



105 E. Walnut Street, Kalamazoo, MI 49007  
269-388-3011 | TTY: 1-800-649-3777  
Office Hours: M-F 10 am-12 pm, 1 pm-5 pm

## Rental Application

Thank you for your interest in Skyrise Apartments! Since 1987, Skyrise has been the premier unassisted, income-based living community in the downtown area. We know you will enjoy our spacious apartments, resident activities, and close proximity to restaurants, shopping, and entertainment.

### Important Information to Note

**Required Documents:** Picture identification, social security card and birth certificate must be presented upon return of application. Additional forms may be required for verification of citizenship.

**Waitlist:** Upon the return of a completed application, your name will be added to our waiting list. Credit checks, criminal background checks, and landlord references will be performed when your name comes to the top of the wait list. You must also meet the criteria of our Tenant Selection Plan to qualify for an apartment (a copy of this document is available upon request).

Our waiting list is comprised of three separate categories based on a HUD elderly preference:

*First Priority:* Persons 62 years or older get first choice at apartments. The approximate waiting period is 30-90 days.

*Second Priority:* Persons 50 to 61 years old who are disabled or handicapped. The approximate waiting period is 6-9 months.

*Third Priority:* Persons 49 years or younger who are disabled or handicapped. The approximate waiting period is starting at 18 months.

**Change in Address or Phone Number:** Should you move, change your telephone number, or have any other circumstances change after completing and returning the application, please note it is your responsibility to report these changes to Skyrise staff. Failure to report changes will result in the denial of your application.

**Rent Calculation:** Rent is based on your income. The rental rate is 30% of your adjusted income. Adjustments are made for medical expenses and other allowances. Because of the varying adjustments, we are unable to determine your monthly rent until your name comes to the top of the waitlist and your household completes the certification process. We apologize for any inconvenience this may cause.





# Do you have a Social Security Number (SSN)?



If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible non-citizens.



### The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN or any of your household members.



### I have not provided the SSNs for all my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

- Yes**
- 1 Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible non-citizen is reported to the owner/property manager by the time a unit becomes available.
  - 2 You will need to provide the owner/property manager with documentation to verify the SSNs.

- No**
- 1 For any household member who is a U.S. citizen, U.S. national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager
  - 2 Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note: If you turned 62 before January 21, 2010, ask the property manager for further details on what you need to do.**



**RENTAL HOUSING APPLICATION  
SKYRISE APARTMENTS  
105 E. WALNUT ST.  
KALAMAZOO, MI 49007**

**OFFICE HOURS  
10:00 A.M. – NOON  
1:00 P.M. – 5:00 P.M.  
MONDAY – FRIDAY**

Required Unit Type

Date Received: \_\_\_\_\_

\_\_\_\_\_ One Bedroom

Time Received: \_\_\_\_\_

\_\_\_\_\_ One Bedroom-Barrier free

\_\_\_\_\_ Two Bedroom

***We do not discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap.***

**Instructions for Head of Household**

1. Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. **Applications will not be considered unless they are filled in completely.**
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application.
3. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.

5. After we accept your application we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan available in the Management Office.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining Federal funds.**

6. Please note how you heard about our property, TV, radio, newspaper, a friend, etc.

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7. Name of head of household: \_\_\_\_\_

8. What is your present address and phone number?

\_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_

Do you receive a subsidy at this residence?  Yes  No

What is the present address of co-applicant, if any?

\_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_

Does he/she receive a subsidy at this residence?  Yes  No

9. Have you ever lived in subsidized housing?  Yes  No

If YES, where:

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Were you evicted?  Yes  No

If YES, did you owe rent?  Yes  No

If YES, how much did you owe? \$ \_\_\_\_\_

10. Do you have any pets?

Yes  No If YES, what kind: \_\_\_\_\_ Weight \_\_\_\_\_

11. Household Composition: *PLEASE PRINT*

List all persons, including you, who will reside in the apartment. *Note: The number to the right of family member is the household member number and is the number requested in the remaining sections of this application.*

**SKYRISE APARTMENTS**

Head of Household (1) Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (2) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (3) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (4) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Will any of the above household members live anywhere except the apartment?

