

*Office use only:*

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_ AM/PM  
 Leasing Agent Initials: \_\_\_\_\_

(1) Date of Interview: \_\_\_/\_\_\_/\_\_\_      (2) Desired Apt. #: \_\_\_\_\_      (3) Desired Move-in Date: \_\_\_/\_\_\_/\_\_\_  
 (4) App Fee: \$ \_\_\_\_\_ Check/MO # \_\_\_\_\_      (5) Deposit: \$ \_\_\_\_\_ Check /MO # \_\_\_\_\_



**PRIMARY APPLICATION**

RETURN TO: Park Terrace Apartment Homes  
 1290 W. Hackley Avenue  
 Muskegon, MI 49442

Email: [parkterrace@heritagepmi.com](mailto:parkterrace@heritagepmi.com)  
 Phone: 231/759-1449  
 TRS Relay: 711

**Application Fee of \$25.00 per person.**

**Offering Smoke Free Apartments in Select Buildings**

Number of Bedrooms:       1 Bedroom       2 Bedroom       3 Bedroom       Barrier Free

**APPLICANT'S NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_



**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

All questions must be answered truthfully and if something does not apply, please write n/a in the space provided. Application must be completed in blue or black ink. Please request assistance if needed.

Please check here if you are interested in information to apply for the reduced rent program.  
*Income restrictions apply.*

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH APPLICANT OF THE HOUSEHOLD WHO IS NOT RELATED BY BLOOD, MARRIAGE OR ADOPTION. Please provide date of birth for all persons who will be living in the household. A copy of a Social Security Card for all applicants will also be required. This information is verified and then shredded/destroyed.

Name of Person(s) to Occupy the Apartment			Relationship	Social Security Number	Date Of Birth
LAST	FIRST	MI			


 EQUAL HOUSING OPPORTUNITY
 

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, marital status, handicap or familial status.

A. **GENERAL INFORMATION:**

1. Do you own a pet? **YES / NO** If so, what kind? \_\_\_\_\_ Weight \_\_\_\_\_  
Although we are pet friendly, there are restrictions on the pets we allow.
2. Do you carry renter's insurance? **YES / NO**
3. Do you have the right to legally enter into a lease? **YES / NO**
4. Have you ever filed bankruptcy? **YES/NO** If yes, please explain: (include dates)  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been evicted from an apartment for any reason? **YES/NO**  
If yes, please explain:  
\_\_\_\_\_
7. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **YES/NO**
8. Have you ever had bedbugs in your home or apartment? **YES/NO** If yes, please Provide time period and explain: \_\_\_\_\_
9. Do you currently have bedbugs in your home or apartment? **YES/NO**

B. **HOUSING REFERENCES:**

1. Present Address: \_\_\_\_\_  
Landlord's Name: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone #: \_\_\_\_\_  
Rent/Mortgage Per Month: \$ \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_
2. Previous Address: \_\_\_\_\_  
Landlord's Name: (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone #: \_\_\_\_\_  
Rent/Mortgage Per Month: \$ \_\_\_\_\_ How long did you lived at this address? \_\_\_\_\_
3. List all states, other than the one that you reside in now, in which any household member has resided in: \_\_\_\_\_

If you or members of your household have more than 2 previous landlords, please provide additional information on a separate sheet.

C. **EMPLOYMENT OR OTHER INCOME SOURCES** (List all Sources)

Income Sources: **Estimated Monthly Gross Income: \$** \_\_\_\_\_  
Please list below: (i.e., Social Security, Employment, Pension, Alimony, Disability, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Income Sources: **Estimated Monthly Gross Income: \$** \_\_\_\_\_  
Please list below: (i.e., Checking, Savings, CD's, Stocks, Bonds, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you own Real Estate? \_\_\_\_\_ If Yes, please describe: \_\_\_\_\_



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Revised 11.2018

D. **PERSONAL REFERENCE (Excluding Family Members)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone No. (     ) \_\_\_\_\_ # of Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

E. **VEHICLE / DRIVER I.D.**

Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Car Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Car Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate \_\_\_\_\_

If there are more drivers residing in the apartment, please use another sheet of paper to report them to us. If your car and driver are not identified, vehicles could be towed.

F. **EMERGENCY CONTACT:** (Other than person listed on application)

Please list someone in the immediate area if possible.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone-DAYS (     ) \_\_\_\_\_ Phone-EVES (     ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

G. **SIGNATURE CLAUSE**

- I/We certify that answers given herein are true and complete to the best of my/our knowledge.
- I /We authorize investigation of all statements contained in this application for residency as may be necessary.
- I/We understand that any misrepresentation may result in the denial of my/our application.
- I/We authorize **PARK TERRACE APARTMENTS**, its subsidiaries, and its agents to investigate my/our credit worthiness AND criminal history through any credit bureau or other reasonable means.
- I/We have read this application and understand it.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT. ALL PERSONS DESIGNATED AS APPLICANT OR CO-APPLICANT(S) MUST SIGN BELOW.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



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## AGENCY DISCLOSURE

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee.

Michigan law requires real estate licensees who are acting as agents of sellers or buyers of real property to advise the potential buyers or sellers with whom they work of the nature of their agency relationship.

### DEFINITIONS

**BUYER** – a purchaser, **tenant**, or lessee of any legal or equitable interest in real estate.

**SELLER** – the equitable or legal owner of real estate, including a **landlord**.

**Seller's Agent** – A seller's agent, under a listing agreement with the seller, acts solely on behalf of the seller. A seller can authorize a seller's agent to work with subagents, a buyer's agents and/or transaction coordinator. A subagent is one who has agreed to work with the listing agent, and who, like the listing agent, acts solely on behalf of the seller. Seller's agents and subagents will disclose to the seller known information about the buyer, which may be used to the benefit of the seller.

**Buyer's Agents** – A buyer's agent, under a buyer's agency agreement with the buyer, acts solely on behalf of the buyer. Buyer's agents and subagents will disclose to the buyer known information about the seller, which may be used to benefit the buyer.

**Dual Agents** – A real estate licensee can be the agent of both the seller and buyer in a transaction, but only with the knowledge and informed consent, in writing, of both the seller and the buyer. In such, a dual agency situation, the licensee will know be able to disclose all known information to either the seller or the buyer. The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the seller and the buyer.

### Licensee Disclosure:

We hereby disclose that the agency what we have is that of a Seller's Agent. The Seller's Agent relationship remains in effect throughout tenancy. Further, this information was provided to Applicant / Co-applicant before disclosure of any confidential information.

\_\_\_\_\_  
Community Manager/Licensee

\_\_\_\_\_  
Date

### Acknowledgement:

By signing below, the parties confirm that they have received and read the information in this agency disclosure statement and that this form was provided to them before the disclosure of any confidential information specific to the potential sellers and buyers.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



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Revised 11.2018

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.