	Current Balance

List any Stocks and bonds that you own:

Name of Stock: _____ # of Shares: _____
Value \$ _____ Annual Income \$ _____

List any Real Estate that you currently own:

Description and Address: _____

Current Market Value \$ _____

Balance due on Mortgage \$ _____

What are you plans for the Real Estate if you move to one of our apartments?

Have you given away or sold any property or other assets in the past two year? Yes ____ No ____

If yes, please describe: _____

PERSONAL REFERENCES

Name _____

Address _____

City _____ ST _____ ZIP _____

Telephone (DAYS) _____ (EVENINGS) _____

Relationship _____

EMERGENCY CONTACT

If we are not able to reach you, please list a person we could contact:

Name _____

Address _____

Telephone _____ Relationship _____

ELIGIBILITY FOR REFERENCE STATUS

The following information will need to be verified prior to the offer of an apartment.

Please check any and all categories which apply to your situation.

___ Have been or within six months will be involuntarily displaced and without standard permanent replacement housing; (If check, please give details below).

___ Living in substandard housing or homeless; (If checked, please give details below).

___ Paying 50 percent or more of household income for rent and utilities. If yes, how much are you paying each month for rent? _____ How much are you paying each month for utilities? (Excluding phone) _____

Is there any additional information you would like us to know about your situation:

APPLICANT’S CERTIFICATION

Please read each item below carefully before you sign:

1. I hereby certify that the information provided in this application is correct to the best of knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give (managing agent) authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

APPLICANT’S SIGNATURE

DATE

CO – APPLICANT’S SIGNATURE

DATE

INNER CITY CHRISTIAN FEDERATION
920 CHERRY ST SE
GRAND RAPIDS, MI 49506
(616) 336-9333
(616) 336-9323 Fax

