

Dear Applicant,

Your application can only be accepted if it is completed. Please remember to:

1. Answer all questions
2. Sign and date your application

Due to the Department of Housing and Urban Development program guidelines we are asking you to complete the "SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING" form and return to us also.

We must receive verification of age, social security numbers, and have the applicable citizenship information for all members of your household before obtaining residency.

If currently available, please attach clear copies of the following documents to your application:

1. Social Security Card or verification of your social security number (Examples: 1099 tax form, or other government accepted form)
2. If you are an eligible non-citizen you may need to provide documentation regarding your citizenship eligibility. Attach any information you currently have to your application.  
Examples: an admission number or alien registration card
3. Identification - Driver's License or State ID
4. Proof of US Citizenship: Birth Certificate, Passport or Certificate of Naturalization

Documents listed below will be required to complete the admission process. These documents can be turned in prior to admissions.

- Medicare Card
- Health Insurance Cards
  - Medicare Supplemental Insurance
  - Medicare Part D
  - Other if applicable
- Copy of the POA or DPOA for both medical and financial decisions, if applicable

**If you have any questions related to the application process,  
please do not hesitate to contact the Coville Administrator 248-592-1155  
OR the Resident Service Coordinator at 248-592-1157**

In the meantime, are you interested in learning more about what is happening at Jewish Senior Life? Sign up for our weekly online newsletter at [jslmi.org/newsletter](https://jslmi.org/newsletter) and click "Newsletter Sign Up".

Thank you for considering Jewish Senior Life to call home!

Follow Us on Social Media!



## Pet Policy

- No pet may be kept by a tenant or applicant without obtaining permission from management. If approved, a current copy of the Pet Rules shall be signed immediately. There shall only be one dog or two (2) cats per apartment unit. There will be no more than 2 birds per apartment unit. There is no limit on the number of fish, but there may be only one fish tank and the tank may not exceed 10 gallons of water. 1 cage/pet enclosure for all other domestic animals (ie turtles, rabbits, Guinea pigs, etc.). Exceptions to these rules may only be made with prior written approval from JAS.
- Dogs over 20 pounds will not be considered. The owner must be able to maintain control over his/her pet at all times.
- After receiving permission from management, all pets must be registered and need to be inoculated in accordance with state and local law prior to move in, unless prior permission from management has been granted. Registration shall include:
  - **Dogs**-A signed veterinarian's certificate indicating that rabies and distemper shots are up to date and that if female and over the age of six months, the dog has been spayed and if male and over the age of eight months, the dog has been neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate shall be necessary to allow the pet to become or continue to reside in the development. Dogs must be properly licensed.
  - **Cats**-A signed veterinarian's certificate indicating that distemper shots are up to date; the cat has been inoculated for feline leukemia. Additionally, indication should be noted regarding spaying for female cats over the age of five months and neutering for male cats over the age of ten months. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the cat to become or continue to reside in the development.
  - **Birds**-A signed veterinarian certificate indicating that a general health check has occurred, including a test for "parrot fever" and a stool check.

Veterinarian records must be updated annually with management.

- Upon registration, a pet security deposit for a dog or cat of \$250.00 shall be required in addition to the Tenant's security deposit. There will be an additional \$50 pet security deposit charge for a second cat. It shall be paid in full or through an initial payment not to exceed \$50.00 upon pet registration and then subsequent monthly payments not to exceed \$10.00 due the first of each month until the balance is paid in full.



# Application for Residency

## Coville Assisted Living Apartments

Eugene and Marcia Applebaum Jewish Community Campus, West Bloomfield



Mail application to: **Coville Assisted Living Apartments**  
15100 W. 10 Mile Road  
Oak Park, MI 48237 **248-967-4240**

**www.jslmi.org**  
Hearing / Speaking Impaired  
TTY# 711

- I need a reasonable accommodation made to complete the application. ☐ Yes ☐ No

Please indicate what accommodation is needed. \_\_\_\_\_

**Name of Applicant #1** \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you have not been issued a Social Security Number, you claim you are exempt because**

- ☐ You are an ineligible non-citizen  
☐ You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/2010.

- Are you an eligible citizen, eligible non citizen or not contending eligible immigration status? ☐ Yes ☐ No

**Name of Applicant #2** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you have not been issued a Social Security Number, you claim you are exempt because**

- ☐ You are an ineligible non-citizen  
☐ You were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/2010.

- Are you an eligible citizen, eligible non citizen or not contending eligible immigration status? ☐ Yes ☐ No

- Number of People to live in apartment \_\_\_\_\_

- Is the head-of-household or co-head/spouse 62 or older? ☐ Yes ☐ No

- **If the head-of-household or co-head/spouse is not 62 or older**, do you claim eligibility because ☐ Yes ☐ No  
the head-of-household or co-head/spouse is disabled and requires the features of an accessible unit?

