Dear Applicant,

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

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

In order to process your application in a timelier manner, please complete, sign and return the attached Release for Background Information.

We must receive verification of age and social security numbers for all members of your household before obtaining residency.

If available, please attach the documentation listed below to your application:

- A copy of your government issued photo identification, Driver's License or State ID.
- Verification of your social security number. (Examples: Social Security Card, 1099 tax form, or other government accepted form.)

After your completed application is received and reviewed, we will send you acknowledgement of the date your name was entered onto the wait list(s) (if applicable).

In order to begin the qualification process, it is the policy of Jewish Apartments and Services, Inc. (JAS) to collect a $2,500 community fee deposit upon receipt of a completed application and apartment selection, of which $500 will be applied to a Security Deposit. If you would like to use a credit card for the deposit, a credit card authorization form is attached for your convenience. Please complete and return with your application.

If you have any questions related to the application process, please do not hesitate to contact us at 248-444-2430.

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 and click "Newsletter Sign Up".

Thank you for considering Jewish Senior Life as your next home.

* I acknowledge the policy regarding the $2,500 community fee deposit.

_____ _____

Printed Name Date

_____

Signature

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. No other species of animals are allowed. 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.

EQUAL HOUSING OPPORTUNITY

Independent Living Dining Program

The dining program at Jewish Senior Life offers a variety of venues for our residents to gather with friends and family for a restaurant-style dining experience Monday through Friday. The dining program provides an atmosphere for socialization, as well as one nutritious, kosher meal for the day.

All meals are prepared on-site each day using fresh ingredients by our own in-house kitchen teams. Daily menus are carefully crafted to create a wholesome and nutritionally balanced meal with an emphasis on seasonal availability. The large assortment of always available menu options is sure to meet the dietary needs and preferences of almost anyone. Our four-course dinners include fresh bread of the day, a choice of beverages, two starters, one entrée, two sides, and one dessert.

Our onsite Registered Dietitian reviews the menus for nutritional adequacy at each independent living building. The Dietitian is available to meet with residents to discuss unique dietary needs and assist with nutrition-related medical concerns.

Example of daily food options include:

- Starter options include soup of the day, garden salad, specialty salad of the day, fresh fruit cup, applesauce, and more.
- Entrée options include our “entrees of the day” or a choice from one of our many alternates which include baked chicken breast or leg and thigh, tuna salad, egg salad, chopped liver, deli sandwiches and wraps, vegetarian entrée options, knockwurst, and more.
- Side options include the starch of the day, vegetable of the day, baked potato, sweet potato, coleslaw, baked beans, and more.
- Dessert options include freshly made dessert of the day, sugar-free dessert option, fresh whole fruit, a fresh fruit cup, and pareve ice cream.
- Beverage options include water, a variety of juices, soda, coffee, and tea.

Application for Residency

Lillian & Samuel Hechtman II Apartments

Eugene and Marcia Applebaum Jewish Community Campus, West Bloomfield

Jewish Senior LIFE

Mail application to: **Lillian & Samuel Hechtman II Apartments**
6690 West Maple Road
West Bloomfield, MI 48322 **248-661-5220**

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 _____-_____-_____

Name of Applicant #2 _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Birth Date _____

Social Security No _____-_____-_____

- Number of People to live in apartment _____
- Is the head-of-household or co-head/spouse 62 or older? ☐ Yes ☐ No
- Unit Type: ☐ 1 Bedroom (62 & older)* ☐ 1 Bedroom barrierfree (limited availability)* ☐ 1 Bedroom Handicap (limited availability)*

** Limited private subsidy may be available if qualify.*

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 Lillian & Samuel Hechtman II Apartments

- Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military? ☐ 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 Hechtman II Apartments? (check all that apply) ☐ Friend ☐ Family ☐ HUD

  ☐ Physician or Agency Referral ☐ Internet ☐ Other _____

  ☐ Current JSL resident _____

Alternate Contact Person

Who is the primary contact? ☐ Applicant ☐ Alternate Contact Please list the name and contact information of another person who can be contacted and will be permitted to receive information about this application.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Relationship to applicant_____

INCOME

State the total gross annual income of applicant(s): $_____

(This figure should include, but is not limited to; employment income, DHS, Social Security, pensions, IRA distributions, annuity disbursements, dividends, veterans benefits, S.S.I., and monetary contributions made by someone outside of your household.)

ASSETS

State the value of assets held by applicant(s): $_____

(This figure should include, but is not limited to; all your investments, real estate, savings & checking accounts, CD's, life insurance policies, pre-purchased burial plots, and personal property which you or members of your household are retaining as an investment.)

ADDITIONAL INFORMATION

- State the amount of money or assets that you (and additional applicant, if applicable) have given in the form of gifts or charitable donations, in the last two years. $_____ This figure will be added to the total value of your assets.

Application for Residency Lillian & Samuel Hechtman II Apartments

RENTAL HISTORY

• Do you own your home? ☐ Yes ☐ No If yes, for how long?_____

• 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?_____

• Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) ☐ Yes ☐ No

PREVIOUS LANDLORD Name _____

Address _____

City _____ State _____ Zip Code _____

• How long did you live at this address? _____

• Reason for leaving?_____

• Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (includes roaches, bed bugs, rodents, etc.) ☐ Yes ☐ No

Application for Residency Lillian & Samuel Hechtman II Apartments

UTILITY PROVIDERS: You may not live in a unit at Lillian & Samuel Hechtman II Apartments unless you can establish utilities in the unit.

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

PETS: 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 _____

Reasonable Accomodation 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).

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._____

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 Lillian & Samuel Hechtman II Apartments of address changes, telephone changes and financial situation changes when they occur. Failure to do so may result in rejection 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.

Application for Residency Lillian & Samuel Hechtman II Apartments

By signing this document, I/we understand that the above information is being collected to determine my/our eligibility to be a resident of the Lillian & Samuel Hechtman II Apartments. I/we authorize the owner/manager 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 this 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:_____

Lillian & Samuel Hechtman II 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, age or cource of income.

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 citied as violations of 42 U.S.C. 408(a) (6), (7) and (8).

HECHTMAN II RESIDENTS

Credit Card ONE TIME FEE Info Sheet (Please Print)

Resident's Name: _____ Apt #: _____

Card Holder's Name: _____

Billing Address: _____

City: _____ State:_____ Zip Code:_____

Phone: _____

Payment questions contact:

Name_____ Phone_____

Community Fee $2000.00

(Includes the $500 Security Deposit)

Visa or MasterCard are acceptable credit cards. All information provided will be maintained in a secure, confidential manner ensuring the card holder's security. If a card is rejected, we reserve the right to request a different form of payment going forward.

By signing below, you are authorizing these charges.

To set up the deposit payment to a Visa or MasterCard please provide the following:

Circle One: Visa MasterCard

Credit Card #_____Exp. Date_____

3 Digit Code (on rear of card):_____Billing Zip Code: _____

Signature of Card Holder:_____

Revised 6/2023

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

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.

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

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.

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 _____

Revised 6/2021



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

EQUAL HOUSING OPPORTUNITY

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 5 year, please indicate all previous addresses.

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

EQUAL HOUSING OPPORTUNITY