

**From:** [REDACTED]  
**Sent:** Thursday, October 5, 2023 3:56 PM  
**To:** Lisa League -Bellinger <lisa.bellinger@kmgprestige.com>; Butler, Patricia <PButler@a2gov.org>; Vander Lugt, Kristen <KVanderLugt@a2gov.org>; Kathy Card <kathy.card@kmgprestige.com>; paul@kmgprestige.com; aatenantunion@gmail.com  
**Cc:** Ondine Fortune <ondine@fortune-media.com>; Email Complaints <complaints@fhcmichigan.org>; Ann Arbor Human Rights Commission <HRC@a2gov.org>; Taylor, Christopher (Mayor) <CTaylor@a2gov.org>; Police <Police@a2gov.org>; Dohoney Jr., Milton <MDohoney@a2gov.org>; Patricia Gaston <patricia.gaston@kmgprestige.com>; Mary T. Weidel <mary.t.weidel@hud.gov>; Michael L. Polsinelli <michael.l.polsinelli@hud.gov>; Farrell, Janet <JFarrell@a2gov.org>; lucretia@kmgprestige.com; CityClerk <CityClerk@a2gov.org>  
**Subject:** Re: Courthouse Square requested docs

This message was sent from outside of the City of Ann Arbor. Please do not click links, open attachments, or follow directions unless you recognize the source of this email and know the content is safe.

To KMG Prestige and A2 Courthouse Square LDHA, LLC (**#DYEBH528JMY3**) and Ann Arbor Housing Commission and all justice departments related to Ann Arbor and Washtenaw County:

As previously discussed, the paperwork sent by Lisa League-Bellinger of KMG Prestige as an attachment claiming to be my re-certification is not correct and cannot be signed by me because that would be perpetrating fraud against the federal government and the Ann Arbor Housing Commission. I did not to any of my knowledge and with no deposits into my account of such, make \$11,346.92k income from investments in 2022.

Anything sold by my financial advisor Diane Winner (CRD# 5106082) is done so without my solicitation or request and is presumably used to pay her management fee of \$1500 per annum and the rest of my stocks and funds are re-invested into my LPL Account, thus demonstrating no actual gains or losses. You may contact her at [1333 W. Ann Arbor Road, Plymouth, MI 48170](https://www.google.com/maps/place/1333+W+Ann+Arbor+Road,+Plymouth,+MI+48170/@42.2811111,-83.7000000,15z) Phone Number: 704-733-3300 to confirm this. When I called her to request information about 2022 and the evident paper-loss of 192k that Kathy Card emailed me to inquire of, I was hung up on by Ms. Winner and haven't discussed anything with her since. In the meantime, my lease does not renew until October 9, 2023 and I am in compliance with all reasonable and legal requests for this year's recertification. My next LPL statement will be sent to me this week I am told; they have switched from monthly mailings of my account investment information to quarterly. Please see attached letter from them verifying this.

Please send via post any documents you wish me to sign. My computer touch-screen has unexpectedly stopped working so I cannot sign documents digitally/online and I do not have a printer and am currently homebound due to a fall. The camera on my caregiver's laptop is not high resolution and is not suitable for sending documents to be officially filed for recertification, only for verification of information I share via email such as LPL's explanation I will not receive a statement till sometime this first week of October for my 2023 recertification. I request reasonable accommodation for my disabilities in completing these requests as I am infirm and have several diagnoses confirming this, not that I have to disclose them to you to receive reasonable accommodation. I am not simply elderly, I am documented disabled and wish my certification to include that. Please refrain from any further harassment, intimidation, and bullying of me or my caregivers or cleaners via telephone, in-person, or postal mail as the negligence of your maintenance staff regarding lack of repair to common areas and the elevator is enough frustration

beyond what you are perpetrating now with false claims that I am non-cooperative in re-re-certifying for 2022.