- Unit Type ☐ Studio 62 and older

To be completed by JSL Staff received via ☐ mail ☐ in person ☐ other \_\_\_\_\_

Date Received: \_\_\_\_\_ Time \_\_\_\_\_ ☐ am ☐ pm JSL Staff Initials \_\_\_\_\_

Date added to waitlist \_\_\_\_\_

# Application for Residency Coville Assisted Living Apartments

- Are you or any member of your household, a student enrolled in an institute of higher education? ☐ Yes ☐ No  
If Yes, do you receive student financial assistance? ☐ Yes ☐ No If Yes, how much do you receive? \$ \_\_\_\_\_
- Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? ☐ Yes ☐ No
- Do you understand there is a HUD Mandatory Meal Program at this property? ☐ Yes ☐ No  
Do you understand that the meal program cost is in addition to your rent? ☐ Yes ☐ No
- This property is smoke-free. Smoking is prohibited in the unit, balconies, porches, and all indoor areas. Do you, your guests and service providers hired by you agree to comply with the smoke-free policy? ☐ Yes ☐ No
- The use of marijuana in any form, is illegal under the Controlled Substances Act (CSA) and Section 577 of the Quality Housing and Work Responsibility Act of 1988 (QHWRA). Do you currently use marijuana in any form? ☐ Yes ☐ No
- Have you ever been evicted from a property, including but not limited to, a Federally funded housing program for a lease violation including drug use or failure to report a crime? ☐ Yes ☐ No  
If yes, when \_\_\_\_\_
- Are you or any member of your household subject to any sex offender registration program, including but not limited to lifetime registration? ☐ Yes ☐ No
- Please list ALL of the States in which each household member has lived. \_\_\_\_\_  
\_\_\_\_\_
- Have you, or anyone in your household, **ever** been convicted of a felony? ☐ No ☐ Yes  
If yes, explain: \_\_\_\_\_
- Have you, or anyone in your household, **ever** been convicted of a crime pertaining to sexual contact or assault?  
☐ No ☐ Yes If yes, explain: \_\_\_\_\_
- Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_
- Are you or any member of your household, currently engaged in the illegal use of drugs? ☐ Yes ☐ No
- Are you, or any member of your household engaged in alcohol use to a degree that may interfere with the health, safety, or right to peaceful enjoyment of the property or other residents? ☐ Yes ☐ No
- How did you hear about Coville Apartments? (check all that apply) ☐ Friend ☐ Family ☐ HUD  
☐ Physician or Agency Referral ☐ Internet ☐ Other \_\_\_\_\_  
☐ Current JSL resident \_\_\_\_\_

# Application for Residency Coville Assisted Living Apartments

## Alternate Contact Person

Who is the primary contact? (Please check one) ☐ Applicant ☐ Alternate Contact  
If you have checked alternative contact please provide contact information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

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## INCOME:

Please complete all income sources below. Please add additional sheet to report additional income.

Income	Household Member Name	Name of Source	Amount	Frequency
Social Security				
Social Security				
SSI Disability				
SSI Elderly				
DHS				
DHS				
Public Assistance				
Public Assistance				
Employment				
Self-Employment				
Unemployment				
Recurring Gifts				
Pensions				
Pensions				
IRA/Retirement Pymts				
IRA/Retirement Pymts				
Annuity Payments				
Railroad Pension				
Veteran's Payments				
Rental Income				
Military Benefits				
Alimony				
OTHER:				
OTHER:				

# Application for Residency Coville Assisted Living Apartments

**ASSETS:** Please complete all income sources below. Please add additional sheet to report additional income.

Income	Household Member Name	Institution Name	Value	Income From Asset
Checking Acct.				
Savings Acct.				
Money Market				
Certificate of Deposit				
Stock/Bonds				
Mutual Funds				
Real Estate/land				
Burial Plot				
Annuity				
Direct Access Card				
Life Insurance				
Trust Fund				
Cash on Hand				
Savings Bonds				
T-Bills				
OTHER:				

**REAL ESTATE** • Do you own your home? ☐ Yes ☐ No If Yes, for how many years \_\_\_\_\_

- Do you have any present ownership interest in any real property suitable for occupancy? ☐ Yes ☐ No  
If Yes complete the following questions: Do you have the legal right to sell this property? ☐ Yes ☐ No  
Do you have the legal right to occupy this property? ☐ Yes ☐ No Is this property located in the area? ☐ Yes ☐ No
- Have you had to use extermination services for pest other then regularly scheduled pest control? ☐ Yes ☐ No  
(including roaches, bed bugs, rodents etc.)

