



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

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

10 AM TO 3 PM - MONDAY THROUGH THURSDAY

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

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

MANOR AT 22077 BEECH STREET, DEARBORN, MI 48124

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: <input type="checkbox"/> 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					
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



DEARBORN HOUSING DIVISION
CONSENT FORM FOR RELEASE OF CRIMINAL RECORD SEARCH & CREDIT HISTORY REPORTS

I understand that it is this agency's policy to obtain criminal, credit history, eviction, and sex offender registry information as part of its applicant screening process for all applicants for locally or federally assisted programs using the information provided below and that any information received may result in denial of assistance. Any record of felony conviction may result in denial and termination of the application process. I also understand that the personal data and authorization for release of information that I am providing is required of all applicants, and failure to consent to release of information or providing false information will result in termination of the application process. Any information obtained with this consent form will be used for no other purpose, and will be maintained in my permanent applicant and/or tenant file.

	LAST	FIRST	MIDDLE	SUFFIX	SEX	SOCIAL SECURITY NUMBER	BIRTHDATE
APPLICANT							
SPOUSE							

	HOUSE NUMBER	STREET NAME	APT.	CITY	STATE	ZIP CODE	LENGTH
CURRENT							
FORMER							

HOME PHONE NUMBER	CELL PHONE NUMBER OF APPLICANT	CELL PHONE NUMBER OF SPOUSE

	EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
APPLICANT					
SPOUSE					

	DRIVER'S LICENSE/STATE I.D. NUMBER	STATE OF LICENSE	NAME PREVIOUSLY USED
APPLICANT			
SPOUSE			

I understand that the Betternot reporting service, OTIS, and the State of Michigan websites require the above information. I authorize the Dearborn Housing Division to use the above information for obtaining credit, criminal, eviction, sex offender registry information. This form continues in effectg until revoked by me/us in writing.

APPLICANT SIGNATURE: _____ DATE _____

SPOUSE/OTHER ADULT
SIGNATURE: _____ DATE _____

