

Application to:  
**Clawson Manor**  
255 W. Fourteen Mile Rd.  
Clawson, MI 48017  
(248) 435-5650  
Fax (248) 435-0840  
[www.clawsonmanor.org](http://www.clawsonmanor.org)

All Information Will be Kept Confidential

Clawson Manor is owned and operated by New Life Inc., a Michigan Non-Profit Corporation, which is part of the East Michigan Conference of the Free Methodist Church.

### CRITERIA FOR RESIDENCY

1. You (or co-applicant) must be 62 years of age or older. If permanently physically disabled, the minimum age requirement does not apply.
2. You must not exceed income levels as established by HUD for this facility.

#### GENERAL INFO: *Please Print*

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

Phone: \_(\_\_\_\_\_)\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Race/Ethnicity:**     White     Asian     Black or African American  
 Native Hawaiian/Other Pacific Islander     American Indian/Alaska Native  
 Hispanic/Latino     Other \_\_\_\_\_

#### Co-Applicant (if any):

\_\_\_\_\_

                    First                                    Middle                                    Last

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Race/Ethnicity:**     White     Asian     Black or African American  
 Native Hawaiian/Other Pacific Islander     American Indian/Alaska Native  
 Hispanic/Latino     Other \_\_\_\_\_

**Anticipated Move-in Date:** \_\_\_\_\_

**APARTMENT INFO:** Type of Apartment desired:

Efficiency (374 sf)       Bedroom (500 sf)       Bedroom (750 sf)

Assessable unit needed    Specify accommodation needed: \_\_\_\_\_

Clawson Manor has 15 floors. Identify the floor above which you will NOT consider an apartment: \_\_\_\_\_

Will you keep an automobile: Yes \_\_\_\_\_ No \_\_\_\_\_ If so,

Make/Model \_\_\_\_\_ Year \_\_\_\_\_

License # \_\_\_\_\_

**How did you hear about us?**

Newspaper Ad       Friend/Referral       Internet  
 Alternatives for Seniors       Phonebook Ad       Live in Area  
 Other \_\_\_\_\_

**References:**

Please provide 3 or more Personal References:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The information I have provided here is accurate to the best of my ability. It is my opinion that I fully meet the requirements, and hereby apply for an apartment at Clawson Manor.

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

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

## **SPECIAL INFORMATION TO PROSPECTIVE TENANTS OF CLAWSON MANOR**

**Applicants** must be at least 62 years of age or physically disabled at any age.

**Required** before security deposit may be accepted:

- A. Completed application—front and back.
- B. Completed income verification form.
- C. Copies of social security card & Driver's License/State ID card on file.

The **Government** establishes limits which apply to all residents and are subject to change periodically. For 2017, the limits are:

- A. A Single resident can earn up to \$39700.00 per year.
- B. 2 Person Household can earn up to \$45400.00 per year.

**Rents** are adjusted annually on July 1. Currently, rents are:

- A. Efficiency Apartment(375 sq. ft.) \$389.00 per month.
- B. Bedroom Apartment (500 sq. ft.) \$551.00 per month.
- C. Bedroom Apartment (750 sq. ft.) \$743.00 per month
- D. All utilities are paid by Clawson Manor, except telephone and cable.

### **Automobile Parking:**

- A. Open Lot Parking \$10.00 per month.
- B. Carport Parking \$20.00 per month.

### **Security Deposits:**

- A. Equal to one month's rent.
- B. Refundable less unpaid rents, damages or cleaning/repair charges that may apply.
- C. A \$10.00 deposit for each key fob.

### **Drapes and Carpeting:**

Tenants supply their own drapes/blinds and carpeting subject to building regulations. A certificate for carpeting, which the office supplies, must be submitted to the office before the carpet is installed.

### **Meals and Nursing Care:**

Clawson Manor does ***not*** provide any type of nursing or medical care, or home care services. These services may be contracted by the resident, if needed. If assistance is needed in finding these services, our Service Coordinator can provide the resident with a list of companies who provide such services.

Residents are also responsible for providing their own meals. The Clawson Senior Center does have a noon meal Monday through Thursday each week.

### **Pets:**

Pets are allowed only under strict Rules and Regulations. Information can be obtained through the main office. Service animals are exempt from these regulations.



**INCOME VERIFICATION FORM**

We need to know your income for the current year. This includes all income from any source.

1. Social Security – (Letter from Social Security).
2. Retirement – (copy of check).
3. Interest from investments, savings, certificates, etc. – (copy of statements).
4. Income from real estate sales or rentals – (copy of payment schedule, income statement from holding company or copy of check).

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We also need to know your anticipated income for the current year. Please provide us with the following information:

- |   |          |
|---|----------|
| 1. Social Security (monthly)              | \$ _____ |
| 2. Retirement/Pension (monthly)           | \$ _____ |
| 3. Interest (monthly)                     | \$ _____ |
| 4. Real estate sales or rentals (monthly) | \$ _____ |
| 5. Other income (monthly)                 | \$ _____ |

TOTALS:

- |         |          |
|---------|----------|
| Monthly | \$ _____ |
| Yearly  | \$ _____ |

Signed: \_\_\_\_\_ Resident

\_\_\_\_\_ Print name

Dated: \_\_\_\_\_

NOTE: This form is used only for prequalification. A more complete verification of income is required by HUD, and will be completed before final acceptance.



**EMERGENCY INFORMATION (OPTIONAL)**

Please return this information to the office as soon as possible.

Please notify office of any changes of information.

Please Type/Print

RESIDENT: \_\_\_\_\_  
FIRST MIDDLE LAST

APT# \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ 20 \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE \_\_\_\_\_  
MONTH DAY YEAR

SOCIAL SECURITY #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**WHO WOULD WE NOTIFY IN CASE OF AN EMERGENCY?**

1. \_\_\_\_\_  
FIRST LAST  
\_\_\_\_\_  
RELATIONSHIP  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell PHONE # ALT PHONE #

2. \_\_\_\_\_  
FIRST LAST  
\_\_\_\_\_  
RELATIONSHIP  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell PHONE # ALT PHONE #

**MEDICAL INFORMATION:**

DOCTOR: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
PHONE #

HOSPITAL PREFERENCE: \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

MEDICATION: \_\_\_\_\_

ALLERGIES & SPECIAL CONDITIONS PERTINENT TO YOUR HEALTH \_\_\_\_\_

**(OVER)**

**MEDICAL INFORMATION CONTINUED:**

DO YOU NEED/USE ANY OF THE FOLLOWING:

- Wheel Chair*
- Oxygen
- Evacuation in an emergency

**VEHICLE INFORMATION:**

\_\_\_\_\_  
YEAR                      MAKE                      MODEL

\_\_\_\_\_  
LICENSE PLATE #                      PARKING LOT #

**KEY INFORMATION: NAME & PHONE NUMBER OF ANYONE WHO HAS KEYS TO YOUR APT.**

1. \_\_\_\_\_  
FIRST    LAST

\_\_\_\_\_  
RELATIONSHIP

(\_\_\_\_\_) \_\_\_\_\_  
PHONE #

2. \_\_\_\_\_  
FIRST    LAST

\_\_\_\_\_  
RELATIONSHIP

(\_\_\_\_\_) \_\_\_\_\_  
PHONE #

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