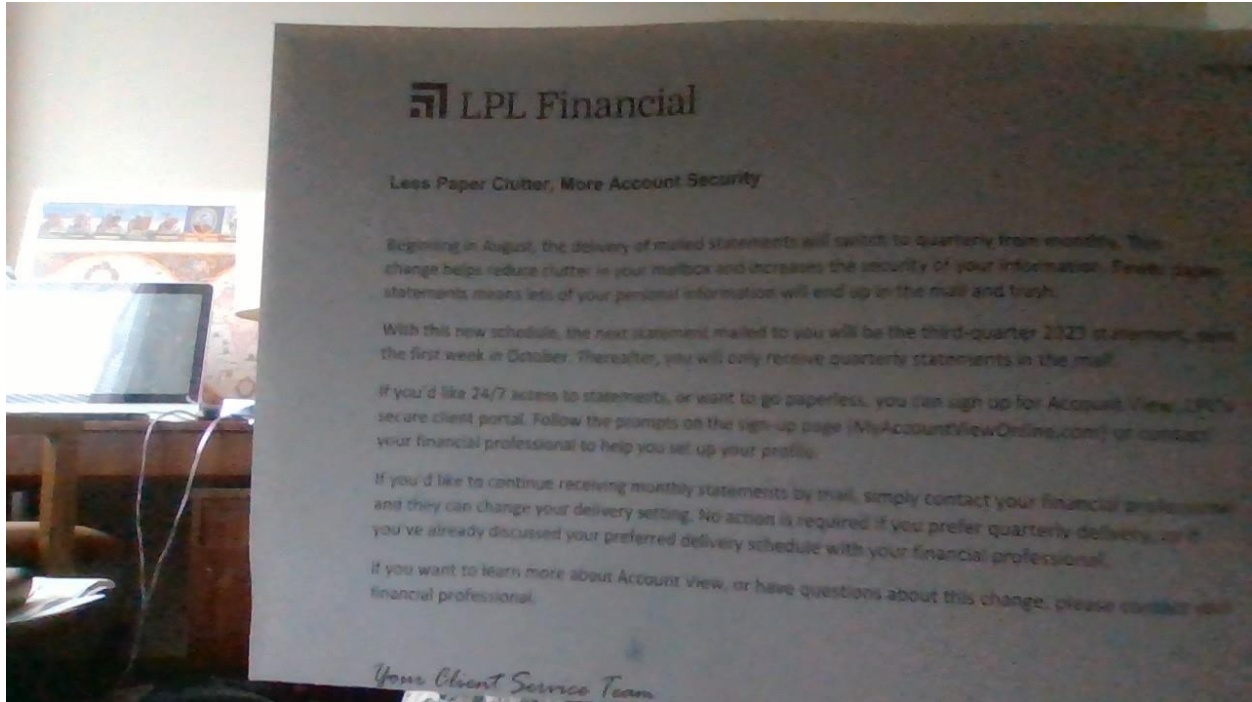
It is not my fault you hired Property manager Lucretia Burgee who was evidently incompetent and was exposed at the Renters Commission for shaking-down residents by intentionally under-charging them rent then presenting notices to quit months later if they did not pay steep penalties for late rent. It is not my fault you instructed Met the temp to instruct me or my daughter to commit fraud on 9 August, 2023. I will not sign documents full of false information wildly overstating my income, nor denying my true and verifiable status as a person over 62 with a disability who pays a significant Medicare Part B monthly Premium and your continued insistence that I go along with these fraudulent documents is suspicious to the point of indicating that KMG Prestige management in tandem with A2 Courthouse Square LDHA, LLC are in violation of the [RICO act](#). Why are the fields left blank in the below document sent by Ms. League-Bellinger for maximum rent when it was included in the document Met prepared me to sign, for instance? Is management planning to fill that information in after I sign the document? Again, I attest this is unlawful and abysmal behaviour to perpetrate upon the aged. We are not to be asked to sign documents with false and missing information to be amended or edited after the fact and refusing to do so should not result in harassment and intimidation of myself or my caregivers or summons to zoom calls for court claiming I am not cooperating when I am ready, willing, and able to cooperate with all re-certification that is true and correct and lawful. I look forward to a full accounting of these bizarre accounting practices perpetrated by KMG Prestige on the low-income elderly of 100 S 4th Ave Courthouse Square Ann Arbor MI 48104.

### **RICO Law - Definition, Examples, Cases, Processes**

cydni

RICO Law defined and explained with examples. RICO Law allows the authorities to punish those who are engaging i...

Please note that today Patricia Butler just sent a "special" inspector at 4:20PM not versed in mold testing to take pictures of the ruptured bay window ceilings that are leaking water and causing water damage to the walls and ceilings of #1102 Courthouse Square. She attested she is not an expert in mold and couldn't tell if there was or was not, though she did confirm there is evident rupture and water damage. If you would like to schedule another inspector who is versed in mold remediation who will test the sink and the ceiling for mold via a probe/sampling of said ruptured and rotting areas, please remit their contact information and I will schedule their inspection at their earliest convenience. Any one not versed in mold is not suitable to inspect said ruptured ceilings or particle-board sink that is also ruptured from water damage and smells of mold.



