

RIVERVIEW TERRACE PRE-APPLICATION

TRAVERSE CITY HOUSING COMMISSION



APPLICANTS (List each person who will reside in your household while renting the apartment):

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NO.
1.		HEAD OF HOUSEHOLD			
2.					
3.					

Failure to provide requested information will result in an incomplete application which will be returned.

NAME: _____
Full Legal Name of Head of Household

ADDRESS: _____
Street City State/Zip County

PHONE: _____ **CELL PHONE:** _____

- Is the Head of Household or Co-Head disabled? YES NO
- Does anyone in the Household require a Barrier-Free or Handicap Accessible unit? YES NO

INCOME (List all Income including Wages, Child Support, Social Security, SSI, Alimony, Food Assistance, etc.):

FAMILY MEMBER RECEIVING INCOME	NAME OF EMPLOYER OR SOURCE OF INCOME	MONTHLY INCOME AMOUNT

Verification of income will be required prior to occupancy of the unit.
 This verification may include the following: Pay Stub, Tax Return, or other suitable documentation.

PLEASE COMPLETE THE OTHER SIDE OF THIS DOCUMENT

TCHC USE ONLY	Date & Time Application Received:	Staff Initials:

ASSETS (List all Assets including Checking, Savings, Stocks, Bonds, Investments, Life Insurance, etc.):

FAMILY MEMBER WITH ASSET	FINANCIAL INSTITUTION WHERE ASSET IS HELD	APPROXIMATE VALUE OF ASSET

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer is not mandatory and as a result will not affect (either positively or negatively) your selection for the program.

The Head of Household is (check one):

White Asian Hispanic Native American Black

The undersigned understands that the pre-application is used to determine eligibility to be placed on the wait list and that all information is true and complete. This pre-application does not obligate the applicant(s) or the TCHC.

PLEASE NOTE: All statements on this pre-application must be true and complete. It is your responsibility to notify the TCHC, in writing, if you have a change in address, income or family composition

IMPORTANT: FAILURE to reply to any correspondence, requests for updated information or appointments will result in your application being deleted from the Riverview Terrace Apartments wait list.

THIS APPLICATION MUST BE SIGNED BY ALL **ADULT HOUSEHOLD** MEMBERS APPLYING.

Unsigned applications are considered incomplete and as such, cannot be placed on the wait list.

Signature

Date

Signature

Date

WARNING: MAKING FALSE STATEMENTS IS A FELONY AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! IN ADDITION, UNITED STATES CODE, UNDER TITLE 18, SECTION 1001, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

PLEASE RETURN COMPLETED APPLICATION TO:

TRAVERSE CITY HOUSING COMMISSION

150 Pine Street, Traverse City, Michigan 49684

FAX: (231) 922-2893

EMAIL: INFO@TCHousing.org



RIVERVIEW TERRACE APARTMENTS IS A SMOKE-FREE COMMUNITY

