



Licensed Real Estate Broker

May 2023

## Ottawa County and Allegan County Supportive Housing Programs

HHI Management Company  
400 136<sup>th</sup> Avenue – Building 200, Suite 205  
Holland, MI 49424

Thank you for your interest in the Ottawa County and Allegan County Supportive Housing Programs!

In Ottawa County, all applicants must meet low-income limits to qualify for housing. Current rent for these apartments are: 1-bedroom \$555/mo., 2-bedroom \$655/mo., and 3-bedroom \$736/mo. Some designated apartments have rent based-on-income and require verification that an adult household member has a permanent disability. A portion of the income-based apartments are reserved for those that have a permanent disability and are homeless.

In Allegan County, all applicants are required to provide verification that the household is homeless, is at risk of being homeless OR that an adult household member has a permanent disability. Current rent for these apartments are: 1-bedroom \$397/mo., 2-bedroom \$483/mo., and 3-bedroom \$527/mo. Designated apartments have rent based-on-income. All applicants must meet income guidelines and eligibility qualifications. Preference is given to those who live or work in the county for which they are applying.

Applicants will not be eligible if they have a criminal history that includes any of the following: Registration on the Public Sex Offender Registry (PSOR); Felony convictions involving crimes of physical violence to a person or persons, arson, possession of an unregistered firearm or illegal weapon, and for manufacturing, creating, distributing, or operating a drug house involving methamphetamines / cocaine / heroin / other narcotics; Felony convictions within 7 years or any Misdemeanor convictions within the past 5 years. In cases where an applicant has non-violent felony and/or non-violent misdemeanor convictions, he or she must demonstrate successful community participation/integration over the preceding 7 or 5 years respectively.

Eligible applicants will be placed on the waiting list for housing; however, being on the waiting list does not guarantee that housing will be granted to an applicant. If you have any questions regarding the application process or the forms to be completed, please contact our office at 616-395-9311 or 269-218-0930 ext. 113 (Amber) or ext. 103 (Nicole); TTY users dial: 711 or 800-649-3777 or you may submit any questions to [hhi@heritagehomesinc.org](mailto:hhi@heritagehomesinc.org)

We hope we can be of service to you in the near future.

Sincerely,

HHI Management Company

### The following items are **REQUIRED** to apply for housing:

(Please submit ALL of the following items when you submit your application for housing)

- ☐ **Application** - signed by household members age 18+ **\*\*Original Forms Required!\*\***
- ☐ **Real Estate Disclosure** - signed by household members age 18+
- ☐ **Income Documentation** - Examples include: recent employment check stub, un-employment print-out, social security, SSI, or SSDI print-out, child support order, DHS benefit award letter for cash assistance, or any other type of income you have listed on the application (You may submit copies of your income. Originals will not be returned to you)
- ☐ **Copy of driver's license or state IDs** - required for all household members age 18+
- ☐ **Copy of birth certificates** - required for everyone in the household. (Alternate forms of birth record: passport, baptism record, affidavit of parentage, naturalization certificate)
- ☐ **Copy of social security cards** - required for everyone in the household. (Alternate forms of SS card must show name and 9-digit SSN: medical insurance card, letter from SSA, ID issued by federal, state, or local agency)
- ☐ **Disability Verification** - if applicable - **MUST** be signed by your Medical Doctor (MD), Doctor of Osteopathy (DO), Psychiatrist, Physicians Assistant (PA), Licensed Social Worker (LSW), Nurse Practitioner (NP). No other form or verification will be accepted.
- ☐ **Homeless Verification** - if applicable - **MUST** be completed and signed by a shelter official or other agency that provides services or temporary housing. No other form or verification will be accepted.

