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

HOUSING APPLICATION INFORMATION SHEET

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

JOHN B. O'REILLY JR. MANOR, 22077 BEECH STREET, DEARBORN, MI 48124 (12 STORIES, 207 UNITS)
SUZANNE SAREINI MANOR, 5500 CALHOUN, DEARBORN, MI 48126 (10 STORIES, 132 UNITS)

EFFECTIVE JULY 1ST, 2026, RENT IS $792 A MONTH. ONE-BEDROOM UNFURNISHED UNITS ARE APPROXIMATELY 506 SQUARE FEET AND INCLUDE UTILITIES, CENTRAL AIR CONDITIONING, REFRIGERATOR, STOVE, VINYL PLANK FLOORING, 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. **PLEASE CALL (313) 943-2218 TO DROP OFF YOUR APPLICATION AT OUR MAIN OFFICE LOCATED AT JOHN B. O'REILLY, JR. MANOR 22077 BEECH STREET, DEARBORN, MI 48124 AT THESE HOURS:**

1 PM TO 5 PM - MONDAYS AND WEDNESDAYS
9 AM TO 11 AM – TUESDAYS AND THURSDAYS

OR

C. CALL (313) 943-2391 TO DROP OFF YOUR APPLICATION AT OUR MAIN OFFICE LOCATED AT JOHN B. O'REILLY JR. MANOR 22077 BEECH STREET, DEARBORN, MI 48124

10 AM TO 3 PM – MONDAY THROUGH THURSDAY

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

F. FOR YOUR SAFETY, PLEASE DO NOT LEAVE COMPLETED APPLICATIONS IN THE VESTIBULE OF THE BUILDING.

FOR MORE INFORMATION, PLEASE CALL OUR MAIN OFFICE AT 313-943-2391.

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

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

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:** **BLACK/AFRICAN:** **AMERICAN INDIAN/ALASKAN NATIVE:** **ASIAN/PACIFIC ISLANDER:** **OTHER:** **NON-HISPANIC:** **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: _____

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 OPF 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 Betternoi 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 effective until revoked by me/us in writing.

APPLICANT SIGNATURE: _____ DATE _____

SPOUSE/OTHER ADULT SIGNATURE: _____ DATE _____