On Thursday, October 5, 2023 at 11:19:30 AM EDT, Lisa League -Bellinger <[lisa.bellinger@kmgprestige.com](mailto:lisa.bellinger@kmgprestige.com)> wrote:

Hi [REDACTED]

Per the request of your daughter, I am attaching your open 10/2022 Annual Recertification that needs to be signed, Reasonable Accommodation request for a caregiver and a Reasonable Accommodation request for a service animal. Please return at your earliest convenience to avoid future violations for being out of compliance.

Also, per your email; you suggest that you have mold in your apartment. I would like to make an appointment for the Maintenance Supervisor and I to evaluate the areas you speak of. Please call the office to schedule a time.

Thank you,

**Lisa League-Bellinger**

Regional Property Manager

**KMG Prestige, AMO**

23332 Orchard Lake Rd.

Suite F

Farmington Hills, MI 48336

**Direct** 517.679.7322 | **Main** 989.772.3261 ext. 422 | **Fax** 989.953.4815

[lisa.bellinger@kmgprestige.com](mailto:lisa.bellinger@kmgprestige.com) | [www.kmgprestige.com](http://www.kmgprestige.com)

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# REASONABLE ACCOMMODATION REQUEST FOR LIVE IN ATTENDANT/AID

## SECTION A: TO BE COMPLETED BY THE LANDLORD OR MANAGEMENT AGENT

**Community:** Courthouse Square Apartments # \_\_\_\_\_  
**Address:** 100 S. Fourth Ave. Ann Arbor, MI 48104

Property Type:

- Federal subsidized:** check which program:  RD  Section 8;  Section 236;  HOME; or other federal program. If you check this box then Section 504 of the Rehabilitation Act and FFHA will likely apply as well as your State's fair housing or anti-discrimination laws.
- Conventional financing:** Check (FFHA and State law):
- Conventional;
- Section 42 LIHTC;
- Tenant has Housing choice voucher. FFHA/ State and local fair housing laws may be applicable
- Public Housing/ Common Use area open to Public (ADA, FFHA and 504 may all apply)**

**I certify that I am providing this accommodation request form to the applicant because his/her need disability related need for a live in attendant/aid is not readily apparent to me with regard to housing needs.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Landlord Representative

## SECTION B TO BE COMPLETED BY APPLICANT

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ # \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**ADVISEMENT:** We review requests for accommodations on a case by case basis utilizing the federal definitions used in the Federal Fair Housing Act, The American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and, Rural Development Section 7 CFR 3560.11 based upon the type of property involved. The use of the words handicap and disability are interchangeable. In addition, State and/or local laws may apply.

**DEFINITION OF PERSON WITH DISABILITIES:** The Federal Fair Housing Act defines a person with disabilities as "any person who has a physical or mental impairment that substantially limits one or more life activities; has a record of impairment; or is regarded as having such impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS; AIDS related complex, mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself." The term does not include current drug use or addiction to a controlled substance. Source: HUD.Gov Fair Housing webpage Sept. 12, 2016.

All requests are evaluated on a case by case basis to determine if your landlord is required to modify its rules, policies, practices and services in order for the disabled or handicapped resident or applicant to have equal use and enjoyment of the rental premises as non-disabled or non-handicapped residents.

Because your handicap or disability is not readily apparent to the Landlord's representative we ask that you complete this form to begin our review process. The law entitles landlords to receive independent third party medical verification to aid in the review of a request. This is not a request for confidential information about the applicant's medical records or identification of the applicant's handicap/disability so please do not provide that information. We will make every effort to make a decision within (30) thirty days of receipt of a completed request form. If you have an emergency situation you must bring that to your manager's immediate attention. We will make every effort to keep your accommodation requests confidential however, by law our accommodation policies, requests, logs and procedures may be subject to inspection by federal, state or local agencies or as part of civil litigation or discovery.

