



3051 Commerce Drive, Ste. 5, Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

Date: \_\_\_\_\_

**Please check all interested housing locations:**

- 1 Continental Court (Parkway Dr - Port Huron) \_\_\_\_\_
- 2 Johnstone (Johnstone Street - Port Huron) \_\_\_\_\_
- 3 Independence Square (10th & Garfield - Port Huron) \_\_\_\_\_
- 4 Independence Square II (10th & Garfield - Port Huron) \_\_\_\_\_
- 5 Mariner's Court ( East Rick Dr - Port Huron) \_\_\_\_\_
- 6 East Village (Margaret St - Sandusky, Mi) \_\_\_\_\_
- 7 Pontiac Plains (W. Columbia Ave - Pontiac) \_\_\_\_\_
- 8 Roy J. Morrison - (Stedron St - Flint) \_\_\_\_\_
- 9 West Genesee (W. Genesee St - Lapeer) \_\_\_\_\_
- 10 St. Clair Non-Profit (Port Huron -Low income, non-subsidized) \_\_\_\_\_
- 11 Homefront Non-Profit Housing    A. Hancock \_\_\_\_\_    B. Wells \_\_\_\_\_

Which of the apartments above would be your first choice: \_\_\_\_\_

**In order for us to complete the application process our office will need the following:**

- Completed Application
- Copy of Social Security Card/Social Security Number verification
- Photo ID (drivers license or state ID card) or a copy of your birth certificate

**To be obtained from our office after application process initiated:**

- Release of Information: Credit, background & sex offender
- Copy of your Physician's diagnosis (mental illness or development disability)
- Two current/previous landlord and/or two personal non-family member references
- Signed apartment and pet rules

If you have any questions or concerns please feel free to contact our office (810) 385-4463.

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**\*Please provide a photo copy of your Social Security card and picture identification \***

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_ Years in Special Education: \_\_\_\_\_

Are you or any members in your household a student? \_\_\_\_\_

If yes, please name member attending: \_\_\_\_\_

Institution attending: \_\_\_\_\_

**Financial:**

Source of Income: \_\_\_\_\_

SSA/SSB Amount: \_\_\_\_\_ per month

SSI Amount: \_\_\_\_\_ per month

SSDI Amount: \_\_\_\_\_ per month

Are you employed? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Job title: \_\_\_\_\_

Do you have a payee? \_\_\_\_\_

Payee name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Other income (please describe): \_\_\_\_\_

\_\_\_\_\_

**Other:**

Are you currently receiving Section 8? \_\_\_\_\_

Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures? \_\_\_\_\_

Do you or any member of your household currently engage in illegal use or distribution of a controlled substance? \_\_\_\_\_

Have you been previously convicted of illegal use or distribution of a controlled substance? \_\_\_\_\_

Have you ever been convicted of a crime, felony, misdemeanor? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are you or any member of your household subject to a state lifetime sex offender registration in any state? \_\_\_\_\_

Other information that may be pertinent to this application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a pet? \_\_\_\_\_ What kind? \_\_\_\_\_

**Innovative Housing offers equal housing opportunities. Innovative Housing will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, or handicap.**

**I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Management Agent, Innovative Housing, if any information in this application changes. Any false, misleading or incomplete information may result in denial of my application and/or termination of a lease agreement or rental subsidy benefits.**

**Signatures:**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Who should we contact regarding this applicant? (Case worker or Guardian)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)



3051 Commerce Drive, Ste. 5, Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

### Credit Release Form

Date \_\_\_\_\_

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize Innovative Housing Development Corporation to obtain a copy of my credit report.

\_\_\_\_\_  
Signature

Revised 1.2025





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### Release of Background Information

I \_\_\_\_\_, in regards to my application with Innovative Housing, allow Innovative Housing to verify information given to him or her on my application for housing and do hereby release Innovative Housing, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police and/or any other credit reporting agency to release to Innovative Housing my conviction criminal history information.