**RENTAL HISTORY** • Do you have rental history? ☐ Yes ☐ No

- Are you currently homeless? ☐ Yes ☐ No
- Have you ever received housing assistance or lived in subsidized housing? ☐ Yes ☐ No
- Are you currently receiving HUD subsidy? ☐ Yes ☐ No  
If Yes, as of 1/1/2024 did you receive any medical deductions to determine your rent? ☐ Yes ☐ No
- Do you understand you cannot have dual subsidy? ☐ Yes ☐ No
- Do you currently have a Housing Choice Voucher? ☐ Yes ☐ No
- Has your housing assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? ☐ Yes ☐ No
- Have you ever been asked to sign a repayment agreement to return money to HUD? ☐ Yes ☐ No
- Have you been evicted or is your current landlord attempting to evict you or another person living with you? ☐ Yes ☐ No
- Have you had to use extermination services for pest other then regularly scheduled pest control? ☐ Yes ☐ No  
(including roaches, bed bugs, rodents etc.)

**CURRENT LANDLORD** Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

• How long did you live at this address? \_\_\_\_\_

• Reason for leaving? \_\_\_\_\_

# Application for Residency Coville Assisted Living Apartments

PREVIOUS LANDLORD Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

• How long did you live at this address? \_\_\_\_\_

• Reason for leaving? \_\_\_\_\_

**UTILITY PROVIDERS:** You may not live in a unit at Coville Assisted Living Apartments unless you can establish utilities in the unit, (if applicable).

• Will you be able to establish utilities in your unit? **Electric** ☐ Yes ☐ No **Gas** ☐ Yes ☐ No

**PETS & ASSISTANCE/COMPANION ANIMALS:** The presence of any animal must be approved before the animal is allowed to be kept in the unit.

• Do you plan to house an animal in the unit? ☐ Yes ☐ No  
If No, please move to the next section. If yes, please provide the following information.

• Animal Type, (i.e. dog, cat, turtle, etc.) \_\_\_\_\_ Breed (if applicable) \_\_\_\_\_

• Height (if applicable) \_\_\_\_\_ Weight \_\_\_\_\_

• Is this animal required to live in the unit to alleviate the symptoms(s) of a disability for a household member? ☐ Yes ☐ No  
If yes, What is the annual upkeep cost for this animal? \$ \_\_\_\_\_

\* Is this animal a companion or service animal? ☐ Yes ☐ No  
If yes, What is the annual upkeep cost for this animal? \$ \_\_\_\_\_

## Reasonable Accommodation Inquiries

If you are disabled and would like to request accommodation or if you have difficulty understanding English, please request our assistance and we will ensure you are provided with meaningful access based on your individual needs. (A translation in the language of the people in the community will be provided).

The person named on the right has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. All family members, regardless of age, must declare their citizenship or immigration status.

Name Michelle Buda

Address 28290 Franklin Road

City, State, Zip Southfield, MI 48034

Phone - Voice 248-592-1101

Phone - TTY 711

**Please check if applicable:** (Attach supporting documents for all checked items below.)

- ☐ I have a legal Guardian (**Legal Guardian** - appointed by Probate Court to handle personal matters and decision making on behalf of the applicant)
- ☐ I have a Durable Power of Attorney (**Durable Power of Attorney** - A legal document that enables an individual to designate another person to act on his/her behalf, in the event the individual becomes disabled or incapacitated)
- ☐ I have a Power of Attorney (**Power of Attorney** - An authorization to act on someone else's behalf in a legal or business matter)
- ☐ I need translation assistance. Please indicate language. \_\_\_\_\_



# Application for Residency Coville Assisted Living Apartments

## APPLICANT'S CERTIFICATION

- I/we understand that failure to complete this application and provide all required documents in its entirety will result in the rejection of this application.
- It is the responsibility of the applicant to notify Coville Assisted Living Apartments of address changes, telephone changes and financial situation changes when they occur. Failure to do so may result in dismissal of the application.
- **I/we understand that it is my/our responsibility in order to maintain our placement on the waiting list that I/we contact the building annually to update the application.**
- I/we am/are aware if for any reason I/we am/are unable to sign the lease within a timely manner, when approved for occupancy, I/we understand that the offer may be forfeited and the unit may be offered to the next person on the waiting list.
- I/we understand that our information will be kept confidential, but may be reviewed by HUD auditor.

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility at Coville Assisted Living Apartments. I/we authorize the owner/manager/PHA to verify all information provided on this 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 the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and could result in this application being rejected.

