



Dear Applicant:

August 1, 2023

We are pleased to offer Forest View Community on Beaver Island.

Forest View has four one-bedroom units, of which one is a barrier-free, and two two-bedroom units. We feature spacious kitchens with all the treats: a roomy pantry, beautiful cabinetry, dishwashers and under the cabinets lighting. Our units also come with an oversized storage closet, air conditioning and a personal patio.

Our "Worry Free" living starts with our community room and kitchenette allowing people to visit you without going into your personal apartment. We take care of all snow removal and lawn care, and are located next door to the Health Center. And don't forget, all utilities are included in the rent, so you don't have a lot of checks to write each month.

Eligibility:

- Applicants must be 62 years of age or older, or disabled of any age.

Rent:

- After applicant meets the income eligibility restrictions, rent is a flat rate and includes all utilities. Residents will be responsible for their phone, internet and TV.

Waitlist:

- When there are no openings at Forest View, applicants will be placed on a wait list in order received.

Household Income:

| <u>Number of People in Household</u> | <u>Maximum Income for Household</u> |
|--------------------------------------|-------------------------------------|
| 1 Person | \$52,200.00 |
| 2 People | \$58,850.00 |
| 3 People | \$65,550.00 |

Application Instructions: Please fully complete the attached application. Applications not completely filled out will be sent back and NOT entered onto the waitlist until complete.

Please remit to: Barbara Lane at:

Northern Homes

P.O. Box 86

Boyne City, MI 49712

barbara.lane@kmgprestige.com / Fax : 231-582-6274 / 231-838-3362

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.gisr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1490 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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

Preliminary Rental Application Rural Development Financed Properties

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

Community Forest View Community Office Phone 231-838-3362 Date _____

Unit Size ☐ 1 ☐ 2 Unit Type: ☒ Apartment ;

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 |
| <i>If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet</i> | |
| Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____ | Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone: _____ |
| Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____ | Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____ |
| Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____ | Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone: _____ |
| List ALL States you and all members of your household have resided in: _____ _____ | List ALL States you and all members of your household have resided in: _____ _____ |

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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 Voucher, etc):

| | | |
|---------------|------------------|------------------|
| Source: _____ | Amount: \$ _____ | Frequency: _____ |
| Source: _____ | Amount: \$ _____ | Frequency: _____ |
| Source: _____ | Amount: \$ _____ | Frequency: _____ |

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? ☐ Yes ☐ No

If yes, ☐ felony or ☐ misdemeanor? If "yes", please explain including charges and dates: _____

Are you, or any member of your household subject to a lifetime sex offender registration requirement by any state?

☐ Yes ☐ No. If "yes", please explain: _____

Have you ever received an eviction notice from your current or prior landlord? ☐ Yes ☐ No

If "yes", please explain: _____

Have you ever had a Landlord / Tenant Judgment / Order or Settlement Agreement entered against you by any court with regard to your previous residency? ☐ Yes ☐ No

If "yes", please explain: _____

Do you, or anyone in your household, or guests, smoke or intend to smoke? ☐ Yes ☐ No



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. | | | | | | |

Have you disposed of any assets in the last two years? ☐ Yes ☐ No

If "yes", please list asset and value received: _____

Are you a student? ☐ Yes ☐ No. If yes: ☐ Part-time student ☐ Full-time student

Are any members of your household full-time students? ☐ Yes ☐ No

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: _____

ADJUSTMENTS FOR INCOME:

Some applicants may qualify for a medical adjustment or other income adjustment. Do you qualify for any of the following:

Are you disabled or over the age of 62 years? ☐ Yes ☐ No.

If yes, do you have medical expenses that are not covered by insurance? ☐ Yes ☐ No

Do you pay childcare expenses that allow you to work or attend school? ☐ Yes ☐ No

Do you pay expenses for care of an individual with disabilities that allow you to work? ☐ Yes ☐ No

| 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. | | | |

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

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.

I/We certify that the rental unit which I/We will occupy will be my/our primary 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).

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

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



RACE AND ETHNIC DATA REPORTING

Rural Development Financed Properties

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

| <u>APPLICANT</u> | <u>CO-APPLICANT</u> |
|--|--|
| <p><u>ETHNICITY:</u></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><u>RACE (Mark one or more):</u></p> <p><input type="checkbox"/> (1) American Indian/Alaska Native</p> <p><input type="checkbox"/> (2) Asian</p> <p><input type="checkbox"/> (3) Black or African American</p> <p><input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> (5) White</p> <p><u>GENDER:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> | <p><u>ETHNICITY:</u></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><u>RACE (Mark one or more):</u></p> <p><input type="checkbox"/> (1) American Indian/Alaska Native</p> <p><input type="checkbox"/> (2) Asian</p> <p><input type="checkbox"/> (3) Black or African American</p> <p><input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> (5) White</p> <p><u>GENDER:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> |



DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

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

- ☐ Employment purposes, or
☒ Housing at Forest View Community 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 initiated 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 Forest View Community 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

Witness

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.

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

Nondiscrimination Statement



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RURAL SENIORS AND THEIR HOMES

ELDERLY HOUSING CONTINUUM

