September 1, 2020

Dear Applicant,

Thank you for your interest in Cass Community Social Services, Inc. (CCSS) Special Tiny Homes development. Completed applications for CCSS Special Tiny Homes will be accepted until November 1, 2020. Only completed applications from low income individuals or couples will be considered. One or both applicants must have a diagnosed disability - either physical or mental.

**Completed applications will include the following:**
- Signed Applicant Information Form
- Signed Consent for Criminal Sexual Registry/Criminal Background Search
- Signed Consent for Credit Check
- Signed Verification of Disability with Evidence Attached
- Signed Consent for Income Verification with last month’s income statements attached
- Signed Housing History Document
- Copy of Driver’s License or State ID with a photo and current legal name and address

The completed application with the items listed above must be turned into the front desk of the Cass World Building at 11745 Rosa Parks Blvd., Detroit, MI 48206. The booth is open each day from 9:00 am to 5:00 pm. The Cass staff member will date stamp and seal your information as well as provide you with a receipt for your application package.

Following a review of the materials, you will be contacted by Cass by mail or phone. Therefore, it is important that that you leave current contact information. Cass will score each applicant using a standardized evaluation tool. Applicants that meet a minimum threshold will be required to complete an in-person interview. Completing an application and/or interview does not guarantee rental of a Special Tiny Home. Also, CCSS will be building these homes a few at a time, and therefore, even persons accepted into the rental program may have to wait more than a year.

A security deposit of the first month’s rent is required at the time of lease signing. Special Tiny Homes are both drug and smoke free housing. The amount of rent a person pays is based on the size of the house at $1 per square feet (i.e. 250sf = $250 each month, 300sf = $300 each month.)

Cass Community Social Services, Inc. is an equal housing agency. It is against the agency’s policy to discriminate or refuse housing based on age, gender, gender identification, color, race, height, weight, national origin, physical or mental handicap, sexual orientation, ethnicity, or religion.

Thank you again for your interest in this exciting program – Rev. Faith Fowler
Special Tiny Homes Application
Applicant Information

Applicant Name ____________________________

Phone ____________________________

Address ____________________________

City, State, Zip ____________________________

Social Security # ____________________________

Driver’s License or State ID # ____________________________

Co-Applicant Name ____________________________

Co-Applicant Phone ____________________________

Co-Applicant Address ____________________________

Co-Applicant City, State, Zip ____________________________

Co-Applicant Social Security # ____________________________

Co-Applicant Driver’s License or State ID # ____________________________

References

Name ____________________________ Address ____________________________ Phone ____________________________

Name ____________________________ Address ____________________________ Phone ____________________________

I (we) understand that the filing of this application does not in any way bind Cass Community Social Services, Inc. to reserve a Special Needs Tiny Home for me. I (we) understand that all applications are carefully screened for credit and residential history as outlines in our Resident Selection Criteria and understanding that the information on this application will be used to secure criminal conviction and credit history as part of the screening process. I (we) understand and agree that untrue or fraudulent statements made on this application may result in rejection or termination of any lease entered into with the agency and loss of any housing assistance and eviction from the unit.

Applicant Signature ____________________________ Date ____________________________

Co-Applicant Signature ____________________________ Date ____________________________
CASS COMMUNITY SOCIAL SERVICES, Inc.

Consent for Criminal Sexual Registry and

Criminal Background Search

I hereby authorize Cass Community Social Services, Inc. (CCSS) to conduct a criminal sexual registry and criminal background search. This is required as part of the application process for residential programs. CCSS may not provide housing for individuals on a federal or state criminal sexual offender list.

I affirm that the information provided in my application for services offered through CCSS is accurate. I understand that any misrepresentation or falsification may result in termination from consideration for housing or any other services offered. All information provided and obtained is kept confidential.

________________________________________  __________________________
Printed Full Name                            Previous Alias/Maiden Name

________________________________________
Recent Addresses

XXX-XX                                      __________________________
Social Security Number                      Race/Ethnicity

Gender Identity

________________________________________
Identifiable Scars or Tattoos               Date of Birth

________________________________________
Signature of Applicant                      Date

Staff Only:

________________________________________  __________________________
CCSS Staff Signature                        Results of Background Check

Date

*This consent expires one year from the date of signature.*
CASS COMMUNITY SOCIAL SERVICES, Inc.

