


## Hamilton Crossing Apartments I & II

596 S Hamilton Ypsilanti, MI 48197
PH: 734.484.1706 FAX: 734.484.1740


*Thank you for considering HAMILTON CROSSING for your new home*
*We look forward to you becoming our new neighbor*

**Prospective applicants must meet certain criteria prior to approval. We invite all potential residents over the age of 18 to complete an application for housing. Income and student restrictions apply.**

**Please provide with your completed application the following :**

- **A valid drivers license or stated ID for all parties 18 years and older**
- **Social security cards for all members of your household**
- **Statement of monthly benefits for SSI, Social Security, pension, 401k, death benefits, ect.**
- **Court order for child support of minor child(ren) or detailed benefit statement**
- **Completed MSHDA checklist**
- **Completed Student Eligibility Certification**

---

**Application fee $40.00**
**Security Deposit $300.00**
****Cash not accepted in office****

**NO PET POLICY!!!**

**DTE is our provider for gas and electric.**
**There telephone number is 1-800-477-4747. Proof of utility transfer is required prior to move in.**

**HAMILTON CROSSING**
**BUILDING A COMMUNITY WITHIN A COMMUNITY**

EQUAL HOUSING OPPORTUNITY

OP 202

| For Office Use Only | Date Rec'd | Time Rec'd | Initials |
|---|---|---|---|
| | | | |

# Preliminary Rental Application

*Please note that this is a preliminary application and gives no lease or rent rights.*

Community Hamilton Crossing Office Phone (734)484-1700 Date _____

Unit Size ☐ 1 ☐ 2 ☐ 3 ☐ 4 Unit Type: ☐ Apartment ☐ Studio ☐ Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? ☐ Yes ☐ No

Applicant: _____ Email _____ Phone (  ) _____

Co-Applicant: _____ Email _____ Phone (  ) _____

Current Marital Status: ☐ Unmarried ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Do you have any pets: ☐ **Yes** ☐ **No.** If yes, please list type of pet: _____

How were you referred to our community? _____

## Applicant's History

| Applicant: | Co-Applicant |
|---|---|
| **Current Address:** _____ | **Current Address:** _____ |
| Date: From _____ Rent: $ _____ To: _____ | Date: From _____ Rent: $ _____ To: _____ |
| Reason for Moving: _____ | Reason for Moving: _____ |
| Current Landlord: _____ | Current Landlord: _____ |
| Address: _____ | Address: _____ |
| Phone _____ | Phone _____ |
| **Previous Address:** _____ | **Previous Address:** _____ |
| Date: From _____ Rent: $ _____ To: _____ | Date: From _____ Rent: $ _____ To: _____ |
| Reason for Moving: _____ | Reason for Moving: _____ |
| Previous Landlord: _____ | Previous Landlord: _____ |
| Address: _____ | Address: _____ |
| Phone _____ | Phone _____ |
| **Previous Address:** _____ | **Previous Address:** _____ |
| Date: From _____ Rent: $ _____ To: _____ | Date: From _____ Rent: $ _____ To: _____ |
| Reason for Moving: _____ | Reason for Moving: _____ |
| Previous Landlord: _____ | Previous Landlord: _____ |
| Address: _____ | Address: _____ |
| Phone _____ | Phone _____ |

***If you have resided at additional addresses within the past five (5) years, please attach Previous Address information on a separate sheet.***

*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

Please list all persons that will occupy the residence.

| Name (First, Middle Initial, Last) | Maiden Name (If Applicable) | Date of Birth | Relationship of Head Of Household | Social Security Number |
|---|---|---|---|---|
| 1. | | | Head of Household | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

## Employment

| Applicant | Co-Applicant |
|---|---|
| Employer: | Employer: |
| Address: | Address: |
| Phone: | Phone: |
| Length of Employment: | Length of Employment: |
| Position Held: | Position Held: |
| Salary/Wage: Per: | Salary/Wage: Per: |
| Supervisor: | Supervisor: |
| Status: Full-Time: Part-Time | Status: Full-Time: Part-Time: |
| List average hours per week worked: | List average hours per week worked: |

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____ Amount: $ _____ Frequency: _____
Source: _____ Amount: $ _____ Frequency: _____
Source: _____ Amount: $ _____ Frequency: _____

