PINE RIDGE APARTMENTS 316 PINE STREET MARQUETTE, MI 49855 906-226-7559 906-226-8633 (FAX)



LAKE SUPERIOR VILLAGE 125 DOBSON PLACE MARQUETTE, MI 49855 906-225-1900 906-225-0503 (FAX)

## PRE-APPLICATION FOR HOUSING ASSISTANCE

Primary	/ Language:								Do you n	eed an in	terpreter	? Y / P	
Applica	ant Name:												
Currer	nt Address:		(mag)		(6	7:4)			(Ctata)	(5)	7: d-\		
		(Street)			(City)				(State) (Zip code)				
Phone Number:				E-mail:				Text:					
	ALL INFORM	ATION M	UST BE	<u>COMPLET</u>	<u>E TO CO</u>	) RRE(	CTLY	<u>PROCE</u>	ESS YOUR	APPLI	<u>CATION</u>	<u>V</u>	
Housel	old Composition	n:											
FULL, LEGAL NAME				SECURITY #	DOB Date of Birth	SEX	AGE	RACE	Do you claim a disability?	US Veteran/ Spouse	US CITIZEN	Full tir	
НОН)		Self							Y / N	of Y/N	Y / N	Y / N	
									Y / N	Y / N	Y / N	Y / N	
									Y / N	Y / N	Y / N	Y / N	
									Y / N	Y / N	Y / N	Y / N	
									Y / N	Y / N	Y / N	Y / N	
A 10/N	#-: J NJ												
	Iaiden Name: _ Household Incon												
HOUSEHOLD MEMBER Full, Legal Name		SOURCE OF INCOME SSI/SSDI, Employer name, etc.				WAGE Hourly			HOURS WORKED		TOTAL INCOME		
(НОН)							W	Veekly Bi-Wee	kly Monthly	Weekly Bi-V	Veekly Monthly	Y	
							W	Veekly Bi-Wee		Weekly Bi-V	Veekly Monthly	<u>v</u>	
							<u> </u>	Veekly Bi-Weekly	kly Monthly	Weekly Bi-V	Veekly Monthly	<u>v</u>	
						Weekly Bi-Weekly Monthly		Weekly Bi-Weekly Monthly		<u>v</u>			
								/ /		/	/		
Qualif	ying Income L	imits:											
	Family Size	1	2	3	4		5	6	7		8		
	Low-Income	34,000	38,850	43,700	48,550	52	,450	56,35	60,2	50 64	1,100		

Approved: 8/11/2016

1.	Do you have a Payee?	Y/N									
	If yes, please provide	name and phone r	number:								
2.	2. Do you have a Legal Guardian? Y / N										
	If yes, please provide name and phone number:										
3.	3. Is your household currently homeless? Y / N										
	If yes, where are you sleeping?										
4.	Has any household member been convicted of any felonies within the last <b>5 years</b> ? Y / N										
5.	Are any household members a registered sex offender? Y / N (This information will be verified through the U.S. Department of Justice National Sex Offender Registry)										
6.	Is any household member fleeing domestic violence? Y / N										
7.	Does the household have a court ordered reunification plan with one or more children? Y / N										
8.	Does your household p *This includes any unborn If yes, please explain:	children.	•								
depar or bot <u>Conse</u> I also	ag containing any false, fict the transfer or agency of the Ush.  Int: I consent to allow the consent to allow MHC to lete and true statement of j	nited States, shall Marquette Housing screen for eligibilit	be fined not more g Commission to v y my credit and cr	than \$10,000 or imperify my landlord rejiminal history. I cert	prisoned for no ferences, incom tify that the abo	ot more than five years se, assets, and expenses. we information is a					
Head o	of Household/Guardian Signat	ture I	Date								
Spouse	c/Co-Head Signature		Date								
Other A	Adult Signature		Date								
FOR C	OFFICE USE ONLY:										
	Higher Income \$300+	Higher	Income \$200+	Elderly	Di	sabled					
· · · · · · · · · · · · · · · · · · ·	Works 30+	Near-Elderly	Veteran/	Spouse	Works 20-2	29					
	City of Mqt	Domestic Viole	nce	Child Reunif	fication	Homeless					
Data				<del> </del>							
Date	& Time Received:		Initials:								

**Household Members**: All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on

the lease.

Approved: 8/11/2016