Consent for Credit Check

I, ________________________________, hereby authorize Cass Community Social Services, Inc. (CCSS) to conduct a Credit History online through an authorized credit report agency.

I affirm that the information provided in my application for services offered through CCSS is accurate. I understand that any misrepresentation or falsification may result in termination from consideration for housing or any other services offered. All information provided and obtained is kept confidential.

________________________________________________________________________
First Name  Middle Name  Last Name

________________________________________________________________________
Previous Alias/ Maiden Name

________________________________________________________________________
Recent Addresses with Zip Codes (last 5 years)

________________________________________________________________________
Social Security Number  Date of Birth

________________________________________________________________________
Signature of Applicant  Date

________________________________________________________________________
Staff Only:
Result of Credit Check with Recommendation:

________________________________________________________________________
CCSS Staff Signature  Date

*This consent expires one year from the date of signature.
Consent to Verify and Evidence of Disability

I, ___________________________, hereby provide to Cass Community Social Services, Inc. (CCSS) authorization to verify all Disabilities listed below. I understand that a Qualifying Disability may be mental or physical, and substantially limits a major life activity.

I affirm that the information provided in my application for services offered through CCSS is accurate. I also understand that any misrepresentation or falsification may result in termination from consideration for housing or any other services offered. All information provided and obtained is kept confidential.

First Name  Middle Name  Last Name

Recent Addresses with Zip Codes in CCSS Housing History Form (last 5 years)

Social Security Number  Date of Birth  Date (year) of Onset of Disability

Attach evidence of each source to this completed form.

<table>
<thead>
<tr>
<th>Nature of Disability (ies)</th>
<th>Description of Impaired Function</th>
<th>Treating Doctor name, address, phone</th>
<th>Evidence Attached</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Signature of Applicant  Date

Staff Only:
Result of Disability Check with Recommendation:

_________________________  ______________________
CCSS Staff Signature  Date

*This consent expires one year from the date of signature.
CASS COMMUNITY SOCIAL SERVICES, Inc.

Consent to Verify and Evidence of Income – All Sources

I, ____________________________, hereby authorize Cass Community Social Services, Inc. (CCSS) to conduct a Verification of all sources of income for my Household, for the purposes of housing consideration. The statement below lists all Sources of Cash and Non-Cash Income to my Household.

I affirm that the information provided in the list below and in my application for services offered through CCSS is complete and accurate. I understand that any misrepresentation or falsification may result in termination from consideration for housing or any other services offered. All information provided and obtained is kept confidential.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Recent Addresses with Zip Codes in CCSS Housing History Form (last 5 years)

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Disability</th>
</tr>
</thead>
</table>

**Attach evidence** of each source to this completed form.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Description</th>
<th>$ received monthly</th>
<th>Evidence Comments</th>
<th>Attached</th>
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Some of the Sources of Income to list include SSI, SSDI, Job earnings, Alimony, Child Support, Unemployment, Medicaid, Medicare, TANF, Food Stamps/Bridge Cards, other. Provide copies of Paychecks, SSI and/or SSDI Statements, and other similar documents as proof of each Source of Income.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

**Staff Only:**

Result of Income Verification with Recommendation:

<table>
<thead>
<tr>
<th>CCSS Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*This consent expires 15 months from the date of signature.*
Please list all the places you have lived during the last five years:

<table>
<thead>
<tr>
<th>Name of Landlord/Program</th>
<th>Address</th>
<th>Phone # with Area Code</th>
<th>Dates</th>
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<tbody>
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</table>

Cass Community Social Services will send a form to (or call) each of your former landlords asking them for a reference about you as a tenant. As long as the landlord returns the form, you should not need further proof that you lived there. If the landlord doesn’t return the form or if there is information on the form that is unclear or needs follow-up, we may call the previous landlord(s). If you were living in a program or institution, we will verify the dates you lived there, as well. Therefore, you may want to contact your former landlords to let them know that we will be communicating with them. If you currently live at CCSS, list Cass as your current “landlord.”

If you lived with a friend or relative during the five year time period, the same process will occur. Please list him/her/them above. If you were in an abusive relationship, we will not contact the abuser but will need documentation of the case, such as a copy of a restraining order, a letter from a social worker from a domestic violence program.

Have you been evicted from a residence?  Yes  No
If yes, please indicate the lease violation ________________________________

I grant permission to Cass Community Social Services to contact my previous landlords and/or programs/institutions to check my rental/residential history.

Signed ___________________________  Date ___________________________