

GENESIS NON-PROFIT HOUSING CORPORATION

528 Bridge St. NW, Suite 6, Grand Rapids, MI 49504

APPLICATION FOR GENESIS PERMANENT SUPPORTIVE HOUSING

KINGSBURY PLACE

730 North Center Ct. NW

Walker, MI 49544

Property Manager 616-988-4737

FAX 616-647-1270

1. Full Name: _____
Last First Middle

2. Social Security #: _____ Date of Birth: _____

3. Driver's License/State ID #: _____

4. Present Address: _____
Street City/State Zip Code

5. Day Phone #: _____ Evening Phone #: _____ Work Phone #: _____

6. Are you or your spouse disabled? Yes No If yes, please describe your disability:

7. Do you consider yourself chronically homeless? Yes No
If yes, who can we contact for verification of chronically homeless status and for verification?

Name Address Phone #

Where have you most recently lived? _____

How long? _____ Monthly rent? _____

8. Current landlord's Name, Address, and Telephone #: _____

How long? _____ Monthly rent? \$ _____

9. Previous Address: (If less than two years at present address): _____

10. Previous landlord's Name, Address, and Telephone #: _____

How long? _____ Monthly rent? \$ _____

11. 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: _____

12. What size unit and accommodation do you require?

a. One Bedroom _____

b. Two bedroom _____

c. Three bedroom _____

d. Do you have a car? ____Yes ____No

e. Do you have a pet? ____Yes ____No
If yes, what kind? _____

13. Household Income:

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

*Current Employer: _____ *Employer Phone: _____

*Employer Address: _____ *Length of Employment: _____

14. Do you currently have a Caseworker who coordinates access to community resources? __Yes __No
If yes, Caseworker's Name & Telephone #:

15. Do you have a Guardian or Payee? ____Yes ____No
If yes, Guardian or Payee Name & Telephone #:

16. Do you or a family member require barrier-free accommodations including access to roll-in shower facilities? ____Yes ____No

17. Does anyone outside of your household pay for any of your bills or give you money? __Yes __No

18. Household Assets: Bank _____ Checking \$ _____ Savings \$ _____

19. Person to notify in case of emergency: _____
Address: _____
Phone: _____ Relationship: _____

20. Has a Landlord every filed a lawsuit against you? ____Yes ____No Why and when? _____

21. Has a Landlord ever sent you a notice to quit? ____Yes ____No Why and when? _____

22. 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

23. Criminal History Information: _____

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

24. 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' KINGSBURY PLACE
HOUSING FOR PERSONS WITH AND WITHOUT DISABILITIES
REQUEST FOR "REASONABLE ACCOMMODATIONS"**

The Genesis Kingsbury Place Apartments have been developed to provide affordable housing to persons with disabilities or "special needs" and persons without disabilities or "special needs." Special Needs are defined as:

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

At the same time, 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 have an obligation to restrict at least 29 of the units for people with "special needs" and will require verification that a resident has at least one disability or "special need" to occupy these apartments. The other 15 apartments can be either occupied by a person with one of the above special needs or not a 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 discuss your 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 administered to every applicant at the:

(Property name) _____

It is used to determine whether an applicant family needs special features in their housing unit.

The need for special adaptations must be verified in order to assure that the limited number of 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:

A separate bedroom

Unit for vision-impaired

A barrier-free apartment

Unit for hearing-impaired

One-level unit

BR/bath on first floor

Physical modifications to a typical apartment

2. 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:

3. Will you or any of your family members require a live-in aide to assist you?

Yes

No

If yes, please explain:

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

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: _____