1. Do you feel you meet the definition of a disabled person as stated in the definition above?  
 Yes  No If 'Yes' please state how long the disability or handicap is intended to last:  
\_\_\_\_\_
2. Do you reside in federally subsidized housing?  Yes  No
3. If your answer to question 2 is 'Yes'; do you report receipt of disability income on your tenant recertification?  Yes  No
4. What accommodation are you requesting from the landlord? \_\_\_\_\_
5. Who is the proposed live-in- aide/caregiver: \_\_\_\_\_
6. What is the relationship between you and the proposed live-in aide/caregiver? \_\_\_\_\_
7. Is the proposed care giver a relative or family member of the applicant?  Yes  No  
If Yes, please explain: \_\_\_\_\_
8. Does the applicant/tenant live alone?  Yes  No
9. Does the applicant/tenant require the assistance of a care giver or aide in order to care for a household member so a member of the applicant's family can work outside the home?  
 Yes  No Explain: \_\_\_\_\_
10. How often will the applicant/tenant require care: # \_\_\_\_\_ of days per week and # \_\_\_\_\_ of hours per day.
11. Will the applicant/tenant have more than one care giver?  Yes  No If Yes, please explain:  
\_\_\_\_\_
12. Can the applicant/tenant stay in the rental premises for periods of time without the aide/ or care giver being present?  Yes  No If yes, how often?: \_\_\_\_\_
13. Will the proposed aide/care giver work outside of the applicant's home?  Yes  No  
If Yes, please explain: \_\_\_\_\_
14. What is the size of the present unit? \_\_\_\_\_
15. Are you requesting a larger unit if a live- in attendant is approved? \_\_\_\_\_

**PERSON YOU AUTHORIZE US TO CONTACT TO OBTAIN MEDICAL VERIFICATION OF NEED BY COMPLETING SECTION C OF THIS REQUEST FORM:**

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**TENANT/APPLICANT CERTIFICATION:** I certify that the information provided above is truthful and honest to the best of my knowledge, information and belief.  
I further acknowledge that by signing this form, I am authorization the manager/apartment community to make any inquiries deemed necessary in order to review my request. This authorization is valid for sixty (60) days from the date it is signed unless revoked or renewed by me in writing to both my landlord and the medical care verifier identified below. I understand that my landlord will maintain this document as a confidential record but because it may result in a change to my landlord's policies, procedures, rules or services with regards to its pet policies this request may be reviewed by HUD and/or other federal and/or state agencies as part of a compliance review or audit, or in response to a complaint or other civil discovery. I understand that that I may request a copy of this completed application.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**APPLICANT MUST RETURN TO MANAGER WHO WILL MAIL/FAX IT DIRECTLY TO THIRD PARTY IDENTIFIED ABOVE**

**Section C: TO BE COMPLETED BY THIRD PARTY/MEDICAL PROVIDER NAMED ABOVE  
TO VERIFY REQUEST FOR A LIVE IN AIDE/ATTENDANT**

This is **not** a request for a Medical diagnosis but rather verification of information in order to assist the landlord in reviewing an applicant's request for a Live- In- Attendant as reasonable accommodation because of a handicap or disability. You are receiving this request because the applicant's disability or disability related need is not known to the Landlord's agent. The Application and your medical verification may also be reviewed by HUD or other governmental agencies, file inspections or audits or other legal purposes.

**GUESTS:** Individuals delivering home-based care services who come and go during the day are considered guests or employees of the tenant. In those situations unless the helper's behavior-as a guest-of the tenant violates the tenant's lease, the presence of these helpers is usually of no interest to the landlord.

**LIVE-IN-AIDE/ATTENDANT:** In some circumstances an applicant or resident will require the support of a live in aide who resides with the individual and assists him/her with personal care and related activities. In HUD or federally assisted or supported housing the presence of a Live-In-Aide or Attendant may trigger subtle, yet significant, changes in eligibility regarding the size of the unit and the amount of the housing assistance or subsidy a tenant or applicant can receive.

**HUD'S DEFINITION OF LIVE IN AIDE:** "A person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who:

1. Is determined to be essential to the care and well-being of the persons;
2. Is not obligated for the support of the persons;
3. Would not be living in the unit except to provide the necessary supportive services.

In most federal housing programs, a qualified applicant benefits by a special rule that excludes the aide's income from determination of household income and therefore not included in the rental rate calculations. (NOTE other federal programs are similar although the definition varies slightly).

For purposes of The Federal Fair Housing uses the word handicapped person whereas USDA uses the word disability. Both require the applicant be a person who (1) who has a physical or mental impairment which (2) **substantially limits** one or more life activities; (3) Has a record of such an impairment; or being regarded as having such an impairment.