### How to Submit Your Application

Complete and return the ORIGINAL FORMS along with all other requested information listed above to:  
Mailing Address: HHI Management Company 400 136th Ave., Bldg. 200, Suite 205, Holland, MI 49424

**Visit us in person in Suite 207.**

Or place application in locked drop box located outside our office (Suite 207)

**\*Please DO NOT fax or email your application\***





For office use only	Date Recv'd	Time Rec'd	Initials
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**HHI Management Company**  
**Preliminary Rental Application**

400 136th Avenue, Building 200, Suite 205 Holland MI 49424  
Ph: 616-395-9311 Ph: 269-218-0930 TTY: 711 or 800-649-3777  
HHI@heritagehomesinc.org

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Birth date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

Co-Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Birth date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Total Number of Household members: \_\_\_\_\_ List all other persons that will occupy the residence:

First, Middle, Last	DOB	Relationship to Head of House
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Physical Address (if different than mailing address):  
\_\_\_\_\_

*\*If you have resided at additional addresses within the past 5 years, please attach the previous address information on a separate page.*

How long? \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_

Name of Current Landlord/Mgmt Co. or Mortgage Company: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_ Monthly Rent Payment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about us: Internet/Friend/Newspaper/Sign/Service Provider/Other: \_\_\_\_\_

Name of case manager / service provider / guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

In Case of Emergency Call: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Locations you are interested in: (circle) Holland Zeeland Grand Haven Bedroom size: \_\_\_\_\_

Allegan Fennville Douglas Otsego



Are you interested in applying for an apartment with rental assistance specifically for persons with a disability? **Yes** or **No**

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Do you, as a person with a disability, require specific accommodation(s) to fully use our programs and services? (ie: ground floor, barrier free, additional bedroom) **Yes** or **No** (explain) \_\_\_\_\_

Do you have a Pet (circle): Cat Dog Size of pet: \_\_\_\_\_ lbs Is this a service animal? **Yes** or **No**

Does anyone on this application smoke? **Yes** or **No**

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Asset: \_\_\_\_\_ Balance/Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Balance/Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Balance/Value: \_\_\_\_\_

Have you, or any member of your household, ever been evicted from subsidized housing or committed fraud in a subsidized housing program? **Yes** or **No** If yes, please explain: \_\_\_\_\_

Has anyone named on this application ever been convicted of a felony or misdemeanor? **Yes** or **No**  
What was the conviction? \_\_\_\_\_ Year of the conviction? \_\_\_\_\_

Are you, or anyone in your household, currently a full-time student or expect to be in the next 12 months? **Yes** or **No**

*Under penalties of perjury, 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 HHI Management Company when circumstances change, for possible recertification. False, misleading or incomplete information may result in the denial of application and/or termination of any lease agreement and/or benefits.*

HHI Management Company is a Licensed Real Estate Broker and must comply with all local, state, and federal laws pertaining to housing and real estate. I/We understand this preliminary application gives no lease or rent rights and that my occupancy is contingent upon meeting the resident selection criteria and housing program criteria for unit(s) I am applying for. I/We authorize the owner or owner's agent and/or CoreLogic SafeRent® to verify my/our credit record, employment, residences and other income information. I/We understand that the discovery of false information or negative credit or financial information may result in a denial. I/We authorize the owner, owner's agent and/or CoreLogic SafeRent® to verify the accuracy of all statements in this application. I/We authorize all employers, landlords and creditors to release all information concerning the applicant(s) for purposes of verifying the affordability and eligibility for all housing programs (HUD, MSHDA, LIHTC) provided through the owner or owner's agent.

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

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

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





## Disclosure Regarding Real Estate Agency Relationships - Lease Transactions

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee. A real estate transaction includes the lease of any real estate consisting of not less than 1 or not more than 4 residential dwelling units.