Maiden name/names previously used: \_\_\_\_\_

My full address is: \_\_\_\_\_  
\_\_\_\_\_

My drivers or identification number is: \_\_\_\_\_

In the State of: \_\_\_\_\_ Race \_\_\_\_\_

List other states you have resided in:

States: _____	Dates: _____
_____	_____
_____	_____

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_

Innovative Housing Development Corporation agrees to use this information from the Department of State Police and/or any other credit reporting agency to verify information on my application for housing, statements I have made regarding my application and for any determination into my good moral character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 1.2025





3051 Commerce Drive, Ste. 5, Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

### Landlord Verification Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's name (please print): \_\_\_\_\_

Current Landlord's name: \_\_\_\_\_

Current Landlord's address: \_\_\_\_\_

\_\_\_\_\_

Previous Landlord's name: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

\_\_\_\_\_

I authorize Innovative Housing Development Corporation to obtain information from my previous and/or current landlords.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 1.2025



**APPLICANT - PLEASE FILL IN JUST THE HIGHLIGHTED AREAS**

**Verification of Disability**

**APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION  
OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**

**FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC,  
AND SECTION 811 PRAC**

DATE:

TO:

**DOCTOR'S NAME, ADDRESS, PHONE NUMBER**

Innovative Housing  
3051 Commerce Drive, Suite 5  
Fort Gratiot, MI 48059  
Phone: 810-385-4463 Fax: 810-385-8875

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

YOUR NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

=====

**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.



## Sample Verification of Disability

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1. \_\_\_ YES \_\_\_ NO      Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. \_\_\_ YES \_\_\_ NO      Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - (1) Self-care,
    - (2) Receptive and expressive language,
    - (3) Learning,
    - (4) Mobility,
    - (5) Self-direction,
    - (6) Capacity for independent living, and
    - (7) Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. \_\_\_ YES \_\_\_ NO      Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

## Sample Verification of Disability

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4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**Public reporting burden** for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

## **Sample Verification of Disability**

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### **PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



### Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# Family Summary Sheet

**Please list all of the persons to be living in the unit**

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Name of Head of household	Date of Birth		Social Security #
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Full Name	Date of Birth	Relationship to Head of Household	Social Security #
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Full Name	Date of Birth	Relationship to Head of Household	Social Security #
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**INNOVATIVE HOUSING**  
DEVELOPMENT CORPORATION

3051 Commerce Drive, Ste. 5, Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

## **APARTMENT RULES**

1. Tenant is expected to keep apartment in an orderly fashion. In order to abide by HUD regulations, the resident manager will do regular inspections to ensure that the apartment is safe, sanitary and secure.
2. A criminal history report will be run on all Tenants on an annual basis, the authorization form will be sent to the tenant with their annual recertification paperwork.
3. Tenants will be charged for damage resulting from neglect or abuse to apartment interiors, recreational facilities, community buildings, trees, lawns, and all common areas.
4. The use of recreational facilities is restricted to tenants and a reasonable number of guests. Tenants will adhere to all posted rules and regulations governing recreational facilities.
5. The storage of kerosene, gasoline and inflammable or explosive agents is prohibited.
6. Residents shall only cook or bake in the kitchen of the premises. No barbecue grills or fire pits are allowed on the property.
7. Tenants shall do nothing on the premises, which will interfere with the rights, comforts, or conveniences of their neighbors. No musical instrument, radio, television, or stereo shall be operated in a manner that is disturbing or annoying to other tenants or management.
8. Management will retain a pass-key to the premises. No tenant shall alter any lock or install a new lock or knocker on any door of the leased premises without the written consent of the management.
9. No pets shall be permitted at the apartment complex without notifying the landlord for permission.
10. The sidewalks, entrances, stairways, and halls shall not be used as bicycle parking lots, trash pickup areas or for any purpose other than apartment ingress and egress.
11. Tenants are responsible for the actions and conduct of and damages caused by their guests, visitors, relatives and employees, and all other persons they may cause to be on the property.
12. Laundry may be done in the laundry room during the designated hours. Dying or coloring is expressly prohibited. Laundry shall not be hung out to dry.

