

Application / West Michigan Woods
3201 Michigamme Kalamazoo. , MI 49006 (269) 372-4655

All items must be filled out completely and a non- refundable fee of \$25 is due to process application.

Paid> Yes _____ No _____

Date: _____ Time: _____ Phone: _____

Unit size requested: circle selection: 2 bedroom - 3 bedroom Standard / Lg. Window / Walk-out

Date of Move in: _____

* Applicants accepted, are added to our waiting list after deposit has been received.
According to date and unit specified.

Current Address _____ City _____ State _____ Zip _____

Name Landlord or Mortgage Holder _____ Phone # _____ Reason for moving _____

Own _____ Rent _____ From _____ to _____ Current Rental Amount: \$ _____

Previous Address _____ City _____ State _____ Zip _____

**** List your name first!*** **Head of Household / Next, list all members of the household.**

Name	Sex	Social Security #	Birth Date
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Applicants US Citizens: Yes _____ No _____

Are Applicant or any household member full time students? Yes _____ No _____

Applicants: Married _____ Separated _____ Divorced _____ Never Married _____
(Must provide legal documentation on marital status)

Employer Name / Address _____ City _____ State _____ Zip _____

Employee Phone # _____ Supervisor Name / Contact Person _____

→ Income Information – List all income (before deductions) of wages, salaries, child support, SSI, FIA, etc.

Emergency Contact: _____
Name Address Phone

Have you or any other member of your household lived in assisted housing? Yes _____ No _____

If yes, when and where: _____

Are you currently receiving Section 8 Assistance _____?

MSHDA Section 8 Housing Agent _____?

Have you ever committed fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes _____ No _____
If yes explain _____

Do you or any member of your household engage in current illegal use of a controlled substance or have you previously been convicted of the same? Yes _____ No _____

Have you or any member of your household been convicted for illegal manufacture or distribution of a controlled substance? Yes _____ NO _____

If you answered "yes" to either of the above two questions, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes _____ No _____

Have you or any family member been convicted of a felony? Yes _____ No _____

HUD and MSHDA APPLICANTS: I fully understand that title 18, Section 1001 of the United states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments or agency of the United States. I, therefore, certify that the foregoing is true and complete to the best of my knowledge.

I authorize inquires to be made to verify the statements above. If in residency falsified statements should be grounds for eviction.

**I, certify that the forgoing is true and complete to the best of my knowledge.
I authorize inquires to be made to verify the statements above.
(Credit Check, Income Inquires and Rental History)**

Applicant Date

Applicant Date

Applicant Date

Applicant Date