



AVALON HOUSING inc.

1327 Jones Drive, Suite 102, Ann Arbor, MI 48105 • 734-663-5858 • Fax 734-663-4857

Avalon Housing is pleased to announce we are opening our waiting list. We will be accepting applications from Monday, February 6th to Friday, February 17th. Applications will be available at our office during this time, or on our website at:

www.avalonhousing.org

Please note the following information about our process:

1. Applications may be mailed in or hand delivered, and must be received between Monday, February 6th and Friday, February 17th. Our office hours are 9:00am-5:00pm Monday-Friday. We cannot accept faxed applications.
2. **If you are without a current source of income, please do not apply unless you have a rental subsidy. We are not able to accept applications that do not include a source of income at this time, and they will be returned.**
3. After February 17, we will randomly select 30 one-bedroom/efficiency applications, and 30 two-bedroom, and 15 three-bedroom applications from among those received. A total of 75 applications will constitute our waiting list. Those not selected in this round will be notified within 30 days.
4. We anticipate that it will take approximately one year to go through this list, and we will conduct a similar process at that time.

**Please contact us at (734) 663-5858 with any questions.
Thanks for your interest in Avalon Housing!**

RENTAL APPLICATION

Name: _____ Date of Application: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Are you applying with another person 18 or over? If yes, please list their name(s):

If you are applying with another person 18 or over, they must also complete an application.

1. Unit Size Preference: Indicate first and second preference according to need only.

Avalon Housing will offer unit sizes based on need and availability.

Efficiency apartment _____

1-bedroom _____

2-bedroom apartment _____

3-bedroom apartment _____

2. Current Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

3. Permanent Contact Person: Please list someone (a 3rd party) who will continue to be in touch with you or who will receive mail for you if Avalon Housing is unable to reach you.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

Relationship/Title: _____

Name of Agency (if applicable): _____

4. Other Household Members who would live in the apartment with you:

	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	Social Security or Alien Reg. No.
1					
2					
3					
4					
5					

5. Current Housing:

Describe your current living situation:

Current Landlord/Property Name (if applicable):

Landlord Address:

City: _____ State: _____ Zip Code: _____

Landlord Telephone: (____) _____ Length of Residency: From: _____ To: _____

Do you pay rent? Y/N Amount: _____ Do you pay utilities? Y/N Amount: _____

Did you sign a Lease Agreement? Y/N Expiration date _____

Do you have a rental subsidy (Section 8, Shelter Plus Care, etc.)? Y/N What is it?

Describe any housing problems you have had (paying rent, notices received, damages):

6. Housing History:

Has a demand for possession or notice to quit eviction ever been filed against you or anyone in your household? Y/N If so, were you evicted? Y/N How many times? _____
If applicable, please explain all eviction circumstances.

7. Personal References:

Please list two people who can give a reference about your personal history. This can include a service provider, a friend, family member, a member of your community, a co-worker or anyone who can give us information about you.

THESE SHOULD BE DIFFERENT FROM YOUR HOUSING REFERENCES. ONLY ONE OF THESE MAY BE A FAMILY MEMBER.

a. Name:

Address:

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

Relationship/Title: _____ Name of Agency: _____

How long have you known this person? _____

b. Name:

Address:

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Email: _____

Relationship/Title: _____ Name of Agency: _____

How long have you known this person? _____

8. Income and Assets:

Please complete the following income and asset verification information:

HOUSEHOLD COMPOSITION						
HH Member #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						
INCOME AND ASSETS (To be completed by adult household members only.)						
	<i>Name of Household Member - - ></i>					
1	Wages from employment (including commissions, tips, bonuses, etc.);			\$	\$	\$
2	Income from operation of a business or sales from self-employed resources (e.g. Avon, Mary Kay, Shaklee, etc.);					
3	Rental income from real or personal property					
4	Interest or dividends from assets;					
5	Social Security payments, Veteran's benefits, annuities, insurance policies, retirement funds, pensions, or death benefits;					
6	Unemployment or disability payments;					
7	Public assistance payments					
8	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;					
9	Student Financial Assistance in Excess of Tuition					
10	Unearned income (such as SSI) for minor children					
11	Any other source not named above. Describe: _____					
12	I currently have no income of any kind and there is no imminent (certain to occur on a known date) change expected in my financial status or employment status during the next 12 months.					
	<i>Total for Member</i>			\$	\$	\$

9. Housing Needs and Accommodations:

Avalon complies with Fair Housing Laws and other applicable laws. Any information you disclose will remain confidential and be used for the purpose of providing accommodations. In order to assure that the limited number of units with special features go to households that need them, Avalon may require third party verification of need for an accessible unit.

Do you or a member of your household need a wheelchair accessible apartment? Y/N

Do you or any members of your household require any reasonable accommodations in your unit? Y/N

If so, please describe:

10. Eligibility for Subsidy Programs/Voluntary Information:

PROVIDING THIS INFORMATION IS VOLUNTARY

Avalon Housing participates in programs that offer rent subsidies.

To be eligible, you must be homeless and/or have a special need/disability.

Are you interested in this type of subsidy? Y/N

Are you currently homeless? Y/N

Are you a Veteran? Y/N

If so, how long have you been experiencing homelessness? _____

Do you have a special need/disability? Y/N

Are you working with any community agencies? Y/N

Is so, please list the name of the agency or agencies you are working with:

I have read and understand the above statements.

Signature: _____ Date: _____, 2012

Policy of Non-discrimination – Avalon Housing, Inc, does not discriminate in the leasing or management of its housing on the basis of sex, race, color, national origin, religion, age, sexual orientation, gender identity, disability status, citizenship, marital status, parental status, political affiliations or record of arrest without conviction.