13. All refuse must be contained in plastic trash bags and deposited in the dumpsters located in the parking areas. Pouring grease into sinks or toilets will cause plumbing problems and is therefore prohibited.
14. Parents are responsible at all times for the behavior of their children. Every child under the age of 8 must be accompanied by and supervised by a parent at all times when he/she is outside. At the age of 8 and above it is expected that parents will provide appropriate supervision. All children's toys are to be taken in at night. No personal property of any kind shall be placed or kept on the lawn.
15. No sign, signal, illumination, advertisement, notice or other lettering or equipment shall be exhibited, inscribed, painted, or affixed or exposed by tenant in or at any window or on any part of the outside of inside of the premises or any building at the apartment community.
16. No radio or television aerials or wires shall be erected on the premises.
17. Tenants are responsible for the disposal and removal of furniture and other items not picked up by the regular trash service.
18. The tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in or facilitate criminal activity on or near the project, including but not limited to, violent criminal activity or drug-related criminal activity.
19. The tenant or any member of the tenant's household shall not permit the dwelling unit to be used for, or to facilitate, criminal activity, including but not limited to, violent criminal activity or drug related activity.

"Violent Criminal Activity" means any felonious criminal activity that has one of its elements the use, attempted use, or threatened use of physical force against the person or property or another.

"Drug-related Criminal Activity" means the illegal manufacture, sale, distribution, or use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act [21 U.S.C. 802]).

20. All vehicles must be registered with Landlord identifying the owner of the vehicle, year, make and license plate number. All vehicles must be operable, registered, and licensed. The Landlord shall have the right to remove all inoperable or unregistered or unlicensed vehicles from the premises at the tenant's expense.
21. Motorcycles, trucks, commercial vehicles, trailers, mobile homes, recreational vehicles, or boats shall not be parked in any parking space or carport at the apartment complex without the Landlord's prior written approval. The Landlord has the right to remove at the tenant's expense.
22. Innovative Housing has a no cash policy. We gladly accept checks or money orders.

23. Tenant will have electric and gas bills in his/her own name and be responsible for paying them on a timely basis. If cable or phone is desired that will also be in the tenant's name. Water bills will be in the name of Innovative Housing and will be paid by Innovative Housing. Innovative Housing will then bill the tenant for the water used. This will be due and payable within 15 days of receipt of bill.
24. No one will move into any apartment without the express approval of the Landlord and the signing of a lease. No overnight guests for more than one night without notifying the landlord for permission.
25. Application of payments: Payments shall be applied in the following order: repairs, utilities, cleaning fee, security deposit and lastly rent. The order for the application of payments may be changed at the sole discretion of the Landlord.
26. Any complaints should be forwarded to our office in writing to the attention of the Occupancy Manager. A written response to the complaint will be issued within 14 days of the receipt of the complaint. If the tenant still does not feel that the complaint has been taken care of to their satisfaction another written complaint needs to be filed with this office to the attention of the Executive Director. A written response to this complaint will be issued within 14 days of the receipt of this complaint. If the tenant still does not feel that the complaint has been taken care of to their satisfaction another written complaint needs to be filed with this office to the attention of the Board of Directors. A written response to this complaint will be issued within 30 days of the receipt of this complaint. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination at 1-800-669-9777 (toll free) or 1-800-927-9275 (TDD).
27. Any tenant wishing to request reasonable accommodation changes to their apartment needs to send a written request to the attention of the Occupancy Manager. The Occupancy Manager will review the request with the Executive Director and, if deemed a reasonable accommodation, a work order request will be issued. The work order will be completed within 14 days of the written request. A few examples of reasonable accommodation requests would be grab bars in showers or around toilets, grab bars outside of entrance doors, removal of shower doors for easier access to tub, etc.
28. Any tenant that the Landlord becomes aware of having engaged in any illegal activity on or off the premises, prior to or during the term of the lease or tenancy, shall be considered grounds for termination of lease or tenancy, at the sole discretion of the Landlord.
29. VAWA Provisions
  - a. Incidents of domestic violence, dating violence, sexual assault, or stalking will not be considered serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy, or occupancy rights of the victim of abuse.

