

Date Received: _____
 Time Received: _____

Please complete this form and return to Southwest Housing Solutions Corporation, 1920 25th Street Suite A, Detroit, MI 48216. All households must meet the minimum annual income requirement. All applicants will be placed onto a housing waiting list, unless there is an immediate vacancy for which they appear to be eligible for and there are no other applicants on that waiting list. You will be contacted when your name is next on the waiting list. If any information changes, it is your responsibility to contact us with the updated information. You are also required to contact Southwest Housing Solutions Corporation at least every month to express continued interest. Please call (313) 841-3727 extension 311. Failure to contact us could result in your request for housing to be cancelled or rejected. Failure to fully complete with this form could also result in your request for housing to be denied or delayed.

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Applicant Name: _____ **# of Bedrooms Requesting:** _____
Current Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

HOUSEHOLD COMPOSITION

List the Head of the Household and all other members who will be living in the unit. Give the relationship of each of the family members to the Head of the Household.

	Member's Full Name	Relationship	Sex	Birth Date	Marital Status	Age	Social Security #	Full-Time Student Yes/No
1		SELF						
2								
3								
4								

INCOME AND ASSET INFORMATION

INCOME

MEMBER NAME	SOURCE OF INCOME (Example: Employment, SSI, Social Security, etc.)	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRA's and CD's) of all household members.

MEMBER NAME	BANK NAME	TYPE OF ACCOUNT	BALANCE

Southwest Housing Solutions pledges not to discriminate against applicants based on their race, sex, age, religion, national origin, familial status or handicap. Southwest Housing Solutions will communicate with applicant in a manner or format requested by applicant if necessary because of a disability.
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 Revised 6-21-07

EMPLOYMENT HISTORY

1. Please provide the following information:

Name and address of **Your Present** Employer:

Telephone No: _____

How long have you worked here? _____

Supervisors Name: _____

Name and address of **Your Past** Employer:

Telephone No: _____

How long did you worked there? _____

Supervisors Name: _____

Name & Address of **Spouse / Co-Head Present** Employer:

Telephone No: _____

How long did you worked there? _____

Supervisors Name: _____

Name and address of **Spouse/Co-Head Past** Employer:

Telephone No: _____

How long did you worked there? _____

Supervisors Name: _____

PERSONAL REFERENCES

1. Please provide the name, address, and telephone number of two personal references that are not related to you.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No: _____

Telephone No: _____

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PREVIOUS LANDLORD HISTORY

1. Please provide landlord information for the past **FIVE** years: **{DO NOT LEAVE BLANK}**

Your **PRESENT** Address:

Name/Address of your **PRESENT** landlord:

Telephone No: _____

Date moved in? _____

Date moved out? _____

Reason for leaving? _____

Your **PAST** Address:

Name/Address of your **PAST** landlord:

Telephone No: _____

Date moved in? _____

Date moved out? _____

Reason for leaving? _____

Your **PAST** Address:

Name/Address of your **PAST** landlord:

Telephone No: _____

Date moved in? _____

Date moved out? _____

Reason for leaving? _____

EMERGENCY CONTACT

Please provide the name, address, and phone number of a person to be contacted in *case of an emergency*:

Name: _____

Telephone No: _____

Address: _____

Relationship: _____

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CERTIFICATION

OWNER CERTIFICATION

Southwest Housing Solutions Corporation or any agent does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in it's federally assisted programs and activities.

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on the 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 this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Laws.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Co-Head

Date

Owner / Agent Signature

Date

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SOUTHWEST HOUSING SOLUTIONS CORPORATION
GENERAL CONSENT RELEASE AUTHORIZATION FOR PROGRAM QUALIFICATION

RELEASE: I hereby authorize Southwest Housing Solutions Corporation the release of the requested information. Information obtained under this consent is limited to information that would determine my eligibility in the Low Income Housing Tax Credit Program under IRS Section 42 guidelines, all other covenant regulations and Owner's or Owner's agent tenant selection criteria.

I hereby authorize Southwest Housing Solutions Corporation to verify all income/assets and to conduct a credit history/criminal background search that is required as part of the application process to determine eligibility. I understand my authorization is necessary to obtain these verifications.

Applicant / Tenant expressly authorizes Owner or Owner's agent (including a collections agency) to obtain a consumer credit report, which Owner or Owner's agent may use if attempting to collect past due rent payments, late and legal fees, or any other charge from Resident, both during the term of the lease and thereafter.

X

Print Name

X

Date

X

Signature of Applicant / Tenant

X

Previous Address

X

Present Address

X

Previous Name (If applicable)

X

Social Security Number

X

Date of Birth

X

I.D.-Driver's License # / issuing state

The facts set forth in my application for housing are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial or termination of tenancy and any applicable rental assistance and may be subject to penalties available under federal law which includes fines up to \$10,000.00 and/or imprisonment for up to five years.

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 is restricted to the purposes cited above. Any person who knowingly or willfully request, 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 and contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408, (f) (g) and (h).



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