



2790 Sirhal Drive
East Lansing, MI 48823

Phone: 517-333-2472

Fax: 517-333-7179



Dear Applicant,

Thank you for your interest in Meridian Stratford Place, an affordable community for adults 55 and over. All of our spacious apartment homes feature a fully equipped kitchen, central air and a patio or balcony. Gas, water, sewer and trash removal are included. Meridian Stratford Place was developed to provide housing to moderate income households, therefore our community does have income restrictions which are as follows:

<i>Maximum Gross Income per Household Size</i>					<i>Rental Rates</i>	
%	1 Occupant	2 Occupants	3 Occupants	4 Occupants	1 Bedroom	2 Bedrooms
40%	\$23,400	\$26,720	\$30,080	\$33,400	\$517	\$615
45%	\$26,325	\$30,060	\$33,840	\$37,575	\$589	\$701
60%	\$35,100	\$40,080	\$45,120	\$50,100	\$769	\$899

Attached is the application packet. Anyone 55 and over that is going to occupy the apartment is required to complete their own application packet.

Please make sure all forms are completed in BLACK ink only. Any corrections must be crossed out and initialed. **NO White out or correction tape is allowed.** Please feel free to contact the office at the number above with any questions. We look forward to having you as a resident of Meridian Stratford Place.

Meridian Stratford Place

4.2020



Frequently Asked Questions

Who is eligible to live at Meridian Stratford Place Apartments?

Meridian Stratford Place Apartments is intended for and solely occupied by persons 55 years of age or older. Therefore, all members of the household must be age 55 or older. Income limits also apply. We accept Section 8 vouchers.

What floor plans are offered?

Meridian Stratford Place offers a 1-bedroom/1-bathroom floor plan as well as a 2-bedroom/1-bathroom floor plan.

What utilities are included in the rent charge?

Utilities paid with your monthly rental charge include water/sewer, gas and trash!

Is smoking allowed?

Smoking is not allowed at Meridian Stratford Place.

What is the pet policy?

Pets are welcome! Each household may have a cat and a dog, or two cats, with your \$150 non-refundable deposit and a \$10 per month pet fee.

What services and amenities are offered?

Meridian Stratford Place is situated in a lovely park-like setting with amenities such as a library, fitness room, lounges, and planned events such as a shopping bus, potluck dinners, bingo, health checks, and a book mobile!

How do I apply?

Simply print out the application from the website at www.meridianstratford.com, or call us at 517-333-2472 or email manager@meridianstratford.com and ask for an application or a tour!

LEASING CRITERIA

Meridian Stratford Place Apartments

This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. **A security deposit will be required from all applicants and multiple adult applicants will require additional application fees.**

Criteria:

1. A minimum of 6 month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6 month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If renting from a Private Owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied. Evictions will constitute an automatic denial of the application.
2. No felony convictions, indictments, arraignments or deferred adjudications within the last 7 years. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 7 years. Any felony conviction or misdemeanor conviction of a sex crime will result in automatic denial of application. *The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.*
3. † All members of the household must be 55 years of age or older. All applicants must provide one US government issued photo identification, birth certificate and one of the following: valid Social Security Number; Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W); I-551 Permanent Resident Card; Form I-668 Temporary Resident Card; or Form I-688A Employment Authorization Card.
4. 6 months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
5. At least 50% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. Bankruptcy must be discharged and all trades (minimum of 3) since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification of balance paid in full before approval can be considered.
6. Minimum monthly verifiable gross income must be at least 2 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 time's resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.

Each applicant must satisfy all of the above criteria. No co-signers accepted. If applicant has no credit and/or rental history a deposit equal to one months' rent may be required.



Leasing Criteria Pg 2

***Maximum General Occupancy Standards**

1 bedroom - 2 persons

2 bedroom - 4 persons

† Meridian Stratford Place Apartments operates under the Housing for Older Persons Act of 1995 (Pub. L. 104-76, 109 Stat. 787 Approved December 28, 1995) (HOPA); and is intended for, and solely occupied by, persons 55 years of age or older. This community complies with the requirements to qualify for such exemption of the familial status protection under the Fair Housing Act.

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy.

If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation please contact the manager for more information.

ACKNOWLEDGEMENT

I understand the policies contained herein and have received a copy of this document.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



MERIDIAN STRATFORD PLACE

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):

Date Received: _____	Initial Certification _____
Unit #: _____	Recertification _____
# of Bedrooms: _____	Interim _____
Desired Move-In Date _____	Other: _____

HOUSEHOLD COMPOSITION AND STUDENT STATUS

List all persons who will be living in your home. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Members Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separate d S=Single W=Widowed	Social Security Number	Driver's License Number	Student Y or N	* If "yes" Part-time (PT) or Full-time (FT)
	HEAD						

*For each household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

Contact Information

Home Phone _____	Email address: _____
Cell Phone-1 _____	_____
Cell Phone -2 _____	_____

- | | Yes | No |
|--|--|--|
| 1. Is every household member listed above a full-time (FT) student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will your household be receiving rental assistance? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you expect any changes in the household in the next 12 months?
If yes, please describe change and date expected _____ | <input type="radio"/> | <input type="radio"/> |
| 4. If you are divorced or separated, please provide date effective: _____ | | |
| 5. Is each household member a U.S. Citizen?
If no, does everyone have an eligible immigration status? | <input type="radio"/>
<input type="radio"/> | <input type="radio"/>
<input type="radio"/> |
| 6. Will you have at least 50% physical custody of all minor members in household? | <input type="radio"/> | <input type="radio"/> |

EMPLOYMENT INFORMATION

Current Employment Information: HEAD of HOUSEHOLD

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** ☐ **No** ☐

If Yes, list all that apply and expected amount?

