

ASSETS - List all assets including checking, savings, stocks, bonds, investments, Life Insurance, etc

Asset Holders Name	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. **Is the head of household** (Please circle one)

White Asian Hispanic Native American Black

I/We understand that the pre-application is used to determine my/our eligibility to be placed on the waiting list and that I/We will execute further documentation before additional action can be taken. I/We further understand that this application does not obligate myself/ourselves or the Traverse City Housing Commission in any way and that all contents are true and complete to the best of my/our knowledge.

PLEASE NOTE: All statements on this application must be true and complete. It is your responsibility to inform 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 Orchardview Waiting List.

Upon signing this pre-application I acknowledge that Orchardview is a SMOKE-FREE APARTMENT COMMUNITY.

This application must be signed by all adult household members applying. Failure to sign the application will result in an incomplete application. Incomplete applications cannot be placed on the waiting list.

Signature Date

Signature Date

Signature Date

Signature Date

WARNING: MAKING FALSE STATEMENTS IS A FELONY & MAY RESULT IN CRIMINAL CHARGES INCLUDING PURJURY, 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 & 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 MI 49684
(231) 922-4915 Fax (231) 922-2893

