

Application for Residency



Jewish
Apartments
& Services

(248) 592-1102
www.jasmi.org

Mail completed form to: Jewish Apartments & Services
Development and Marketing Office
David & Miriam Mondry Building
15000 W. Ten Mile Road
Oak Park, MI 48237

Hearing/Speaking Impaired
TTY# 248.592.1121

Prentis Jewish Apts., Oak Park

Please check the type of apartment(s) that interest you:

- Studio (88 apartments) Subsidized Only
- One Bedroom (143 apartments)
 - Market Rate Subsidized

HUD PROJECT NUMBER SH- MICH-35 & 044-EH005

Hechtman I Jewish Apts., West Bloomfield

(Subsidized One Bedroom, 102 apartments)
HUD PROJECT NUMBER 044-11092

Hechtman II Jewish Apts., West Bloomfield Requires \$100 Application Fee (Non-refundable)

- Market Rate One Bedroom (89 apartments)
- Market Rate Studio (2 apartments)
- Market Rate One Bedroom Subsidized (7 apartments)

Coville at Prentis, Oak Park

Assisted Living (36 apartments)

- Market Rate Subsidized

Meer Jewish Apts., West Bloomfield

Requires \$100 Application Fee (Non-refundable)

- Market Rate Subsidized
- One Bedroom (152 apartments)
- Two Bedroom (46 apartments) Market Rate Only

Teitel Jewish Apts., Oak Park

(Subsidized One Bedroom only, 148 apartments)

HUD PROJECT NUMBER 044-11093

Name of 1st Qualifying Applicant _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Cell Phone (____) _____

Social Security No. _____ - _____ - _____

Male Female Birth Date _____

Number of people to live in apartment: _____

JAS USE ONLY	Date Received: _____	Time: _____
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Additional Applicant

Name of 2nd Qualifying Applicant _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Social Security No. _____ - _____ - _____

Male Female Birth Date _____

Relationship to applicant: _____

Alternate Contact Person

Please list the name and contact information of another person who can be contacted.
This individual may be reached regarding an apartment if you are unavailable:

Name _____

Address _____ City _____ State/Zip _____

Phone: Home (____) _____ Cell (____) _____

Relationship to applicant _____ E-mail address _____

Your Interest

How did you find out about JAS? (Check any and all that apply.)

Friend Family Newspaper H.U.D. Physician or Agency Referral

Other _____

Source & Amount of Income

1. Please state the total value of all assets held by all applicants:

\$ _____

This figure should include (but not be limited to) all of your investments, real estate, deposit accounts, insurance policies, pre-purchased burial plots, and personal property which you or members of your household are retaining as an investment.

2. Please state the total gross annual income of all applicants:

\$ _____

This figure should include (but not be limited to) employment income, Social Security, pensions, IRA distributions, annuity disbursements, dividends, veterans benefits, S.S.I., and monetary contributions made to you or your household by your family.

3. Please state the amount of money that you (and the additional applicant, if applicable) have given in the form of gifts to family, or charitable donations, in the last two years \$ _____

Pursuant to H.U.D. and Michigan State Housing Development Authority Guidelines, this figure will be added to the total value of your assets.

4. Please state the total amount you spend on medical expenses annually:

\$ _____

This figure should include (but may not be limited to) whatever you typically spend out-of-pocket for any of the following: Doctors office co-pays, dental work, transportation to medical appointments, health insurance premiums, and prescription drugs.

Eligibility for occupancy will be based upon a thorough financial review that will be conducted at the time you accept an apartment. Please note that pursuant to agency criteria, the final income figure for those individuals applying for the Hechtman II or Meer Non-HUD Subsidized Apartments is based upon the following formula:

Gross Annual Income + (5% x (Total Value of Assets + The Amount Given as Gifts or Charitable Donations in the Last Two Years))

Additional Information

Are you employed? Yes No

If yes, type of employment: _____ How long? _____

Do you own a house? Yes No

If so, what is the appraised value used for property tax purposes? \$ _____

Do you receive Medicare? Yes No

Do you receive Medicaid? Yes No

No

Do you have any supplemental insurance beyond that of Medicare? Yes No

Specify: _____

If yes, what is the total amount you pay in premiums annually? \$ _____

Was your assistance or tenancy ever terminated for fraud,
non-payment of rent or failure to cooperate with recertification procedures? Yes No

What is your education level? Elementary Secondary College Graduate Degree

Marital Status: Married Divorced Separated Single Widowed

Who do you live with? Alone Friend Family Paid Caregiver Spouse Other

What type of dwelling do you live in? House Condo Apartment

Other _____

Do you have Long Term Care Insurance? Yes No

Are you or your spouse a war veteran? Yes No

If you need translation assistance, please indicate
for what language so JAS may provide assistance _____

Please check all that apply:

- 50% of my monthly income goes toward rent. Monthly rent payment: \$ _____
- I am living in substandard housing.
- I am being involuntarily displaced.
- I have a pet.
- My lease expires on _____ / _____ (Month / Year)
- I have a mobility impairment requiring the special design features of a barrier-free apartment.
My physician's name, address and phone number are:



OUR MISSION

Jewish Apartments & Services is dedicated to providing safe and affordable housing and related services to older adults within a Jewish communal environment in order to promote independence and the highest possible quality of life.

Jewish Apartments & Services, a senior living community, provides equal housing opportunity to all persons regardless of race, color, religion, sex, disability (handicap), familial status or national origin.



Certification

Agree with **ONLY ONE** of the statements below by writing “YES” on the line:

_____ I agree that JAS staff may also speak with my **Alternate Contact Person**, whose name and telephone number is provided earlier in this document, regarding my position on the wait list or when an apartment becomes available.

OR

_____ JAS staff should only speak with **me** regarding my position on the wait list or when an apartment becomes available.

This is to certify that the foregoing answers and figures are, to the best of my/our knowledge and belief, true and accurate. As an applicant to JAS I agree and acknowledge that all JAS buildings have been designated as a smoke free environment. I also understand that if and when I become a resident of JAS, I will be required to sign a separate no-smoking policy document, which is considered part of the apartment lease and this policy is incorporated into the JAS House Rules and Regulations, which is an attachment to the lease agreement.

Applicant

Name(s): PRINT _____

Applicant

Signature(s): _____

I have a legal guardian and/or have someone appointed as power of attorney for me.

Date: _____

It is the responsibility of the applicant to notify JAS of address or telephone changes.
Failure to do so may result in dismissal of the application.