1. Have you read all the definitions stated above?  Yes  No
2. Do you have an established medical relationship with the applicant?  Yes  No  
Please state your professional credentials: \_\_\_\_\_
3. What accommodation is the applicant requesting: \_\_\_\_\_
4. *Substantial impairment* of a life activity is said to exist when an individual cannot perform the activity that an average person in the general population can perform or if the manner in which the individual can perform the activity is "significantly restricted as to the condition, manner or duration ... as compared to ... [an] average person in the general population.) Does the disabled person making the modification request have a significant impairment of a life activity as defined above with regards to his or her request for modification?  Yes  No
5. Does your patient have a disability that significantly impairs a life activity as defined in number 4 above?  Yes  No
6. If your response to question 5 above is **No** you can proceed to paragraph 10 and check box 10a and then sign this document;  
If your response to Question 5 above is **Yes**, please continue and answer all of the following questions.
7. HUD regulations seek to distinguish between a household member who would normally be expected to live in the unit and provide support to a person with a disability- such as a spouse or parent, and an individual who has joined the household solely for the purpose of providing essential caretaking. Can you confirm that the proposed live-in- attendant was not a household member prior to becoming a helper or a person who would normally be expected to live in the unit?  Yes  No

8. Please state the number of days and hours per day that the applicant requires care: \_\_\_\_\_ days per week \_\_\_\_\_ hours per day.
9. Please state whether the applicant could reside in the unit without the services of a live-in aide or attendant. \_\_\_\_\_
10. Please state your professional Conclusion:
- a.  The applicant does not meet the FFHA definition of a handicapped/disabled person;
  - b.  The applicant meets the FFHA definition of handicapped/disabled person but does not require the services of a Live-In- Aide/attendant in order to live in the rental unit.
  - c.  The applicant meets the FFHA definition of handicapped/disabled person but a guest or others could perform the services required for the applicant and not live in the applicant's household.
  - d.  The applicant has a temporary handicap or disability which is not believed to be of significant duration.
  - e.  I do not know enough about this applicant to provide the verification at this time.
  - f.  The applicant meets the FFHA definition of handicapped/disabled person and requires the services of a Live-In Aide/attendant in order to live in the rental unit.
11. This form has been completed by me based upon:
- My professional patient records;
  - Information supplied to me by the applicant and not independently verified;

**VERIFICATION:** By signing this document I am confirming that I read each and every response by the applicant and my responses contained in the medical verification and confirm that my responses are accurate and truthful to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_ Print Name of Medical Provider completing this form

\_\_\_\_\_ \*\*Signature of Medical Care Provider

**\*\* STAMPED SIGNATURE WILL NOT BE ACCEPTED**

**RETURN DIRECTLY TO LANDLORD AT ADDRESS APPEARING IN SECTION A**



**REASONABLE ACCOMMODATION REQUEST FOR SERVICE/ASSISTANCE ANIMAL  
FOR PERSON WITH DISABILITIES**

**1. SECTION I. TO BE COMPLETED BY THE LANDLORD OR MANAGEMENT AGENT**

**Community:** Courthouse Square Apartments # \_\_\_\_\_  
**Address:** 100 S. Fourth Ave. Ann Arbor, MI 48104

Property Type:

- Federal subsidized:** check which program:  RD  Section 8;  Section 236;  HOME; or other federal program. If you check this box then Section 504 of the Rehabilitation Act and FFHA will likely apply as well as your State's fair housing or anti-discrimination laws.
- Conventional financing:** Check (FFHA and State law):
- Conventional;
- Section 42 LIHTC;
- Tenant has Housing choice voucher. FFHA/ State and local fair housing laws may be applicable
- Public Housing/ Common Use area open to Public (ADA, FFHA and 504 may all apply)**

I certify that I am providing this accommodation request form to the applicant because his/her need disability related need for a service animal/assistance animal is not readily apparent to me with regard to housing needs.

Date: \_\_\_\_\_

\_\_\_\_\_  
Landlord Representative

**SECTION II. TO BE COMPLETED BY APPLICANT**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ # \_\_\_\_\_

**ADVISEMENT:** We review requests for accommodations on a case by case basis utilizing the federal definitions used in the Federal Fair Housing Act, The American with Disabilities Act and Section 504 of the Rehabilitation Act of 197 and, Rural Development Section 7 CFR 3560.11 based upon the type of property involved. The use of the words handicap and disability are interchangeable. In addition State and/or local laws may apply.

**DEFINITION OF PERSON WITH DISABILITIES:** The Federal Fair Housing Act defines a person with disabilities as "any person who has a physical or mental impairment that substantially limits one or more life activities; has a record of impairment; or is regarded as having such impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS; AIDS related complex, mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself." The term does not include current drug use or addiction to a controlled substance. Source: HUD.Gov Fair Housing webpage Sept. 12, 2016.

