

CHARLEVOIX HOUSING COMMISSION

210 WEST GARFIELD ST.
CHARLEVOIX, MICHIGAN 49720
(231) 547-5451



PROJECT
PINE RIVER PLACE

PRE-APPLICATION FOR ADMISSION PINE RIVER PLACE APARTMENTS

APPLICANT:

NAME (FIRST) _____ (MI) _____ (LAST) _____

SEX _____ AGE _____ BIRTH DATE _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE # 1 _____ PHONE # 2 _____

PLACE OF BIRTH _____

DO YOU HAVE A PET _____ WHAT KIND? _____

RACE

- White
- Black
- Asian/ Pacific Islander
- American Indian Tribe _____

ETHNICITY

- Non-Hispanic
- Hispanic

ANNUAL INCOME (GROSS) (Before taxes or deductions)

EMPLOYMENT _____
SOCIAL SECURITY _____ SSI _____ PENSION _____
ASSETS: HOUSE / PROPERTY _____
CHECKING _____ SAVINGS _____
CD'S _____ INVESTMENTS _____

ESTIMATED ANNUAL OUT OF POCKET MEDICAL EXPENSES _____

“We are a Smoke-Free Facility”

CO-APPLICANT:

NAME (FIRST) _____ (MI) _____ (LAST) _____

SEX _____ AGE _____ BIRTH DATE _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE # 1 _____ PHONE # 2 _____

PLACE OF BIRTH _____

DO YOU HAVE A PET _____ WHAT KIND? _____

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ESTIMATED ANNUAL OUT OF POCKET MEDICAL EXPENSES _____

OTHER FAMILY MEMBERS:

NAME _____ SEX _____ AGE _____
 NAME _____ SEX _____ AGE _____
 NAME _____ SEX _____ AGE _____

THE CHARLEVOIX HOUSING COMMISSION GIVES PREFERENCE FOR ASSISTANCE TO APPLICANTS WHO ARE:

- ELDERLY (OVER 62) OR DISABLED
- NEAR ELDERLY (OVER 50)

APPLICANTS QUALIFYING FOR A PREFERENCE WILL BE PLACED HIGHER ON THE WAITING LIST AND BE ADMITTED IN ADVANCE OF NON-PREFERENCE HOLDING APPLICANTS. IF YOU FEEL THAT YOU QUALIFY FOR ONE OF THESE PREFERENCES, PLEASE CHECK THE APPROPRIATE BOX.

BEDROOM SIZE

- 1 Bedroom
- 2 Bedroom

WILL YOU NEED A BARRIER FREE UNIT? _____

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 APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_