



HOUSING APPLICATION INFORMATION SHEET

DEPARTMENT OF PUBLIC WORKS HOUSING DIVISION
22077 BEECH STREET, DEARBORN, MI 48124
(313) 943 -2391 - 10 AM TO 3 PM

CITY OWNED SENIOR CITIZEN HIGH-RISE BUILDINGS (AGES 55+)

JOHN B. O'REILLY JR. MANOR, 22077 BEECH STREET, DEARBORN, MI 48124 (12 STORIES, 200 UNITS)

SUZANNE SAREINI MANOR, 5500 CALHOUN STREET, DEARBORN, MI 48126 (10 STORIES, 129 UNITS)

RENT IS \$592.00 A MONTH. ONE-BEDROOM UNFURNISHED UNITS ARE APPROXIMATELY 506 SQUARE FEET AND INCLUDE UTILITIES, CENTRAL AIR CONDITIONING, REFRIGERATOR, STOVE, CARPETING, AND BLINDS. ALL UNITS HAVE A BALCONY. SHOPPING TRANSPORTATION AND PLANNED ACTIVITIES ARE PROVIDED. OUR APARTMENTS ARE SMOKE FREE. SOME OF THE REQUIREMENTS INCLUDE:

A. MUST BE 55 YEARS OF AGE OR OLDER

B. ALL APPLICANTS ARE SCREENED FOR SUITABILITY (EX: POLICE RECORD SEARCHES, ETC.)

C. BETWEEN THE HOURS OF:

D. OR BETWEEN THE HOURS OF:

1 PM TO 5 PM - MONDAY AND WEDNESDAY

9 AM TO 11 AM - TUESDAY AND THURSDAY

10 AM TO 3 PM - MONDAY THROUGH THURSDAY

PLEASE CALL (313) 943-2218 TO DROP-OFF YOUR APPLICATION

AT OUR MAIN OFFICE LOCATED AT JOHN B. O'REILLY JR.

MANOR AT 22077 BEECH STREET, DEARBORN, MI 48124

PLEASE CALL (313) 943-2391 TO DROP-OFF YOUR APPLICATION

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E. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE IMMEDIATE OCCUPANCY OF A UNIT.

F. FOR YOUR SAFETY, PLEASE DO NOT LEAVE COMPLETED APPLICATIONS IN THIS SLOT OR VESTIBULE.

FOR MORE INFORMATION PLEASE CALL OUR HOTLINE AT (313) 943-2391. THE HOUSING MANAGER, DUSTIN KANE, CAN BE REACHED AT (313) 943-2207 OR DKANE@DEARBORN.GOV.



****If printing online, please use 8 1/2 x 14 paper****

**DEARBORN HOUSING DIVISION
22077 BEECH STREET
DEARBORN, MI 48124
(313) 943-2391**

HOUSING APPLICATION FOR CITY OF DEARBORN HOUSING

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

Part 1. Application/Waitlist Identification

This application is for placement on the waitlist for our city owned 55+ community. This building is a smoke free facility. The minimum age to enter into a lease is 55. Please check the appropriate box(es).

Check all boxes that apply

- Applicant(s) is/are employed in the City of Dearborn.
- I am a United States veteran.
- I am the surviving spouse of a United States veteran.

SUZANNE SAREINI MANOR 5500 CALHOUN ST, DEARBORN, MI 48126

Part 2. Head of Household/Applicant Information

Complete table below.

LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		PLACE OF BIRTH		SEX/GENDER IDENTIFICATION
HOME PHONE	MOBILE PHONE		DRIVER'S LICENSE/STATE ID #		STATE ISSUED
PLEASE CHECK ALL THAT APPLY					
RACE: WHITE: <input type="checkbox"/> BLACK/AFRICAN: <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE: <input type="checkbox"/> ASIAN/PACIFIC ISLANDER: <input type="checkbox"/> OTHER: <input type="checkbox"/> NON-HISPANIC: <input type="checkbox"/> HISPANIC: <input type="checkbox"/>					
ADDRESS		CITY		STATE ZIPCODE	

You are required to notify the Housing Division (In Writing) with proof of any change in address. If we cannot contact you by the address listed on file, your application will be cancelled.

EMAIL ADDRESS: _____

(10-21-2024) The Suzanne Sarieni Manor Waiting list is now accepting applications at our main office located at 22077 Beech Street, MI 48124. All applications must be submitted to this location. -DHD



DEARBORN HOUSING DIVISION
22077 BEECH STREET
DEARBORN, MI 48124
PHONE: (313) 943-2391
FAX: (313) 943-3042

Have you been arrested for anything other than a traffic offense? Yes No If yes, please provide details: _____

ANY RECORD OF CRIMINAL CONVICTION MAY BE USED FOR REJECTION OF AN APPLICANT

ADDITIONAL HOUSEHOLD MEMBER: Please list below any additional household member that will occupy the unit. (Must be at least 50)

NAME	SOCIAL SECURITY NUMBER	SEX/GENDER IDENTIFICATION	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD

Part 3. Monthly Income

Please complete table below.

LIST THE HOUSEHOLD MEMBER WHO RECEIVES INCOME BELOW	MONTHLY AMOUNT RECEIVED	HOW OFTEN RECEIVED? (WEEKLY, BI-WEEKLY, MONTHLY, ETC.)	SOURCE OF INCOME
	\$		
	\$		
	\$		
	\$		

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge. Misrepresented eligibility information may result in denial of your application. I understand that I will have to notify the Housing Division if anyone in my household needs a reasonable accommodation due to living with a disability. I have no objections to inquiries being made for the purpose of verifying the statements made herein, and specifically give the City of Dearborn my permission to verify income, credit and criminal background, in order to process my application for housing. I understand that any and all inquiries will be private and shared with only the person or persons indicated below. I understand it is my responsibility to notify the Housing Division in writing if there is a change in my contact information.

HEAD OF HOUSEHOLD	DATE
CO-APPLICANT	DATE