All requests are evaluated on a case by case basis to determine if your landlord is required to modify its rules, policies, practices and services in order for the disabled or handicapped resident or applicant to have equal use and enjoyment of the rental premises as non-disabled or non-handicapped residents.

Because your handicap or disability is not readily apparent to the Landlord's representative we ask that you complete this form to begin our review process. The law entitles landlords to receive independent third party medical verification to aid in the review of a request. This is *not* a request for confidential information about the applicant's medical records or identification of the applicant's handicap/disability so please do not provide that information. We will make every effort to make a decision within (30) thirty days of receipt of a completed request form. If you have an emergency situation you must bring that to your manager's immediate attention. We will make every effort to keep your accommodation requests confidential however, by law our accommodation policies, requests, logs and procedures may be subject to inspection by federal, state or local agencies or as part of civil litigation or discovery.

1. Do you feel you meet the definition of a disabled person as stated in the definition above?  No  Yes
2. Do you reside in federally subsidized housing?  No  Yes
3. If the answer to question 2 is "Yes" do you report receipt of disability income on your tenant certifications?  No  Yes
4. What accommodation are you requesting from the landlord? \_\_\_\_\_

5. If you are a Michigan applicant do you have a registration certificate issued by the Michigan Department of Civil Rights for a service animal?  No  Yes  Not applicable  - If yes, please provide evidence issued by the State of Michigan. If you do so, no further information will be required and you may sign and date this and return it to your landlord. Your request will be considered approved unless the particular animal in question based upon an individual assessment is deemed to pose a significant risk or threat of injury to others or causes damage neither of which and cannot be corrected with another accommodation. No Medical verification is required for a service animals registered with MDCR. We do not accept certifications from internet registries as evidence of registration of an animal as a service or assistance animal or evidence that it is task trained with regard to your particular disability related need.

6. With regard to your disability what major life activity has been directly been impaired as a result of that disability? \_\_\_\_\_

7. What specific task has the animal been trained to perform that ameliorates (lessens) the effect or impact of the impairment identified in question 7 above: \_\_\_\_\_

8. Tell us about the service/assistance animal you are requesting:

- a. Are you requesting an assistance animal or service animal? \_\_\_\_\_
- b. Type of animal: \_\_\_\_\_ weight \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months
- c. Is the animal housebroken?  Yes  No
- d. Is the animal current on vaccinations and licensed, if required?  Yes  No (you will be required to provide evidence).

**PROVIDE THE CONTACT INFORMATION FOR THE THIRD PARTY MEDICAL PROVIDER YOU WANT US TO CONTACT TO VERIFY THE DISABILITY AND ACCOMMODATION REQUEST:**

I authorize the person identified below to respond to this accommodation request on my behalf so my landlord can evaluate my request that it make a modification to its pet policy because of my disability related need:

Name: \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

**APPLICANT AUTHORIZATION AND CERTIFICATION:** I authorize the Landlord to release the information contained in this request to the above identified third party medical provider mail or fax. I certify that the information provided by me in this Request for Accommodation is truthful and honest and is not interposed for an improper purpose (i.e. to be allowed to keep a pet otherwise not allowed by the landlord when no disability related need exists). If either my response or my third party medical verifier's response is not clear enough for my landlord to evaluate my request I authorize my Landlord to follow up directly with me or directly with the third party Medical Verifier for clarification of the responses. This authorization is valid for ninety (90) days. I understand that my landlord will maintain this document as a confidential record but both my request and my Third Party Medical Verifier's response may be reviewed by or disclosed to HUD and/or other federal/state agencies or governmental program audits, compliance review, discrimination complaint response, and/or tenancy related matters in which I may be involved or as otherwise required by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature or Legal Guardian

**APPLICANT MUST RETURN TO MANAGER WHO WILL MAIL/FAX IT DIRECTLY TO THIRD PARTY IDENTIFIED ABOVE**

**SECTION III: TO BE COMPLETED BY THIRD PARTY/MEDICAL PROVIDER**

This is **not** a request for a Medical diagnosis but rather a request for you to verify that the applicant is a disabled person and if so, whether the applicant requires the use of a service or assistance animal in order to have the full use and benefit of the rental premises as non-disabled persons. The Landlord has either a "no pet policy" or a policy that allows for pets but restricts the animal size and/or breed. You are receiving this request because the applicant is asking for an exception to the landlord's policy. You are receiving this request because the applicant's disability or disability related need for the animal is not known to the Landlord's agent. The Application and your medical verification may also be reviewed by HUD or other governmental agencies, file inspections or audits or other legal purposes.