Provide asset information below:
(Including but not limited to: Checking, Savings, Debit Card, Real Estate, 401k, IRA, Stocks, Bonds, etc)

| Type of Assets | Name of Bank, Stock or Bond | Account Number | Balance/ Current Value | Rate of Interest | Dividend | Real Estate |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? ☐ **Yes** ☐ **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? ☐ **Yes** ☐ **No**
If "yes", please explain: _____

Have you or any member of your household ever been convicted of a crime, felony, misdemeanor? ☐ **Yes** ☐ **No**
If "yes", please explain: _____

Have you or any member of your household lived in subsidized housing? ☐ **Yes** ☐ **No**
If "yes", when and where? _____

Have you ever committed fraud in a subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No
**If "yes", please explain:** _____

| **PERSONAL REFERENCES:** List 3 people (not related to you) that we can call for a personal reference: | | | |
|---|---|---|---|
| **Name** | **Address/City/Zip** | **Relationship** | **Telephone Number** |
| 1. | | | |
| 2. | | | |
| 3. | | | |

**The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.**

Head of Household Date

Co-Applicant, Spouse/Co-Head Date

Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

[ ] Applicants Initials [ ] Co-Applicants Initials [ ] Managers Initials

**HUD, RURAL DEVELOPMENT& MSHDA APPLICANTS**

I fully understand that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

[ ] Applicants Initials [ ] Co-Applicants Initials [ ] Managers Initials

**RURAL DEVELOPMENT**

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

[ ] Applicants Initials [ ] Co-Applicants Initials [ ] Managers Initials

GENDER DESIGNATION: (Applicant) ☐ I do not wish to furnish this information ☐ Male ☐ Female

GENDER DESIGNATION: (Co-Applicant) ☐ I do not wish to furnish this information ☐ Male ☐ Female

Additional information will be required at a later date to complete the processing for residency.

Head of Household Date

Co-Applicant, Spouse/Co-Head Date

# Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 6/30/2017)

Hamilton Crossing II
Name of Property

Project No.

596 S. Hamilton
Address of Property

KMG Prestige
Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

| Ethnic Categories* | Select One |
|---|---|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| **Racial Categories*** | **Select All that Apply** |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

***Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

EQUAL HOUSING OPPORTUNITY

*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
    1. **Hispanic or Latino**. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

    2. **Not Hispanic or Latino**. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

    1. **American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

    2. **Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

    3. **Black or African American**. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

    4. **Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

    5. **White**. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

# DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or Hamilton Crossing Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

☐ Employment purposes, or
☑ Housing at Hamilton Crossing Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

"Consumer" means an individual.

"Consumer Report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

"Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

"Employment Purposes" means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

"Adverse Action" means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initialed by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a "Consumer Report" and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.

If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

**I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or** Hamilton Crossing **Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:**

- ☐ Employment purposes
- ☑ Housing purposes
- ☐ Both

**I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community. As set forth in the disclosure, I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.**

**I acknowledge that I have received a copy of this document for my records.**

_____ _____

Applicant Date

_____ _____

Applicant Date

# AUTHORIZATION FOR CRIMINAL HISTORY CHECK

**NOTICE TO APPLICANTS**: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It is KMG Prestige's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

**Full Name** *(no nicknames)*_____

**Maiden Names(s), Nickname(s), Other Name(s)** *(please include dates used)* ☐ **Male** ☐ **Female**

**Social Security Number**_____ **Date of Birth**_____

**Driver's License Number**_____ **State**_____

**Is Your Driver's License Valid?** ☐ Yes ☐ No ⇨ *Please give details*

**All addresses for the last 7 years:** *(Street / City / County / State / Years From-To)*
In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

| | Street Address | City | County | State | Years From-To |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

**List ALL States you have ever resided in:**

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X _____ _____
Signature Date

*We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.*

# NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information: Hamilton Crossing

By signing this consent form, I am authorizing the above-referenced housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information, which I have provided on my original application for housing.

**Who Must Sign the Consent Form**

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification and at each recertification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

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 willingly 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**Signatures:**

| | |
|---|---|
| Head of Household | Date |
| Spouse | Date |
| Other Family Member over age 18 | Date |
| Other Family Member over age 18 | Date |