Yes  No

Are there other persons who will live in the apartment on a less than full-time basis?  Yes

No

If either question is answered YES, please explain: \_\_\_\_\_

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Do you expect any of the above to change in the future:  Yes  No

If YES, please explain: \_\_\_\_\_

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13. Have you, your spouse or your co-applicant(s) ever used different names from the names shown above?  Yes  No

If YES, please list names used and dates when such names were in use:

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14. Have you, your spouse or your co-applicant(s) ever been evicted or otherwise removed from rental housing?  Yes  No

If YES, provide landlord name, address and dates:

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15. How many vehicles does the family own? \_\_\_\_\_

List make, year, license, state and color for each:

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16. List all of the states in which you have resided: \_\_\_\_\_

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17. List all of the states in which members of the applicants household have resided:

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18. Have you, or any other household member, ever been convicted of any felony or misdemeanor other than traffic violations?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you or any member of your household been involved in criminal activity that poses a threat to the safety or welfare of others?  Yes  No

If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

20. Do you, or any other member of your household currently use an illegal drug or other illegal controlled substance?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

21. Have you, or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug?

Yes  No

If YES, explain circumstances, outcome and present status.

\_\_\_\_\_  
\_\_\_\_\_

22. Have you, or any member of your household, ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

23. Have you or any member of your household been subject to a lifetime state sex offender registration in any state?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**Applicants Under the Age of 62 Applying to Elderly Complexes:** Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property.

- 24. Are you handicapped?     Yes    No
- 25. Are you disabled?         Yes    No
- 26. Are you displaced?         Yes    No

Please list name and address of physician who can verify this:

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27. **Rental History**

Please enter the information requested for your current address and those for any landlords during the past five years. Include places where you were not listed on the lease and places where you lived under a different name. If any household member lived at a different address from the head of household, those addresses must also be listed. (If more space is needed, please use back of this page.)

**APPLICANT:**

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Telephone (\_\_\_\_) \_\_\_\_\_

Landlord Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Names of Household Members:

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Move-in Date: \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Do you have an executed lease agreement at the above address?  Yes  No

Did the household fulfill the terms of the executed lease agreement?  Yes  No

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**CO-APPLICANT:**

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Telephone (\_\_\_\_) \_\_\_\_\_

Landlord Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Names of Household Members:

\_\_\_\_\_  
\_\_\_\_\_

Move-in Date: \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

*Do you have an executed lease agreement at the above address?*  Yes  No

*Did the household fulfill the terms of the executed lease agreement?*  Yes  No

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28. Income from Employment:

List all full-time, part-time, and/or seasonal employment of head of household, spouse/co-applicant(s) and other household members age 18 or older, including the self-employed:

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

(If more space is needed, please use back of this page.)

29. Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, and all other income.

Household Member #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name & Phone #	Estimated Total \$

30. Do you expect any change in your income during the next twelve months?  Yes  No. If YES, explain: \_\_\_\_\_

\_\_\_\_\_

31. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

32. Please give three (3) references (other than family).

	<u>Name</u>	<u>Complete Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## **Proof of Social Security Number, Picture ID, and Citizenship**

33. I certify that I have given proof of social security and a picture ID with this application.  
 Yes  No
34. I certify that each member of my household is a U.S. Citizen, National, or a non-citizen with eligible immigration status as determined by HUD.  
 Yes  No
35. I have provided proof of citizenship (birth certificate) or completed the "Acceptable Form of Verification" form included at the end of this application for each member of the household.  
 Yes  No

*Last Updated: 6/1/2013*



# ACCEPTABLE FORM OF VERIFICATION IN LIEU OF ORIGINAL SOCIAL SECURITY CARD AND/OR BIRTH CERTIFICATE

<b>1. SOCIAL SECURITY CARD</b>	
I am unable to provide a copy of my Original Social Security Card and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.	
<input type="checkbox"/>	Driver's license with SSN
<input type="checkbox"/>	Identification card issued by a Federal, State, or local agency, a medical insurance provider, or an employer or trade union
<input type="checkbox"/>	Earnings statements on payroll stubs
<input type="checkbox"/>	Bank statement
<input type="checkbox"/>	Form 1099
<input type="checkbox"/>	Benefit award letter
<input type="checkbox"/>	Retirement benefit letter
<input type="checkbox"/>	Life insurance policy
<input type="checkbox"/>	Court records
<input type="checkbox"/>	Other: Please specify

**I certify that the document(s) provided represent a complete/accurate indication of my Social Security Number.**

\_\_\_\_\_  
Name of Person Completing This Form (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Phone Number

<b>2. Birth Certificate</b>	
I am unable to provide a copy of my Original Birth Certificate and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.	
<input type="checkbox"/>	Baptismal Certificate
<input type="checkbox"/>	Military Discharge papers
<input type="checkbox"/>	Valid Passport
<input type="checkbox"/>	Census document showing age
<input type="checkbox"/>	Naturalization certificate
<input type="checkbox"/>	Social Security Administration Benefits printout
<input type="checkbox"/>	Other. Please specify

**I certify that the document(s) provided represent a complete/accurate indication of my date of birth and correct age.**

\_\_\_\_\_  
Name of Person Completing This Form (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Phone Number

**Penalties For Misusing This Consent:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a), (6), (7), (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.