Main Street Housing of Lowell, LLC
A wholly owned subsidiary of
Flat River Outreach Ministries, Inc., a Michigan nonprofit corporation

EQUAL HOUSING OPPORTUNITY

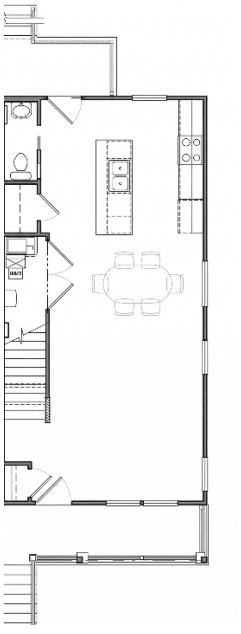
Instructions:

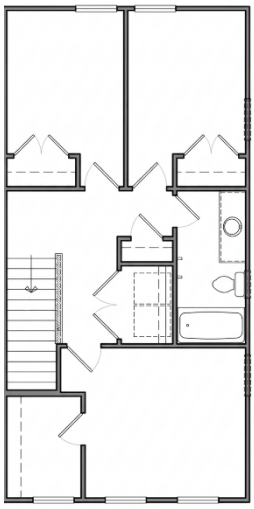
1) **Incomplete applications <u>cannot be processed.</u>** For one person- fill out pages 1 and 2 If there is a co-applicant, they must fill out pages 4 and 5.
2) Read, initial each blank and sign the final page. All pages need to be received to be processed.
3) Turn in your completed application to Flat River Outreach Ministries, FROM during office hours which are **10:00am to 4pm Monday – Thursday** or **Via their after hours drop box.**

FROM is located at 11535 Fulton St (M-21) across from Green Acres in Lowell.

Required Documents are:
- ☐ Completed application
- ☐ At least 4 paycheck stubs (28 days) or other proof of income, social security determination letter, pension, etc.
- ☐ Copy of ID
- ☐ Copy of Social Security card

- Applications will be collected over the month of April and a random lottery will be held in early May.
- Those who are selected will be notified by phone and email to progress to the next stage.
- Laundry available in unit.
- No pets.
- If you have any questions, contact Monica Light at 616-897-8260, extension #125.





From uncertainty to community

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For office purposes only:
Date/time received application
_____
Date/time all info. received
_____

- 504 E Main, three bedroom
- Rent: $1100/month; deposit: $550 needed by 5/15
- Main floor access with entry steps
- Maximum allowable is 4 people
- Utilities: $250/month water, sewer, trash, heat & electric
- Lease signing/move week of May 26

These apartments are income-restricted, meaning your household income must fall **between the minimum and maximum limits** to qualify.

Minimum Income Requirement: $3,667/month gross income (before taxes and deductions)

Maximum Income Limits (based on household size and program guidelines):

At 80% AMI:
- 3-person household: up to **$6,387/month**
- 4-person household: up to **$7,093/month**

Note: Income from all persons over 18 in the household should be included.

APPLICANT NAME _____ **DATE OF BIRTH** _____

PRESENT ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY _____-___-_____ **DRIVER'S LICENSE** _____

TELEPHONE (DAYS) _____ **(EVENINGS)** _____

EMAIL ADDRESS: _____

<u>HOUSEHOLD INFORMATION</u> – Maximum allowable occupancy is 4 based on local occupancy standards. At FROM we try to match the size of the household to the size of the unit available. Please include all household members on the application so that we can match appropriately. List any person under 18 years of age that may reside here. Anyone over 18 years of age will need to be a co-applicant.

NAME	DATE OF BIRTH

EQUAL HOUSING OPPORTUNITY

How did you hear about Main Street Housing of Lowell?

_____

RENTAL HISTORY OF APPLICANT **____ I do not have rental history**

Present landlord's name _____

Present landlord's address _____

Phone _____ **How long have you lived there?** _____

Monthly Rent $ _____ **Monthly fuel & electric cost $** _____

Your previous landlord's name _____

Previous landlord's address _____

Phone _____ **How long did you live there?** _____

Monthly Rent $ _____ **Monthly fuel & electric cost $** _____

Reason for moving _____

INCOME INFORMATION – APPLICANT (See INCOME VERIFICATION CHECKLIST for detailed list)

Employer name/Income source_____

Address _____ **City** _____ **ST** _____ **ZIP**_____

Telephone _____ **Position** _____

How long with this employer/income source? _____

Income (applicant only)_____ **Circle one: Weekly Bi-weekly Monthly**

Total Household Income*_____ **Circle one: Weekly Bi-weekly Monthly**

*Both applicant and co-applicant income should be included. If no co-applicant, leave it blank.

