Dear Applicant,

Your application(s) can only be accepted if it is completed. Please remember to:

1. Answer all questions
2. Sign and date your application
3. Complete the “SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING” form, (HUD Programs only)

We must receive verification of age, social security numbers, and have the applicable citizenship information for all members of your household before obtaining residency.

If currently available, please attach the documentation listed below to your application:

1. A copy of your government issued photo identification, Driver’s License or State ID.
2. If you are an eligible non-citizen you may need to provide documentation regarding your citizenship eligibility. Attach any information you currently have to your application. (Examples: an admission number or alien registration card.)
3. Birth certificate or passport.
4. Verification of your social security number. (Examples: Social Security Card, 1099 tax form, or other government accepted form.)

After we receive your application, we will send you an acknowledgement of the date your name was entered onto the wait list(s).

If you have any questions related to the application process, please do not hesitate to contact us at 248-661-1836.

Thank you again for considering Jewish Senior Life Communities to call home!
Mail application to:
Anna & Meyer Prentis I Apartments
15100 W. 10 Mile Road
Oak Park, MI 48237  248-967-4240

www.jslmi.org
Hearing / Speaking Impaired
TTY# 711

Name of Applicant #1 ___________________________________________________________ Date __________________
Address __________________________________________________________________________
City ______________________________ State _______________ Zip Code ______________________
Phone ( _____ ) __________________________ Email ______________________________________
Cell Phone ( _____ ) ____________________________ Birth Date ____________________________
Social Security No ______-_______-__________

If you have not been issued a Social Security Number, you claim you are exempt because
☐ You are an ineligible non-citizen
☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010.

Name of Applicant #2 ____________________________________________________________
Address __________________________________________________________________________
City ______________________________ State _______________ Zip Code ______________________
Phone ( _____ ) __________________________ Email ______________________________________
Cell Phone ( _____ ) ____________________________ Birth Date ____________________________
Social Security No ______-_______-__________

If you have not been issued a Social Security Number, you claim you are exempt because
☐ You are an ineligible non-citizen
☐ You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010.

• Number of People to live in apartment ______________________________
• Is the head-of-household or co-head/spouse 62 or older? ☐ Yes ☐ No
• If the head-of-household or co-head/spouse is not 62 or older, do you claim eligibility because
  the head-of-household or co-head/spouse is disabled and requires the features of an accessible unit?
  ☐ Yes ☐ No
• I need a reasonable accommodation made to complete the application. Please indicate what
  accommodation is needed. ______________________________
  ☐ Yes ☐ No
• Unit Type ☐ 1 Bedroom (62 & older) ☐ 1 Bedroom Accessible (limited availability) ☐ Both

To be completed by JSL Staff received via ☐ mail ☐ in person ☐ other __________________________
Date Received: ______________ Time ___________ ☐ am ☐ pm  JSL Staff Initials ______________
☐ Accessible ☐ VLI ☐ ELI ☐ LI Date added to waitlist ______________

1/2016
Application for Residency  Anna & Meyer Prentis I Apartments

• Are you or any member of your household, a student enrolled in an institute of higher education? □ Yes □ No

• Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? □ Yes □ No

• This property exists is smoke free. This means smoking is prohibited in the unit, on unit balconies and porches and in all indoor common areas. This includes the hallways, elevators, dining room, etc. Do you understand? □ Yes □ No

• Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy? (attached) □ Yes □ No

• Do you understand that failure to comply with the Smoke Free Policy will result in termination of your tenancy (eviction)? □ Yes □ No

• This property prohibits the use of marijuana (including medical marijuana). The use of marijuana in any form, is illegal under the Controlled Substances Act (CSA) and therefore is an illegal controlled substance under Section 577 of the Quality Housing and Work Responsibility ACT of 1998 (QHWRA). Do you understand? □ Yes □ No

• Do you understand that failure to comply with the Controlled Substances Act (CSA) and Quality Housing and Work Responsibility Act (QHWRA) will result in termination of your tenancy (eviction)? □ Yes □ No

• Have you ever been evicted from a property, including but not limited to, a Federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, when________________________________________________________

• Are you or any member of your household subject to any sex offender registration program, including but not limited to lifetime registration? □ Yes □ No

• Please list ALL of the States in which each household member has lived. ______________________________________________

• Have you, or anyone in your household, ever been convicted of a felony? □ No □ Yes
If yes, explain:____________________________________________________________________________________

• Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual contact or assault? □ No □ Yes  If yes, explain:________________________________________________________________________

• Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years? □ No □ Yes  If yes, explain: ______________________________________________

• Are you or any member of your household, currently engaged in the illegal use of drugs? □ Yes □ No

• Are you, or any member of your household engaged in alcohol use to a degree that may interfere with the health, safety, or right to peaceful enjoyment of the property or other residents? □ Yes □ No

• How did you hear about Anna & Meyer Prentis Apartments? (check all that apply) □ Friend □ Family □ HUD
□ Physician or Agency Referral □ Internet □ Other __________________________________________________________
Application for Residency Anna & Meyer Prentis I Apartments

Alternate Contact Person

Who is the primary contact? □ Applicant □ Alternate Contact

Please list the name and contact information of another person who can be contacted and will be permitted to receive information about this application.

Name

Address

City __________________________ State __________________ Zip Code __________________

Phone ( _____ ) __________________________ Email __________________________________________

Cell Phone ( _____ ) __________________________ Relationship to applicant________________________

INCOME:

Please complete all income sources below. Please add additional sheet to report additional income.

<table>
<thead>
<tr>
<th>Income</th>
<th>Household Member Name</th>
<th>Name of Source</th>
<th>Amount</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Social Security/SSI</td>
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<td>Public Assistance</td>
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<tr>
<td>Recurring Gifts</td>
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<td>Pensions</td>
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<td>IRA/Retirement Pymts</td>
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<tr>
<td>Annuity Payments</td>
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<td>Railroad Pension</td>
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<td>Veteran’s Payments</td>
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<td>OTHER:</td>
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</tbody>
</table>
### Application for Residency

**Anna & Meyer Prentis I Apartments**

**ASSETS:** Please complete all income sources below. Please add additional sheet to report additional income.

<table>
<thead>
<tr>
<th>Income</th>
<th>Household Member Name</th>
<th>Institution Name</th>
<th>Value</th>
<th>Income From Asset</th>
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<tr>
<td>Savings Acct.</td>
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<td>Money Market</td>
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<tr>
<td>Certificate of Deposit</td>
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<tr>
<td>Stock/Bonds</td>
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<tr>
<td>Mutual Funds</td>
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<tr>
<td>Real Estate/land</td>
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<tr>
<td>Burial Plot</td>
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<tr>
<td>IRA/401 K</td>
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<tr>
<td>Annuity</td>
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<tr>
<td>Direct Access Card</td>
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<tr>
<td>Life Insurance</td>
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<tr>
<td>Trust Fund</td>
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<td>Cash on Hand</td>
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<tr>
<td>Savings Bonds</td>
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<tr>
<td>T-Bills</td>
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<tr>
<td>OTHER:</td>
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</tbody>
</table>

**RENTAL HISTORY**

- Do you own your home? [ ] Yes [ ] No
- Are you currently homeless? [ ] Yes [ ] No
- Have you ever received housing assistance or lived in subsidized housing? [ ] Yes [ ] No
- Have you provided your current landlord with a 30 day notice? [ ] Yes [ ] No
- Do you understand you cannot have dual subsidy? [ ] Yes [ ] No
- Do you currently have a Housing Choice Voucher? [ ] Yes [ ] No
- Has your housing assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? [ ] Yes [ ] No
- Have you ever been asked to sign a repayment agreement to return money to HUD? [ ] Yes [ ] No
- Have you been evicted or is your current landlord attempting to evict you or another person living with you? [ ] Yes [ ] No
- Have you had to use extermination services for pest other than regularly scheduled pest control? (including roaches, bed bugs, rodents etc.) [ ] Yes [ ] No

**CURRENT LANDLORD**

Name ____________________________
Address ____________________________
City ____________________________ State _____________ Zip Code ____________
- How long have you lived at this address? ____________________________
- Reason for leaving? ________________________________________________
- Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) [ ] Yes [ ] No
PREVIOUS LANDLORD
Name _____________________________________________
Address _______________________________________________________________________________________
City ___________________________ State _____________ Zip Code _________________

• How long have you lived at this address? __________________________________________________________

• Reason for leaving? _____________________________________________________________

• Were you ever asked to allow or participate in extermination of pests other than regularly scheduled
  pest control? (includes roaches, bed bugs, rodents, etc.)
  ☐ Yes ☐ No

UTILITY PROVIDERS: You may not live in a unit at Anna & Meyer Prentis I Apartments unless you can establish
utilities in the unit, (if applicable).

