

## **Return completed applications to:**

- In person: Airview Center Lockhart Management & Consulting, LLC 2725 Airview Blvd., Suite 202 Kalamazoo, MI 49002
- By mail: Lodge House c/o Lockhart Management & Consulting, LLC 2725 Airview Blvd., Suite 202 Kalamazoo, MI 49002
- By fax: 269-350-2039

*IMPORTANT:* Please return this application with the following; alternate documents may be accepted, please ask:

- 1. Proof of citizenship, such as a birth certificate or passport
- 2. Government issued photo ID that is current (not expired)
- 3. Proof of Social Security number, such as a Social Security card

If you have questions please call 269-350-2015 and leave a message. Your call will be returned.

Thank you for your interest in Lodge House!







## LODGE HOUSE RENTAL APPLICATION If you need interpreter services to complete this application, please contact the office at 269-350-2015 or TTY Relay 711



Head of Household		Phone # Zip		
Street Address		City/State	Zip	
Social Security #	Birthdate/	/		
Sex: $\Box M \Box F \Box$ Prefer not to Respon	nd			
Co-Head/Snouse		Phone #		
Co-Head/Spouse		City/State	Zip	
Social Security #	Birthdate /	/	P	
Sex: $\Box$ M $\Box$ F $\Box$ Prefer not to Respon	nd			
Names of other occupants	Birthdate	2	Relationship to Head	
Are you experiencing homelessne Does your household require any acc Does your household have any reaso List all states that any household me Have you or any member of your ho Have you been displaced due to a pr Are you or any member of your hou	cessibility features? mable accommodati mber has lived in: _ ousehold served in th esidentially declared	ons requests?	o Describe	
Employment: Circle one: Employed Full-Time	Employed Par	t-Time Self-Emplo	ved Not Employed	
	Employed I al	t-Time Sen-Emplo	yeu Not Employeu	
Current Employer:	Position:	]	How Long:	
Address:	Supervis	or:	Phone:	
Address: State:	: Zip:		Fax:	
Current Wage: \$				
Other Income: Note: Although this information is information may result in non-qualifica Other income includes, but is not limit social security, annuities, insurance po	ation for residency fo ited to: alimony, chil	r any rental unit in this prog ld support, FIP Grant, unemp	ram. loyment, aid to dependent children,	
periodic payments. Please consult the				
1)				
Type of income	Annual amount	Contact address or pho	ne	
2) Type of income	Annual amount	Contact address or pho	ne	
Bank Information:				

1) Your bank	Checking Balance	_ □ Savings	Balance
Address 2) Your bank	City/State	_ □ Savings	Zip Code Balance
Address	City/State		Zip Code

## Assets:

Assets include: Cash (wherever held, trusts, equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificate of deposit, IRA's, retirement and pension funds, whole life insurance policies and luxury personal property (gems, jewelry, art, coin collections, etc.)). You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

**Assets do not include:** Necessary personal property such as clothing, furniture, cars, wedding ring, other jewelry that is not held as an investment, etc. Also excluded is any special equipment for use by persons with disabilities, interests in Indian trust land, term life insurance policies where there is no cash value, and assets of an active business.

Are the assets (as defined above) of the whole household more than \$5,000?	Yes	No
Have you disposed of any assets at less than fair market value within 24 months? If YES, to either, please complete the asset addendum.	Yes	No
If NO, what are the anticipated earnings on all household assets for the next j	year? \$	

Please provide a 5-year Landlord history (list everyw	where you have lived in the last	5 years, add pages if needed):
Present Landlord		
Month & Year Moved In		
Name of Landlord	Phone #	Rent \$
Address		
Are you receiving housing assistance/subsidy now?	□ Yes □ No	
Previous Landlord		
Month & Year Moved In		
Name of Landlord	Phone #	Rent \$
Address		
Previous Landlord		
Month & Year Moved In	Reason for Leaving	
Name of Landlord	Phone #	Rent \$
Address		

Has your family's assistance or tenancy in a subsidized program ever be	en terminated for:		
Fraud?	Yes	No	
Non-payment of rent?	Yes	No	
Failure to cooperate with recertification procedures?	Yes	No	
Have you or are you in the process of being charged and/or convicted of	f		
any drug related offense?	Yes	No	
Are you able to meet the requirements of tenancy?	Yes	No	
Are you a current illegal abuser or addict of a controlled substance?	Yes	No	

How did you hear about our community?

□ Newspaper □ Integrated Services of Kalamazoo □ Internet □ Drive By □ Referred By\_\_\_\_ □ Other\_\_\_\_\_

I hereby authorize 1211 S. Westnedge, LLC d/b/a Lodge House to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release 1211 S. Westnedge, LLC d/b/a Lodge House, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. BY SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND COMPLETE.

Signature – Co-head of Household or other family member 18 years or older Date

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## Lodge House does not discriminate in the provision of housing and housing related transactions based on race, color, religion, sex, national origin, disability, familial status, age, marital status, height, and weight, and extends housing protections to gay, lesbian, bisexual and transgender individuals.

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willing 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 misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8).