PERSONAL REFERENCES - APPLICANT (Only needed if no rental history)

Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Telephone (DAYS) _____ **(EVENINGS)** _____

Relationship _____

EQUAL HOUSING OPPORTUNITY

EMERGENCY CONTACT - APPLICANT

If we are not able to reach you, please list the persons we could contact:

Name _____

Address _____

Telephone _____ **Relationship** _____

OTHER HISTORY

Has Applicant ever been evicted? _____ **When?** _____

Reason for eviction? _____

Has Applicant been convicted of a felony in the past 5 years? _____

Has Applicant been convicted of drug charges in the past 5 years? _____

EQUAL HOUSING OPPORTUNITY

APPLICANT AND CO-APPLICANT'S CERTIFICATION

Please confirm that you understand the following points with your initials. Please read each item below carefully before you sign:

App	Co-App	
_____	_____	I understand that this is a smoke-free building. Smoking is not allowed in my room and in common areas.
_____	_____	I understand that pets are not allowed in the unit.
_____	_____	I understand that marijuana growing and smoking are not allowed in the building.
_____	_____	I understand that renovations are ongoing. I acknowledge that work could occur between 6am-9pm and temporary utility interruptions may occur.
_____	_____	I understand tenants are asked to observe quiet hours between 10pm and 6am.
_____	_____	I hereby certify that the information provided in this application is correct to the best of my knowledge. I understand false or misleading information given on this application may result in a denial or termination of my tenancy.
_____	_____	I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
_____	_____	I hereby give Main Street Housing of Lowell, LLC, including any of its agents, authorization to verify the information in this application.
_____	_____	I hereby authorize Main Street Housing of Lowell, LLC, including any of its agents, to perform a credit check on all persons 18 years of age or older, a landlord check, a criminal background check, and employment verification, in connection with my application, and understand that my application may be rejected based on information obtained.
_____	_____	I expressly authorize all schools, companies, corporations, credit bureaus, and law enforcement agencies and their employees to supply any and all information otherwise legally requested by Main Street Housing of Lowell. I release Main Street Housing of Lowell and related entities, as well as any individual or entity providing information in connection with this application, from any and all liability in connection with the same and any decisions made based on such information. I do not require a copy of any disclosure of the nature and scope or information revealed during the investigation.

_____ _____

APPLICANT'S SIGNATURE **DATE**

_____ _____

CO – APPLICANT'S SIGNATURE **DATE**

EQUAL HOUSING OPPORTUNITY

CO-APPLICANT Information

CO-APPLICANT NAME _____ **DATE OF BIRTH** _____

PRESENT ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY _____-___-_____ **DRIVER'S LICENSE** _____

TELEPHONE (DAYS) _____ **(EVENINGS)** _____

EMAIL ADDRESS: _____

RENTAL HISTORY OF CO-APPLICANT ____ **I do not have rental history**

Present landlord's name _____

Present landlord's address _____

Phone _____ **How long have you lived there?** _____

Monthly Rent $ _____ **Monthly fuel & electric cost $** _____

Your previous landlord's name _____

Previous landlord's address _____

Phone _____ **How long did you live there?** _____

Monthly Rent $ _____ **Monthly fuel & electric cost $** _____

Reason for moving _____

INCOME INFORMATION - CO-APPLICANT (See INCOME VERIFICATION CHECKLIST for detailed list)

Employer name/Income source _____

Address _____ **City** _____ **ST** _____ **ZIP**_____

Telephone _____ **Position** _____

How long with this employer? _____

Income (co-applicant)_____ **Circle one: Weekly Bi-weekly Monthly**

PERSONAL REFERENCES - CO-APPLICANT (Only needed if no rental history)

Name _____

Address _____

City _____ **ST** _____ **ZIP** _____

Telephone (DAYS) _____ **(EVENINGS)** _____

Relationship _____

EMERGENCY CONTACT – CO-APPLICANT

If we are not able to reach you, please list the persons we could contact:

Name _____

Address _____

Telephone _____ **Relationship** _____

OTHER HISTORY - CO-APPLICANT

Has Co-Applicant ever been evicted? _____ **When?** _____

Reason for eviction? _____

Has Co-Applicant been convicted of a felony in the past 5 years? _____

Has Co-Applicant been convicted of drug charges in the past 5 years? _____