• Do you have any current outstanding balances owed to any utility provider? ☐ Yes ☐ No

• Will you be able to establish utilities in your unit?  Electric ☐ Yes ☐ No  Gas ☐ Yes ☐ No

PETS & ASSISTANCE/COMPANION ANIMALS: The presence of any animal must be approved before the animal is
allowed to be kept in the unit.

• Do you plan to house an animal in the unit? ☐ Yes ☐ No
  If No, please move to the next section. If yes, please provide the following information.

  • Animal Type, (i.e. dog, cat, turtle, etc.) _________________________  Breed (if applicable) ______________________
  • Height (if applicable) _________________________________  Weight ______________________________________
  • Is this animal required to live in the unit to alleviate the symptoms(s) of a disability for a household member?
    ☐ Yes ☐ No
  * Is this animal a companion or service animal? ☐ Yes ☐ No

If you are disabled and would like to request accommodation or if you have difficulty understanding English, please
request our assistance and we will ensure you are provided with meaningful access based on your individual needs.
(A translation in the language of the people in the community will be provided).

The person named on the right has been designated to co-
ordinate compliance with the nondiscrimination requirements
contained in the Department of Housing and Urban Develop-
ment’s regulations implementing Section 504 (24 CFR, part 8
dated June 2, 1988).

By law, only U.S. citizens and eligible noncitizens may benefit
from federal rental assistance. All family members, regardless
of age, must declare their citizenship or immigration status.

Please check if applicable:
☐ I have a legal Guardian (Legal Guardian - appointed by Probate Court to handle personal matters and decision
  making on behalf of the applicant)

☐ I have a Durable Power of Attorney (Durable Power of Attorney - A legal document that enables an individual to
  designate another person to act on his/her behalf, even in the event the individual becomes disabled or incapacitated)

☐ I have a Power of Attorney (Power of Attorney - An authorization to act on someone else’s behalf in a legal or
  business matter)

☐ I need translation assistance. Please indicate language.__________________________________________

Name _____________________________________________
Address 15000 W. 10 Mile Rd.
City, State, Zip Oak Park, MI 48237
Phone - Voice 248-592-1101
Phone - TTY 711
Application for Residency  Anna & Meyer Prentis I Apartments

APPLICANT’S CERTIFICATION

• I/we understand that failure to complete this application and provide all required documents in its entirety will result in the rejection of this application.

• It is the responsibility of the applicant to notify Anna & Meyer Prentis Apartments of address changes, telephone changes and financial situation changes when they occur. Failure to do so may result in dismissal of the application.

• I/we understand that it is my/our responsibility in order to maintain our placement on the waiting list that I/we contact the building annually to update the application.

• I/we am/are aware if for any reason I/we am/are unable to sign the lease within a timely manner, when approved for occupancy, I/we understand that the offer may be forfeited and the unit may be offered to the next person on the waiting list.

• I/we understand that our information will be kept confidential, but may be reviewed by HUD auditor.

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility at Anna & Meyer Prentis I Apartments. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and could result in this application being rejected.

Please attach the following documents to your application:

• A copy of your Social Security Card or 1099 tax form or other government accepted forms of proof of Social Security number for ALL applicants.

• A copy of your government issued photo identification, Driver’s License or State ID.

All Household members over the age of 18 MUST sign this application

Applicant #1 Printed Name: _____________________________ Date: ____________
Signature: __________________________________________

Applicant #2 Printed Name: _____________________________ Date: ____________
Signature: __________________________________________

Anna & Meyer Prentis Apartments, a senior living community, provides equal housing opportunities to all persons regardless of race, color, religion, sex, disability (handicap), familial status, without regard to actual or perceived sexual orientation, gender identity, marital status, or national origin.

Penalties for misusing this content: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subjected to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for missing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).
Optional and Supplemental 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.

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

<table>
<thead>
<tr>
<th>Applicant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Telephone No:</td>
</tr>
<tr>
<td>Name of Additional Contact Person or Organization:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone No:</td>
</tr>
<tr>
<td>E-Mail Address (if applicable):</td>
</tr>
</tbody>
</table>

**Relationship to Applicant:**

**Reason for Contact:** (Check all that apply)

- [ ] Emergency
- [ ] Unable to contact you
- [ ] Termination of rental assistance
- [ ] Eviction from unit
- [ ] Late payment of rent
- [ ] Assist with Recertification Process
- [ ] Change in lease terms
- [ ] Change in house rules
- [ ] Other: ______________________________

**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.

**Signature of Applicant**

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 tenure 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.