

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:** _____

Email Address: _____ **Do you have a Section 8 Voucher: Yes** **No**

HOW DID YOU HEAR ABOUT US? _____

If referred by a current tenant, please provide tenant's name and address (building and apt #) above

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. (use back of sheet if more space needed)

	Member's Full Name	Relationship	Sex	Birth Date	Marital Status	Age	Social Security #	Full-Time Student Yes / No
1		SELF						
2								
3								
4								
5								

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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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

Owner / Agent Signature

Date

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