- (1) An agent providing services under any service provision agreement owes, at a minimum, the following *duties* to the client:
  - (a) The exercise of reasonable care and skill in representing the client and carrying out the responsibilities of the agency relationship.
  - (b) The performance of the terms of the service provision agreement.
  - (c) Loyalty to the interest of the client.
  - (d) Compliance with the laws, rules, and regulations of this state and any applicable federal statutes or regulations.
  - (e) Referral of the client to other licensed professionals for expert advice related to material matters that are not within the expertise of the licensed agent. **A real estate licensee does not act as an attorney, tax advisor, surveyor, appraiser, environmental expert, or structural or mechanical engineer and you should contact professionals on these matters.**
  - (f) An accounting in a timely manner of all money and property received by the agent in which the client has or may have an interest.
  - (g) Confidentiality of all information obtained within the course of the agency relationship, unless disclosed with the client's permission or as provided by law, including the duty not to disclose confidential information to any licensee who is not an agent of the client.
- (2) A real estate broker or real estate salesperson acting pursuant to a service provision agreement shall provide the following *services* to his or her client:
  - (a) When the real estate broker or real estate salesperson is representing a lessor, the marketing of the client's property in the manner agreed upon in the service provision agreement.
  - (b) Acceptance of delivery and presentation of offers and counteroffers to lease the client's property or the property the client seeks to lease.
  - (c) Assistance in developing, communicating, negotiating, and presenting offers, counteroffers, and related documents or notices until a lease agreement is executed by all parties and all contingencies are satisfied or waived.

Michigan law requires real estate licensees who are acting as agents of landlords or tenants to advise the potential landlords or tenants with whom they work of the nature of their agency relationship.

### LANDLORD'S AGENTS

A landlord's agent, under a listing agreement with the landlord, acts solely on behalf of the landlord. A landlord can authorize a landlord's agent to work with subagents, tenant's agents and/or transaction coordinators. A subagent of the landlord is one who has agreed to work with the listing agent, and who, like the listing agent, acts solely on behalf of the landlord. Landlord's agents and their subagents will disclose to the landlord known information about the tenant which may be used to the benefit of the landlord.

Individual services may be waived by the landlord through execution of a limited service agreement. Only those services set forth in paragraph (2)(b) and (c) above may be waived by the execution of a limited service agreement.



**TENANT'S AGENTS**

A tenant's agent, under a tenant's agency agreement with the tenant, acts solely on behalf of the tenant. A subagent of the tenant is one who has agreed to work with the tenant's agent with who, like the tenant's agent, acts solely on behalf of the tenant. Tenant's agents and their subagents will disclose to the tenant known information about the landlord which may be used to benefit the tenant.

Individual services may be waived by the tenant through execution of a limited service agreement. Only those services set forth in paragraph (2)(b) and (c) above may be waived by the execution of a limited service agreement.

**DUAL AGENTS**

A real estate licensee can be the agent of both the landlord and the tenant in a transaction, but only with the knowledge and informed consent, in writing, of both the landlord and the tenant.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the landlord or the tenant. As a dual agent, the licensee will not be able to provide the full range of fiduciary duties to the landlord or the tenant.

The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the landlord and the tenant.

**TRANSACTION COORDINATOR**

A transaction coordinator is a licensee who is not acting as an agent of either the landlord or the tenant, yet is providing services to complete a real estate transaction. The transaction coordinator is not an agent for either party and therefore owes no fiduciary duty to either party.

**DESIGNATED AGENCY**

A tenant or landlord with a designated agency agreement is represented only by agents specifically named in the agreement. Any agents of the firm not named in the agreement do not represent the tenant or landlord. The named "designated" agent acts solely on behalf of his or her client and may only share confidential information about the client with the agent's supervisory broker who is also named in the agreement. Other agents in the firm have no duties to the tenant or landlord and may act solely on behalf of another party in the transaction.

**LICENSEE DISCLOSURE (Check one)**

I hereby disclose that the agency status of the licensee named below is:

- ☒ Landlord's agent
- ☐ Landlord's agent - limited service agreement
- ☐ Tenant's agent
- ☐ Tenant's agent - limited service agreement
- ☐ Dual agent
- ☐ Transaction coordinator (A licensee who is not acting as an agent of either the landlord or the tenant.)
- ☐ None of the above

**AFFILIATED LICENSEE DISCLOSURE (Check one)**

- ☐ Check here if acting as a designated agent. Only the licensee's broker and a named supervisor broker have the same agency relationship as the licensee named below. If the other party in a transaction is represented by an affiliated licensee, then the licensee's broker and all named supervisory brokers shall be considered disclosed consensual dual agents.
- ☒ Check here if not acting as a designated agent. All affiliated licensees have the same agency relationship as the licensee named below.