- b. Criminal activity directly related to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control will not be considered cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
- c. The Management Agent may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, Form HUD-5382, or other documentation as noted on the agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

**\*\*Landlord = Innovative Housing**

## **BEDBUG RULES**

**Residents are expected to keep their units in decent, safe, and sanitary condition to control infestations in their units.**

In addition, residents can be required to take necessary measures to ensure effective treatment for bed bugs. Failure on the part of residents to comply with the requirements for effective bed bug treatment may lead to eviction, as with any violation of house rules.

Bed bugs are a serious problem. Should you observe bed bugs in your apartment, it is imperative that you report it to management immediately. Your cooperation is important to assist management in preventing the spread of bedbugs throughout the property, and to eliminate the problem in your apartment. Bed bugs are difficult to control. They are difficult to see, active at night and females lay numerous eggs per day (up to 200 to 300 eggs in a lifetime). They can go without food (blood) for up to 140 days. They hide in cracks and other small places, and are difficult to see, especially in the early molting stages. The eggs are very small, and almost invisible to the naked eye. Since the elimination of DDT and Chlordane several decades ago, the problem has become more widespread. Bed bugs live in clusters. They will generally travel 20 or more feet from their nesting area if the host (human) moves to another location. They prefer to feed at night but may feed during the day if the host is inactive. You may need a flashlight to locate the bed bugs, They may hide in bedding, bed frames, covers, couches and chairs, window and door moldings, behind wallpaper and pictures, cracks in flooring, under carpet along walls, wall voids such as light sockets and outlets, luggage, backpacks, and clothing. Without your assistance and cooperation, the problem cannot be resolved, and may spread to neighboring units.

By acknowledging the Bed Bug Rules, you agree to the steps required for effective bed bug treatment. We need your cooperation to minimize the spread of bed bugs.

- Resident agrees to permit Landlord into the apartment, with proper notice, to treat for or monitor bed bugs during the term of your tenancy.
- Resident understands that he/she may arrange for family members, friends, or management to help prepare for bed bug treatment.
- Resident understands that thoroughly cleaning the apartment in advance may make the treatment easier and more effective by reducing the number of treatments required.
- Resident agrees to perform tasks to prepare for treatment, and to ensure the safety and effectiveness of the treatment. These tasks include, but are not limited to:
  - Remove all loose items from the floor, and under any furniture.
  - All furniture must be moved 3 feet from any wall.
  - All closet floors must be cleared of any objects.
  - All shelves must be cleared of any objects.
  - Remove all sheets, blankets, mattress covers and pillowcases from all beds, and wash them in hot water (over 120 degrees F.) After cleaning, place in sealable plastic bags. Do not put them back on the bed until the evening after receiving treatment.
  - Empty all drawers and remove them from furniture.
  - Stuffed animals should be placed in a clothes dryer on the highest setting for 10 minutes.
  - Wash all clothing in hot water (120 degrees for higher) and dry them on the highest heat setting. Place the clean items in a sealable plastic bag. When taking laundry to the laundry room, the laundry should be placed in sealed plastic bags. The bags should be disposed of, and new plastic bags should be used for the cleaned clothing.
  - Existing beds will be treated based on the condition of the mattress and box springs, and on the severity of the infestation. If the mattress will be disposed of, it must be marked, destroyed, and sealed in plastic before being carried out of the building for placement in the dumpster. This is done to ensure that the mattress is not returned to another unit. The resident may be required to purchase bed bug mattress and box spring covers if they are damaged (i.e., tears, small holes, rips, etc.).
  - Additional furniture such as couches, chairs, etc., will be treated based on the condition of the furniture, and the severity of the infestation. Some leather furniture may not be treatable. If the furniture is damaged (i.e., tears, small holes, rips, etc.), it may be rendered unusable and discarded. If the furniture will be disposed of, it must be marked, destroyed, and sealed in plastic before being carried out of the building for placement in the dumpster. This is done to ensure that the item is not returned to another unit.

