



**WARREN HOUSING COMMISSION
APPLICATION FOR SENIOR CITIZEN HOUSING**

TODAY'S DATE _____ **When do you want to move?** _____

Stilwell Manor Application _____ **or Joseph Coach Application** _____

APPLICANT INFORMATION

We need one application for each individual that will reside in the apartment.
(Please print)

Full Name _____ Maiden Name _____

Current Phone Nos.: Home: _____ Mobile: _____ Work: _____

Address _____

City _____ State/Zip _____ Birth Date _____ Age _____

Previous Address: _____

Other Proposed Applicant _____

Social Security # _____ Drivers Lic. # _____ What State _____

Are you physically and mentally able to take care for yourself and your apartment? Yes _____ or No _____

Type of apartment you are interested in: Efficiency (Stilwell Only) _____ 1 Bedroom _____ or 2 Bedroom _____

How long have you resided in the City of Warren (if applicable) _____

PRESENT HOUSING

How much is your present rent? _____

Name and phone number of your current landlord: _____

Do you pay your own utilities? Yes _____ or No _____

Have you ever been evicted from a house or apartment? _____

If yes, please explain _____

EMPLOYMENT

Name of Current Employer _____ Telephone: _____

Address of Current Employer _____

How long have you worked for this employer _____

Monthly Income _____

OTHER FINANCIAL RESOURCES

Social Security _____ Pension _____

Retirement _____ Interest Received _____

Other Income _____ **Total monthly income** _____

What outside assistance do you receive on a regular basis? (i.e. Food Stamps, assistance from relatives, etc.) _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes _____ or No _____ If yes, please explain: _____

Are you currently being charged with any criminal activity? Yes _____ or No _____ If yes, please explain: _____

Are you a United State Citizen, national or have eligible immigration status? Yes _____ or No _____

Are you a Veteran? _____ Years of Service _____ Honorable Discharge: Yes ___ or No ___

Do you own your own home or property? Yes _____ or No _____ If yes, what is the address _____

Please list all states in which you have a drivers license _____

Do you have a disability? Yes _____ or No _____ If yes, please tell us what kind of reasonable accommodations we can make for you. _____

Do you smoke? _____

VEHICLES:

Make _____ Model _____ License Plate _____

Make _____ Model _____ License Plate _____

PERSONAL DATA

List a relative or friend to notify in case of an emergency

Name _____ Address _____

City, State & Zip _____ Relationship _____

Home Phone _____ Cell Phone _____

Does this person have permission to enter your apartment in case of an emergency? _____

Name of your Doctor _____ Phone No. _____ Hospital _____

REFERENCES

Name _____ Address _____

Home Phone _____ Cell Phone _____

Name _____ Address _____

Home Phone _____ Cell Phone _____

Landlord may refuse to rent to Applicant if any of the information provided herein is found to be untrue, and may terminate Applicant's tenancy if information provided herein is found to be untrue after renting to Applicant.

I authorize the person to whom this application is made and any credit bureau or other investigative agency employed by such person to investigate any references herein listed or statements or other data obtained from me or from any other source pertaining to my credit or financial responsibility. I also authorize the person to whom this application is made (including his or her agents) to obtain a copy of my credit report to assist in evaluation my application and thereafter, to obtain and use in attempting to collect unpaid rent, late fees, or other charges from me.

I the undersigned understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I also understand it is my responsibility to keep Warren Senior Housing, informed of any changes in address, phone alphabetical listing, etc. that take place after this application date.

Should you disagree with the decision of the housing director, you have the right to appeal in writing to the housing commission.

I certify that the information I have provided in response to the questions contained in this application are true. I further certify that I have read the conditions contained on the application form, that I understand them, and that I voluntarily submit this application.

DATE: _____

Signature of Applicant

RETURN APPLICATION TO:

City of Warren Housing Commission
26600 Burg Road - Warren, Michigan 48089
(586) 758-1310 - (586) 758-0505 FAX

REMARKS (FOR OFFICE USE ONLY)