

**GENESIS NON-PROFIT HOUSING CORPORATION**

528 Bridge St. NW, Suite 6, Grand Rapids, MI 49504  
(616) 988-2897 (616) 988-3577 FAX

**APPLICATION FOR GENESIS PERMANENT SUPPORTIVE HOUSING**

<input type="checkbox"/> <b>OROIQUIS</b> 528 Bridge St. NW, Ste. 6 Grand Rapids, MI 49504 <b>Property Manager 616-988-3575</b> <b>FAX 616-988-3577</b>	<input type="checkbox"/> <b>HERON COURT</b> 1138 Heron Ct. NE Grand Rapids, MI 49505 <b>Property Manager 616-855-0017</b> <b>FAX 616-855-0019</b>
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*Please check all apartment complex(es) you wish to apply for*

1. Full Name: \_\_\_\_\_  
Last First Middle

2. Social Security #: \_\_\_\_\_

3. Driver's License/State ID #: \_\_\_\_\_

4. Present Address: \_\_\_\_\_  
Street City/State Zip Code

5. Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

6. Do you consider yourself homeless? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, who can we contact for verification of homeless status and for future correspondence?

\_\_\_\_\_  
Name Address Phone #

Where have you most recently lived? \_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent? \_\_\_\_\_

7. Current landlord's Name, Address, and Telephone #: \_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent? \$ \_\_\_\_\_

8. Previous Address: (If less than two years at present address): \_\_\_\_\_  
\_\_\_\_\_

9. Previous landlord's Name, Address, and Telephone #: \_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_ Monthly rent? \$ \_\_\_\_\_

10. Name(s) of all persons to occupy unit (do not include applicant):

	FULL LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

Does anyone live with you now who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

11. What size unit and accommodation do you require?
- a. One Bedroom \_\_\_\_\_ d. Do you have a car? \_\_\_\_ Yes \_\_\_\_ No
- b. Two bedroom \_\_\_\_\_ e. Do you have a pet? \_\_\_\_ Yes \_\_\_\_ No
- c. Three bedroom \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

12. Household Income:

NAME	*WAGES	SOC. SECURITY/PENSIONS	SSI/SDA	OTHER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Current Employer: \_\_\_\_\_ \*Employer Phone: \_\_\_\_\_  
 \*Employer Address: \_\_\_\_\_ \*Length of Employment: \_\_\_\_\_

13. Do you currently have a Caseworker who coordinates access to community resources? \_\_ Yes \_\_ No  
 If yes, Caseworker's Name & Telephone #: \_\_\_\_\_

14. Do you have a Guardian or Payee? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, Guardian or Payee Name & Telephone #: \_\_\_\_\_

15. Do you or a family member require barrier-free accommodations including access to roll-in shower facilities? \_\_\_\_ Yes \_\_\_\_ No

16. Does anyone outside of your household pay for any of your bills or give you money? \_\_\_\_ Yes \_\_\_\_ No

17. Household Assets: Bank \_\_\_\_\_ Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

18. Person to notify in case of emergency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. Has a Landlord every filed a lawsuit against you? \_\_\_\_ Yes \_\_\_\_ No Why and when? \_\_\_\_\_

20. Has a Landlord ever sent you a notice to quit? \_\_\_\_ Yes \_\_\_\_ No Why and when? \_\_\_\_\_

21. Have you or any other person named on the application as intending to reside in the unit, ever been convicted for using, dealing or manufacturing illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

22. Criminal History Information: \_\_\_\_\_

*(For final admission we will require a local criminal history report)*

23. How did you hear about us? \_\_\_\_\_

I/WE CERTIFY THAT I/WE ARE NOT RENTING A ROOM OR APARTMENT UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED ABOVE. I/WE CERTIFY THAT THE UNIT WILL BE MY/OUR ONLY RESIDENCE IF ACCEPTED. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION AND ARE ALSO PUNISHABLE UNDER FEDERAL LAW. WE UNDERSTAND WE MUST UPDATE THIS INFORMATION EVERY 90 DAYS IF NOT ACCEPTED DURING THE FIRST CONSIDERATION.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

**GENESIS' HOUSING FOR PERSONS WITH DISABILITIES  
REQUEST FOR "REASONABLE ACCOMMODATIONS"**

The Genesis Apartments have been specifically developed to provide affordable housing to persons with the following types of disabilities or "special needs" (documentation required for all "special needs").

- A physical or mental impairment, or
- In recovery from a previous substance dependency, or
- Previous periods of homelessness, or
- Having been a victim of domestic violence, or
- Another condition which includes:
  - Developmental disability
  - Long term health disorder

This special condition must:

- Be of continuing or long term duration;
- Substantially impede the person's ability to live independently without supports; and
- Be improved by access to more suitable housing conditions

Genesis housing developments will not discriminate based on race, color, creed, religion, sex, national origin, age, handicap, marital status, familial status, height, weight, or source of lawful income and will comply with all federal, state, and local fair housing and civil rights laws. We also have a legal obligation to provide "reasonable accommodation" to applicants if they or any family member have a disability or handicap requiring reasonable accommodations. We do require verification that a resident has at least one disability or "special need".

Examples of "reasonable accommodations" include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a service dog to assist an impaired family member in a family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Make a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the Property's applicant screening criteria.
- Making special exceptions in some operating rules.

If you or a member of your family with a disability think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right. **If you want to make a request for a "reasonable accommodation" please complete the reverse questionnaire.**

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Explained by \_\_\_\_\_ Date \_\_\_\_\_  
(Property Manager signs here)

Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant/Resident signs here)

**COMPLETE SURVEY ON REVERSE SIDE**

## SPECIAL NEEDS "REASONABLE ACCOMMODATIONS" QUESTIONNAIRE

This questionnaire is to be completed for every applicant to Genesis housing who requests special features in their housing unit over that already provided. The need for special adaptations must be verified in order to assure that units with special features go to families that actually need the features.

Applicant name: \_\_\_\_\_ File #: \_\_\_\_\_

Date: \_\_\_\_\_  I choose not to complete this form

Applicant Signature: \_\_\_\_\_

1. Do you, or does any member of your family have a condition that requires:

<input type="checkbox"/> A separate bedroom	<input type="checkbox"/> Unit for vision-impaired
<input type="checkbox"/> A barrier-free apartment	<input type="checkbox"/> Unit for hearing-impaired
<input type="checkbox"/> One-level unit	<input type="checkbox"/> BR/bath on first floor
<input type="checkbox"/> Physical modifications to a typical apartment	<input type="checkbox"/> Roll-in shower
  
2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Can you and all your family members go up and down stairs unassisted?  
 Yes             No  
If no, please indicate how we should accommodate your family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Will you or any of your family members require a live-in aide to assist you?  
 Yes             No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What is the name of the family member who needs the features identified above?  
\_\_\_\_\_
  
6. Who should be contacted to verify your need for the features you have identified above?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_