1. Have you read the definition of disability with regard to housing Reasonable Accommodation Requests as restated in Section II above?  Yes  No

2. Do you have a medical relationship with the applicant that would allow you to respond to this inquiry based upon your profession knowledge of the applicant's medical history and needs?  Yes  No If Yes, please state your credentials: \_\_\_\_\_.

3. What accommodation is the applicant requesting:

Service Animal  Assistance Animal  Other: \_\_\_\_\_

4. Does the applicant meet the definition of person with disabilities stated above?  Yes  No

5. **A Substantial impairment** of a life activity is said to exist when an individual cannot perform the activity (or if the manner in which the individual can perform the activity is significantly restricted as to the condition, manner or duration as compared to an average person in the general population.) 29 C.F.R. § 1630.2(j). Does the applicant have a physical or mental impairment that substantially limits one or more major life activities?  Yes  No If your response is "yes" identify the life activity/activities limited by the disability for which a service/assistance animal is required: \_\_\_\_\_

6. Is there a disability-related need or nexus between the applicant's disability and the need for the service/assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a physical disability or provide emotional support that alleviates one or more of the identified symptoms or effects of a disability or a mental impairment?  Yes  No.  Unknown. If yes, describe the work, task or service the animal performs for the disabled person that alleviates or mitigates the disability or otherwise assists the applicant in using and enjoying the rental premises: \_\_\_\_\_

7. Is the physical or mental impairment a temporary disability or impairment?  Yes  No \_\_\_\_\_  
If yes, what is the anticipated length of time for the disability? \_\_\_\_\_

8. I understand that I may be called upon to verify my responses and certify that my responses are true and accurate and based upon:

- My professional patient records;
- Information supplied to me by the applicant but not independently verified by me
- Other: (explain) \_\_\_\_\_

Date: \_\_\_\_\_ Print Name & credentials: \_\_\_\_\_

Signature (stamp not accepted) \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS AND RETURN DIRECTLY TO LANDLORD AT ADDRESS APPEARING IN SECTION I. FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN A DENIAL OF THE REQUESTED ACCOMODATION**





# TENANT INCOME CERTIFICATION

60 % AMGI\* Income  
60 % AMGI\* Rent

<b>Project Name</b> Courthouse Square	<b>MSHDA Project Number.</b> [REDACTED]	<b>Effective Date of this Certification</b> 10/01/2022
<b>Household Name</b> [REDACTED]	<b>Unit Number</b> [REDACTED]	<b>HOME unit (check one box)</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> LOW Home <input type="checkbox"/> HIGH Home
<b>Building Address</b> 100 S 4th Ave	<b>Building Identification Number</b> MI9500801	

### TYPE OF TRANSACTION (check one box only)

INITIAL Certification / New Move-In  INTERIM Recertification.  ANNUAL Recertification.

Cert correction (Explanation: \_\_\_\_\_)  Program Change, from \_\_\_\_\_ to \_\_\_\_\_

Unit Transfer Within Same Building  
Moved out of Unit # \_\_\_\_\_ on \_\_\_\_\_ and into Unit # \_\_\_\_\_ on \_\_\_\_\_

Unit Transfer To A different Building Within Project (For LIHTC projects, a unit "transfer" to different building must be treated the same as a new move-in and an initial cert must be completed.)

Other (Describe: \_\_\_\_\_)  MOVE-OUT (Date: \_\_\_\_\_)

### HEAD OF HOUSEHOLD

**a. Race of Head of Household (Enter Code Number from list below):** \_\_\_\_\_ 1  
1-Caucasian 2-Black 3-American Indian 4-Asian 5-Hispanic 6-Multiracial 9-Other, \_\_\_\_\_

**b. Marital Status of HEAD (Enter Code Number from list below):** \_\_\_\_\_ 9  
1-Married 2-Single 3-Widow(er) 4-Divorced 5-Separated 9-Not Reported

**c. Number of Dependents:** \_\_\_\_\_ 0

### Information about HOUSEHOLD COMPOSITION (attach additional sheet if needed)

Member #	Last Name	First Name	Elderly, Handicapped, Disabled	Gender (Male or Female)
1 - Head	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2				
3				
4				
5				
6				
7				