Further, this form was provided to the tenant or landlord before disclosure of any confidential information.

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

### ACKNOWLEDGMENT

By signing below, the parties acknowledge that they have received and read the information in this agency disclosure statement and acknowledge that this form was provided to them before the disclosure of any confidential information. **THIS IS NOT A CONTRACT.**

The undersigned \_\_\_\_\_ DOES \_\_\_\_\_ DOES NOT have an agency relationship with any other real estate licensee. If another agency relationship exists, the undersigned is represented as \_\_\_\_\_ LANDLORD \_\_\_\_\_ TENANT.

\_\_\_\_\_  
Potential ☐ Tenant ☐ Landlord (check one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Potential ☐ Tenant ☐ Landlord (check one)

\_\_\_\_\_  
Date

# PSH Special Needs/Disability Certification

Client Name: \_\_\_\_\_

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

The United States Housing Act of 1937, as amended, authorizes special considerations in Federally Funded Housing to a person who is permanently disabled.

## Definition of "Permanently Disabled"

- a) be unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months; or
- b) in the case of an individual who is 55 years of age and is blind, be unable by reason of blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or
- c) be a disabled person which is defined as a person having a physical or mental impairment which
  - 1) is expected to be of a continuous and indefinite duration; and
  - 2) substantially impedes the ability to live independently, and
  - 3) is of such a nature that such ability could be improved by more suitable housing conditions; and
  - 4) is of a physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or
- d) be developmentally disabled which means a severe, chronic disability of a person which
  - 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; and
  - 2) is manifested before a person is twenty-two; and
  - 3) is likely to continue indefinitely; and
  - 4) results in substantial functional limitation in three or more of the following areas of major life activity: self-care, reception and Version: expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and reflects the person's need for a combination and sequence of special inter-disciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.
    - (a) An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if: individual is 9 years old or younger; and has a substantial developmental delay or specific congenital or acquired condition; and without services and supports has a high probability of meeting those criteria later in life; or
- e) be a person diagnosed with HIV/AIDS which
  - 1) includes the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

## Criteria for Reasonable Accommodation

### Americans with Disability Act (ADA) definition:

Having a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such impairment; or being regarded as having such impairment.

In order to determine eligibility for a program funded under the 1937 Housing Act, the Michigan State Housing and Development Authority (MSHDA) must verify the family's disability. Attached is a release and authorization signed by the applicant/participant authorizing this PHA to obtain the requested information. This information will be held in confidence for use only in determining eligibility and/or continued participation in a housing assistance program. We ask for your cooperation in returning this completed form in the enclosed self-addressed envelope within ten business days so we may complete eligibility determination.

### **Documentation required:**

#### Written 3<sup>rd</sup> Party Verification

- ☐ State licensed professional
- ☐ Social Security Administration
- ☐ Receipt of disability of check

#### Intake staff observation

- ☐ Applicable **only** in the absence of written 3<sup>rd</sup> party verification
- ☐ Must be confirmed and accompanied by written 3<sup>rd</sup> party verification no later than 45 days

**Oral-third party and self-certification are not appropriate.**

# PSH Special Needs/Disability Certification

*The following section to be completed by a knowledgeable medical professional:*

## CERTIFICATION OF DISABILITY

I hereby certify, under penalty of perjury, that the following individual: \_\_\_\_\_ Is - Is not -  
disabled/handicapped as defined above.

If the above referenced individual is disabled/handicapped, please indicate approximate probable duration:

Less Than One Year - One Year - Five Years - Permanent - Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Please complete this form and return within 10 business days to:

HHI Management  
400 136th Ave  
Building 200, Suite 205  
Holland, MI 49424

FAX: (616) 395-9315



## Part 1

### APPLICANT—PLEASE COMPLETE Part 1 OF THIS FORM ONLY

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

By signing below, I give my permission for the verifying agency to release information to HHI Management Company

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

## Part 2

### REMAINDER OF THIS FORM TO BE COMPLETED BY VERIFYING AGENCY

Verification to be completed by a shelter agency, police official, or other agency which provides services or temporary housing.

