CATHOLIC CHARITIES
WASHTENAW COUNTY

Housing Questionnaire Response

Please respond to the following questions, providing thorough information and attaching additional sheets if needed. Responses can be submitted to Kristin Anderson at kanderson@ccwcwashtenaw.org

Applicant Information:

Landlord/ Property Owner Name	
Business Name, if applicable	
Mailing address	
Phone Number	
Email Address	
Property Manager, if applicable	
Property Manager Contact Information	

Property Details:

Complete for each proposed property. Attach additional sheets if necessary.

Property Address	
County	
Type of Property (Single Family, apartment, etc.)	
Number of Bedrooms	
Number of Bathrooms	
Is this property registered as a rental property (if required by the municipality)	

I affirm that I have the legal authority to enter into a contractual relationship regarding this property. I further affirm that the details of this proposal are true and accurate to the best of my knowledge and that myself and/or my organization will implement this project in compliance with the stipulations and guidelines set forth by Catholic Charities Washtenaw County and the Michigan Department of Corrections.

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Signature Date