Additional Employment Information: Name: _____

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** ☐ **No** ☐

If Yes, list all that apply and expected amount?

Current Employment Information: Name: _____

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? **Yes** ☐ **No** ☐

If Yes, list all that apply and expected amount?

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)	Head of Household						Monthly Gross Income
1. Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
2. Self-Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
3. Unemployment Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
4. Social Security/SSI/SS Disability	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
5. Disability/Worker's Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
6. Severance Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
7. VA Benefits	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
8. Pension/Annuity	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
9. Military Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
10. AFDC/TANF	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
11. Child Support/Alimony	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
12. Recurring Gift/Contribution	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
13. Rental Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
14. Adoption Assistance	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
15. Trust Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
16. Other Income:	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____
17. Zero Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$ _____

ASSET INFORMATION						
List all assets for each Household Member	Head of Household			Financial Institution	Annual Interest/Earnings	Asset Value
1. Checking	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
2. Savings	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
3. Pre-Paid Debit	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
4. Cash On Hand	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
5. Stocks/Mutual Funds	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
6. CD/Money Markets	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
7. Treasury Bill	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
8. Bonds	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
9. IRA/KEOGH	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
10. 401K/401(b)	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
11. Pension/Annuity	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
12. Whole Life Insurance	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
13. Land Contract/Deed of Trust	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
14. Real Estate	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
15. Safe Deposit Box	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
16. Personal Property as Investment	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
17. Trust	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
18. Lump Sum Receipts	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$
19. Other _____	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>		\$

1. Do all combined assets of the entire household total less than \$5,000? Y ☐ N ☐
2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? Y ☐ N ☐
- If yes, complete the following: _____
- Asset Disposed: _____
- Date Disposed: _____
- Amount Disposed: _____
- Was the disposal of asset due to: (Select One)
- Bankruptcy Y ☐ N ☐
- Foreclosure Y ☐ N ☐
- Marital Separation/Divorce Y ☐ N ☐
3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Y ☐ N ☐
- If yes, complete the following: _____
- Gifted to: _____ Date: _____
- Amount Gifted: _____

Residential History	Please provide 2 years of rental/housing history
Current Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage : _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>
Previous Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage : _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Have you ever been evicted from tenancy, broken a lease, or sued for rent?
If yes, please list date: _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever filed for bankruptcy?
If yes, is bankruptcy discharged? Y <input type="radio"/> N <input type="radio"/> Date Discharged: _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Has any household member plead guilty or received probation, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____ | <input type="radio"/> | <input type="radio"/> |

Other Information

Type of Vehicle: _____	License Plate # _____
Make/Model: _____	Year _____ Color _____
Type of Vehicle: _____	License Plate # _____
Make/Model: _____	Year _____ Color _____

Emergency Contact *In case of emergency, notify...*

Name: _____	Phone #1 _____
Address: _____	Phone #2 _____
_____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household

Date

Applicant

Date

Applicant

Date

APPLICATION SUPPLEMENT

In addition to the completed application, additional documentation is required to process your application. Please contact our leasing office if you have any questions or concerns.

_____ **Application Fee** \$ _____ **Deposit** \$ _____

_____ Completed **Application** for each person over the age of 18. One application may be accepted for each married couple. (Black Ink Only) All contact telephone numbers for employment and rental history must be listed on the application.

_____ Valid **ID, Birth Certificate & Social Security Card** or acceptable equivalent for each household member as noted on the Leasing Criteria

_____ **Verification of Income** received or anticipated to be received in next 12 months

- Current Award letter of all unearned income sources for each person; Social Security, SSI, SSD, Pension, Retirement
- Verification of earned income for all persons 18 years of age or older. Check stubs; 7 consecutive if paid bi-monthly or bi-weekly, 13 if paid weekly
- Child support and/or Alimony documentation; divorce papers and court orders for payment and child support case number for each child
- If self-employed; copy of last year's full tax return with all schedules attached
- Verification of any other income such as monetary gifts, trust, income, rental income, regular recurring withdrawal from retirement/annuity accounts, etc.

_____ **Verification of Assets** for each household member; if combined asset cash value total is \$5,000 or more

_____ **Verification of Assets** for each household member regardless of combined value of household assets

Asset Verification

- 6 months consecutive checking account statements (most recent)
- Current savings statement
- Copy of pre-paid debit card and current ATM receipt of balance
- Most recent statement for 401K, stocks, bonds, whole Life Insurance policy, CDs, IRA, annuities and any other retirement or investment accounts.
- Verification of all real property; home, land, etc.

_____ Previous Year **Federal Tax Return** for each adult household member (NY residents)

_____ **Student** household members age 18 or older; provide current class schedule from school

_____ Other: _____

Additional information may be requested in order to complete the application process

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding credit, criminal, employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Support and Alimony Providers State Unemployment Agencies Banks and other Financial Institutions	Welfare Agencies Educational Institutions Social Security Administration Previous Landlords (including Public Housing Agencies)	Veterans Administrations Retirement Systems Medical and Child Care Providers Credit & Criminal Agencies
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CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Meridian Stratford Place		(517) 333-2472
Apartment Community Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.