This applicant has applied for a supportive housing program indicating they are homeless. Federal regulations require the verification of housing status. Please answer the following questions and return form to HHI Management Company so that we are able to determine the applicant's eligibility.

Verifying Agency: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

1. Does this family / individual lack a fixed, regular and adequate night-time residence? ☐ YES ☐ NO

☐ Yes ☐ No Applicant is sleeping in places not meant for human habitation—such as car, park, sidewalk, abandoned building, etc..  
Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is sleeping in an emergency shelter. Shelter Name: \_\_\_\_\_

☐ Yes ☐ No Applicant is living in transitional or supportive housing for homeless persons, but whom originally came from the streets or an emergency shelter. Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is sleeping/living in any of the above listed places, but is spending a short time (up to, but not more than 30 consecutive days) in a hospital or other institution. Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is being evicted *within a week* from a private dwelling unit, and no subsequent residence has been identified and the person lacks the resources and supportive networks needed to obtain housing. Eviction Date: \_\_\_\_\_

☐ Yes ☐ No Applicant is being discharged *within a week* from an institute in which the person has been a resident for more than 30 consecutive days, and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing. Discharge Date: \_\_\_\_\_

2. If this family / individual is not **currently** homeless, are they **AT RISK** of being homeless? ☐ YES ☐ NO

If YES for AT RISK, Clarification / Explanation is **REQUIRED**: \_\_\_\_\_

3. Is this family/individual currently participating in supportive services through your agency? ☐ YES ☐ NO

Qualifying services may include, but are not limited to: transportation for medical appointments or grocery shopping; supervision of medication, treatment of drug rehabilitation; treatment of alcohol addiction; training in housekeeping and homemaking activities; family budgeting; child care; parenting skills; computer lab; and work skills development and job training.

By signing below, I certify that the above information is correct

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



# Authorization to Release Information to Service Provider

HHI Management Company  
400 136<sup>th</sup> Avenue – Building 200, Suite 205  
Holland, MI 49424

## To be completed by applicant

HHI Management Company requires your permission to speak to anyone regarding your housing status, or the status of your application. Without your permission (this form), we are not able to release ANY information to those persons not listed on the application.

Please list any individual persons or agencies which you would like for us to be able to communicate with—this can include any Service Provider or Case Manager you are currently working with, any family member or friend you are receiving assistance from, etc...

**This Authorization can be changed (persons/agencies added or removed) at any time.**

1. I authorize HHI Management Company to release or disclose the information described in Paragraph 2 (below) to the following individuals, entities or “Service Provider(s)”:

(a) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(b) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(c) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(d) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

2. The information that I authorize HHI Management Company to release or disclose is as follows: any and all information relating to my lease with HHI Management Company, including but not limited to: (a) rental payments; (b) security deposits; (c) utility allowances; (d) lease violations and complaints; (e) property inspections and housekeeping.

3. I understand that the information will be released or disclosed by HHI Management Company to the Service Provider without further notice to me. I also understand that HHI Management Company will not release or disclose the information described in Paragraph 2 to any other individual or entity, without my written consent, except as required or permitted by law.

4. I agree that HHI Management Company is not responsible or liable for how the Service Provider uses the information released or disclosed by HHI Management Company. I agree to hold harmless and release HHI Management Company from any potential responsibility or liability for misuse of the information by the Service Provider.

5. I also authorize the Service Provider to communicate with and provide information to HHI Management Company regarding the supportive services and case management services that they provide to me.

6. I understand that I may revoke this Authorization at any time by sending written notice to HHI Management Company at the address set forth above.

7. I have been provided a copy of this Authorization. I also acknowledge that HHI Management Company may use a copy of this Authorization in place of the original.

This Authorization will expire on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ or one year from the signature date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date