### Please attach the following documents to your application:

- A copy of your Social Security Card **or** 1099 tax form **or** other government accepted forms of proof of Social Security number for ALL applicants.
- A copy of your government issued photo identification, Driver's License or State ID.
- POA / DPOA (if applicable).

All Household members over the age of 18 MUST sign this application or designated representative.

**Applicant #1** Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicant #2** Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Coville Assisted Living Apartments, a senior living community, provides equal housing opportunities to all persons regardless of race, color, religion, sex, disability (handicap), familial status, without regard to actual or perceived sexual orientation, gender identity, marital status, national origin, or age.

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**Penalties for misusing this content:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly 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 subjected to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Any person who knowingly or willfully 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 missing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).



Jewish Senior Life and Jewish Apartments & Services, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulating implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Compliance Coordinator: Michelle Buda  
28290 Franklin Road, Southfield, MI 48034  
Ph: 248-592-1101 TTY# 711

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If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

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Если вы имеете инвалидность и просите ,чтобы на основании этого были сделаны какие-либо изменения в квартире, или вам нужен перевод с английского, обратитесь к нам, и мы обеспечим доступ к этим услугам основываясь на ваших индивидуальных нуждах

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Si usted está incapacitado y desea solicitar un alojamiento razonable o si tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de que le proporcionen un acceso significativo basado en sus necesidades individuales.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**RELEASE FOR BACKGROUND CHECK  
TENANT APPLICANTS**

**Criminal**

- ☒ NATIONAL REGISTRY CHECK  
(National Criminal Search)
- ☒ CRIMINAL BACKGROUND CHECK  
(National, State, County)
- ☒ SEX OFFENDER REGISTRY

**Other**

- ☒ CREDIT CHECK
- ☒ LANDLORD CHECK
- ☒ ROSE PEST

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

ALTERNATIVE ID NO. (IF NO DRIVER'S LICENSE) \_\_\_\_\_  
(STATE OF ISSUANCE) \_\_\_\_\_

I hereby authorize, without reservation, Jewish Apartments & Services, Inc. (JAS) and any agent of JAS, to obtain information for the purpose of evaluating my application for tenancy. I hereby expressly release JAS (and any of its agents) and all persons or entities furnishing information, from any liability whatsoever in relation to the use, procurement, and/or furnishing of such information. I understand, agree and authorize JAS (or its agents) to compile a consumer report or investigative report on me. This/these report(s) may include, but not necessarily be limited to, information about: criminal history; landlord records and credit and indebtedness. This/these reports(s) may contain information from various public and private sources, including but not limited to, corporations, courts (civil and criminal) and law enforcement agencies at the federal, state and/or local levels, court record repositories, credit bureaus, governmental licensing or registration entities, and any other source required to verify information that I have voluntarily supplied.

I understand that I have the right to request additional disclosures as to the nature and scope of the consumer and/or investigative report(s). I understand that I have

certain rights under federal and state law with respect to my consumer report. At my request, a CRA (Consumer Reporting Agency) must give me the information in my file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against me because of information supplied by the CRA, if I request the report within 60 days of receiving notice of the action. I have been supplied a copy of a summary of rights under the Fair Credit Reporting Act.

I also understand that my information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Social Security numbers will only be utilized in compliance with applicable laws, including the Michigan Social Security Number Act.

This release shall remain valid unless and until I revoke the same in writing.

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency, including without limitation; present and former employers, credit bureaus, corporations, courts and law enforcement agencies at the federal, state and/or local levels, court record repositories, and licensing or registration entities contacted by JAS (or its agents) to release information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

JEWISH SENIOR LIFE  
6760 West Maple Rd.  
West Bloomfield, MI 48322

# Authorization for Release of Information

To: Current or Previous  
Landlord.

**Please release ALL current/previous landlord information for:**

Name: \_\_\_\_\_

This person has applied for housing at Jewish Senior Life. This requires the house owner to verify the following information. We ask your cooperation in providing the current/previous landlord information as soon as possible.

**I hereby authorize the release of the requested current/previous landlord information.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Jewish Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

## Penalties for Misusing this Consent:

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 uses 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 willfully 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).\*\*



**Please complete the attached form**

Date:

Dear        :

Please indicate below, as completely as possible, your current address information. If an apartment, cooperative or condominium, please indicate the name and address of the property or house. If at the address less than 1 year, please indicate previous address.

Name of Property	Property Management Address (Address where you sent rent)	Phone #	Dates of Tenancy
<b>Example:</b> Northland Arbor Apts.	1234 Fifth Ave Jonesville, MI 48333	248-123-9876	1/85 to 4/86