MIDDLEVILLE HOUSING COMMISSION

LINCOLN MEADOW APARTMENTS

500 Lincoln Street, Middleville, MI 49333 PH: (269) 795-7715 FX: (269) 795-0082



(please print clearly)

APPLICATION FOR HOUSING

Full Name (Head of Household)		Social Securi	Social Security #	
Current A	Address	City	State	Zip
		YES N	10	
Phone Number(s)		Do you have	a pet?	Pet Weight?
\$				
Current N	Nonthly Income	Source(s)		
YES	NO			
	ever applied for subsidized	housing before? If ye	s where and when.	
YES	NO	YES N	10	
	we a landlord money?		a family member ever b	een evicted?
YES	NO			
Do you oʻ	we any utility companies me	oney? If yes, who and	how much is owed?	
VEC	NO			
YES	moke? We are a smoke-free	a campus No cmokin	a of any kind by anyon	ic pormitted
	eville Housing Commission			
	s, patios, carports and lawns		o the entire bunding, pu	
YES	NO			
	or a family member ever b			r than a minor
trattia via	olation? If yes who, and what	at was the nature of th	ie offense.	
YES	NO			
YES	NO or any family member, a cur	rent user, abuser or ac	ddict of an illegal contro	lled substance,

<u>WARNING:</u> Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful false statements to any department or agency of the United States, as to any matter within its jurisdiction.

RENTAL HISTORY

Current Landlord Name	Phone		Fax	
Address	City	State	Zip	
		YES	NO	
Reason For Leaving		Gave 30 Days Written Notice?		
Previous Landlord Name	Phone		Fax	
Address	City	State	Zip	
		YES	NO	
Reason For Leaving		Gave 30 Days Written Notice?		
	ASSETS			
Bank	Checkin	og	Savings	
Cd's/Stocks/Bonds/Annuity				

Whole Life or Real Estate

READ BEFORE SIGNING

I understand that the above information will be kept confidential, and that this is not a contract, and does not bind either party. I hereby authorize the Middleville Housing Commission to use this information, to conduct a criminal background investigation, and a credit check, for the purpose of determining my eligiblity for residency at Lincoln Meadow Apartments. I understand that any falsification, misrepresentation or concealment of information by me can result in my denial, eviction and possible prosecution under state and/or federal law.

Signature	Date

Signature

Date

We are a smoke-free campus!