Are any changes to the above household composition certain or anticipated to occur during the upcoming year?  
 No  Yes, describe \_\_\_\_\_

*Only if such is required for this project.* indicate any special demographic or targeting set-asides this household is being counted toward meeting, such as Homeless, Domestic Violence, etc.: \_\_\_\_\_ or  N/A

### Information about Tenant's RENT

**a. Check one box only:**  Rent-Regulated  Unregulated Rent

**b. If rent-assisted, indicate type:**  MSHDA Subsidy  Section 8 Tenant-Based Voucher  
 Other, \_\_\_\_\_

\* AMGI %: Indicate which of the project's income and/or rent targeting levels this unit/household is being counted towards meeting.



# TENANT INCOME CERTIFICATION

Initial Certification    
  Recertification    
  Other

Effective Date: 10/01/2022  
 Move-in Date: 10/09/2017  
 (MM/DD/YYYY)

## PART I. DEVELOPMENT DATA

Property Name: Courthouse Square     County: Washtenaw County     BIN#:             
 Address: 100 S. 4th Avenue Apt                Unit Number:                # Bedrooms: 2

## PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1	[REDACTED]					

## Part III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1	0.00	[REDACTED]		
1	0.00	[REDACTED]		
TOTALS	\$ 0.00	\$		

Add totals from (A) through (D), above

## PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
1	[REDACTED]			
1	[REDACTED]			
1	[REDACTED]			
1	[REDACTED]			

## HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/We agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/We agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/We certify that the information presented in this Certification is true and accurate to the best of my /our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature \_\_\_\_\_ (Date) \_\_\_\_\_ Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
 Signature \_\_\_\_\_ (Date) \_\_\_\_\_ Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
 True/accurate as of (date): 10/1/22  
 Tenant Initials: \_\_\_\_\_  
 Management Initials: KC

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1

\$ [REDACTED]

Household Meets Income Restriction

[REDACTED]

**RECERTIFICATION ONLY:**

Current Income Limit x 140%: \$ [REDACTED]

Household Income exceeds 140% at recertification: [REDACTED]

Current Income Limit per Family Size: \$ [REDACTED]

Household Income at Move-in: \$ [REDACTED]

Household Size at Move-in: [REDACTED]

**PART VI. RENT**

Tenant Paid Rent \$ [REDACTED]

Utility Allowance \$ [REDACTED]

Rent Assistance: \$ [REDACTED]

Other non-optional charges: \$ [REDACTED]

GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) \$ [REDACTED]

Unit Meets Rent Restriction at:

60%  50%  40%  30%  \_\_\_ %

Maximum Rent Limit for this unit: \$ [REDACTED]

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes  No

If yes, Enter student explanation\* (also attach documentation)

Enter 1-5

\*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return

**PART VIII. PROGRAM TYPE**

Mark the program(s) listed below (a through e) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit

b. HOME

c. Tax Exempt

d. Taxable Bond

e. PBV

See Part V above

Income Status  
 <= 50% AMGI  
 <= 60% AMGI  
 <= 80% AMGI  
 OI\*\*

Income Status  
 50% AMGI  
 60% AMGI  
 80% AMGI  
 OI\*\*

Income Status  
 50% AMGI  
 80% AMGI  
 OI\*\*

Income Status  
 60  
  
 OI\*\*

\*\* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE

True/accurate as of (date): 10/1/22  
 Tenant Initials:  
 Management Initials: KC

## ADDENDUM TO LEASE AGREEMENT

It is hereby agreed between A2 Courthouse Square Limited Dividend Housing Association, LLC (Landlord) and Catharine Stevens (Resident) that the original Lease Agreement signed on 10/09/2017, between Landlord and Resident Will be in effect as stated in said agreement with the following changes and conditions:

1. The lease term will be as follows:

Beginning: 10/01/2022.

Ending: 09/30/2023.

2. The following individuals will occupy the premises known as:  
Courthouse Square [REDACTED] located at 100 S. 4th Avenue Apt [REDACTED] Ann Arbor, MI 48104

First Name	Last Name
[REDACTED]	[REDACTED]

3. The rental amount will be [REDACTED] payable in advance on or before the first calendar day of each month.

**Signed and agreed as above written:**

Date: \_\_\_\_\_

By: Lisa League  
Name: Lisa League  
Date: \_\_\_\_\_

KMG Prestige, Inc  
a MI Corporation as Agent for  
Owner A2 Courthouse Square Limited Dividend Housing Association, LLC