- Resident understands that used furniture is a major source of infestation and should be inspected closely before bringing into the building.
- Resident understands that pets should be removed from the apartment for at least 4 hours following the treatment. Fish tanks should be covered, sealed in plastic and the air pump should be turned off for a 4-hour period following treatment.
- All residents of a unit should vacate the apartment during the treatment, and for a 4-hour period following treatment as an extra precaution.
- Anyone that is pregnant, has asthma, a heart condition or any other respiratory condition should consult with their physician concerning when to re-enter the apartment.
- Re-treatment may be necessary to ensure proper eradication. Please consult with management concerning re-treatment.

## **PET POLICY**

1. All pets are subject to written approval either at time of move in or at the time of pet request.
2. A common household pet means a domesticated animal, such as a dog, cat, bird, fish, hamster, or turtle. Reptiles are not included as a common household pet. All pets must be no larger than 15 pounds.
3. Pets are required to be registered with our office at the time the pet is approved to reside with the tenant and every year thereafter. The annual registration of the pet will take place with the tenant's annual rent certification.
4. The registration of the pet with our office will include the following information.
  - a. Certification of inoculation signed by a licensed veterinarian, or a State or local authority empowered to inoculate animals which states that a pet has received all inoculations required by applicable State or local laws or regulations.
  - b. Information sufficient to identify the pet and to demonstrate that it is a common household pet (i.e., photo).
  - c. Name, address, and phone number of at least one responsible party who will care for the pet if the owner dies or is unable to provide for the care of the pet.
5. Pets are allowed at the discretion of the Executive Director.
6. Owners are responsible for cleaning up after the pets. Failure to do so can result in eviction. Waste can be disposed of in the trash dumpster on the property. Any litter boxes must be changed no less than two times per week.

7. Pets are not allowed in common areas such as the laundry room and community room.
8. The owner is responsible for any damages done to the apartment or the apartment property by the pet (i.e., scratching on doors or trim, chewing on doors or trim, or holes dug on grounds.)
9. Pet needs to be inoculated in accordance with state and local laws.
10. Pet needs to be in an appropriate and effective pet restraint while in permitted apartment common areas.
11. Only one household pet will be allowed per unit.
12. It is the owner's responsibility to ensure that the pet doesn't interfere with other tenants' enjoyment. Failure to do so can result in eviction.
13. A pet deposit of \$300 will be required for cats and dogs. An initial deposit of \$50 at the time the pet is brought onto the premises will be required. The remaining balance of \$250 must be made in installment payments of no less than \$10 per month to be paid on the first of each month. The pet deposit may be used to pay reasonable expenses attributable to the presence of the pet in the project, including but not limited to:
  - a. The cost of repairs and replacement to, and fumigation of, the tenant's dwelling unit.
  - b. The cost of animal care facilities or the protection of the pet should the pet's conduct or condition be determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health and safety of occupants of the project or members of the community where the project is located and/or the health or safety of a pet is threatened by the death or incapacity of the pet owner or by other factors that render a pet owner unable to care for the pet.
  - c. Any unused portion of the pet deposit will be returned to the tenant within 30 days of the tenant moving out of the project or no longer owns or keeps a pet in the unit.

The management agent will give a tenant and prospective tenant written notice that will include an explanation if a pet is refused by the management agent.



**REASONS THE MANAGEMENT AGENT MAY REFUSE TO  
ADMIT A PET INTO THE PROJECT**

1. The pet is not a common household pet.
2. Keeping the pet would violate an applicable pet rule.
3. A pet owner fails to provide complete pet registration information or fails annually to update the pet registration.
4. The management agent reasonably determines based on the pet owner's habits and practices, that a pet owner will be unable to keep the pet in compliance with pet rules and other lease obligations.
5. A pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

**I have read and understand the Apartment Rules, Bed Bug Rules, and the Pet Policy. My signature below guarantees that I have received a copy of the rules and that I will abide by the rules at all times.**

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

Revised 07.2022 Combined

