HANOVER GROVE COOPERATIVE

15750 SABRE LANE FRASER, MICHIGAN 48026 586-293-5150 COMPLETING THIS APPLICATION AND MEETING THE BASIC INCOME REQUIREMENTS WILL PLACE YOU ON THE WAITING LIST. ANY CHANGES MUST BE REPORTED TO THE OFFICE AS SOON AS POSSIBLE. PLEASE COMPLETE ALL OF THE FOLLOWING: DATE RETURNED_____ REC'D BY____ TIME___ UNIT SIZE REQUESTED CO-APPLICANT'S NAME NAME _____ ADDRESS _____ TELEPHONE # CITY _____ STATE ____ ZIP ____ Have you ever lived at Hanover Grove? (Circle One) Yes No EMPLOYMENT INFORMATION CO-APPLICANT **APPLICANT** NAME STREET ADDRESS CITY & STATE **PHONE GROSS MONTHLY INCOME** OTHER INCOME _____ SOURCE SOURCE MONTHLY INCOME MONTHLY INCOME LIST NAME, AGES, AND RELATIONSHIP OF ALL THOSE RESIDING IN UNIT AGE _____ NAME _____ HEAD OF HOUSEHOLD NAME ______ HOW DID YOU HEAR ABOUT HANOVER GROVE? (PLEASE CIRCLE ONE) Resident Referral Word of Mouth **Newspaper Advertising** Property Signage Another Community **HUD Housing** Website - HanoverGrove.com Internet Advertising FINAL APPROVAL OF RESIDENCY IN HANOVER GROVE COOPERATIVE IS GIVEN BY THE MEMBERSHIP COMMITTEE.

SIGNATURE OF APPLICANT

FURTHER PAPERWORK, AS WELL AS A PERSONAL INTERVIEW WITH THE MEMBERSHIP COMMITTEE IS REQUIRED.

APPLICATION AGREEMENT ADDENDUM

The undersigned applicant agrees that all information provided as part of this application is true to the fullest extent of their knowledge. The applicant also agrees that they have six months from the date of the application to make any such claim as may be necessary due to the rejection of this application. Such claim may only be exercised through enforcement in an appropriate court or agency.

| Applicant Signature: | | |
|---------------------------------------------------------------------------|--------------------------------------------------------|---------------|
| Print Name: | | |
| Hanover Grove Cooperative Autl | horized Representative: | |
| | | |
| Please list the name of each house that they have previously resided. | ehold member that will reside in the unit along with . | all states in |
| Household Member | States Lived In | |
| | | |
| | | |
| | | |
| | | |
| Is the applicant or any other house lifetime sex offender registration re | | No |
| If yes, please list the household me | ember name and states registered in below: | |
| | | |
| | | |

FEDERAL PREFERENCES IN THE PROVISION OF HOUSING WAITING LIST

| Are you interested in receiving housing | assistance | (Section 8)? | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|--------------------------------|----------------|
| Are you occupying substandard housing (broken pipes, windows, etc.)? If so, please describe: | | | c.)? | |
| Have you been involuntarily displaced (in If so, please describe: | forced to m | ove)? | | |
| Are you being physically abused or threa | itened by a | household meml | per? | |
| Do you pay more than 50% of family inc Include average gas, electric, and | | | nents? | |
| Monthly family income - before taxes | | \$ | | |
| Monthly rent or mortgage payment | | \$ | | |
| Average monthly utility payment | | \$ | | |
| Monthly rent and utility payment combine | ed | \$ | | |
| What utilities do you pay? Circle all that | apply. | Natural Gas | Electric | Water |
| Your signature certifies that you may be Falsification of information is punishable your request for a preference, however, complete documentation of preference quarter. | e by law. at the tim | Please attach and the that you are | y documentat offered housin | ion to certify |
| I/We certify that the above statements are | true to the l | best of my/our ki | nowledge. | |
| Applicant Name: | H | Phone: | | |
| Address:Street Address | City | Stal | e | Zip |
| Signature – Applicant | <u>.</u> | ignature – Co-A | pplicant | |
| Date: | D | ate: | | |