

Information & Instructions for Applicants

THE APPLICATION PROCESS

The application must be filled out in full and signed by all adult household members. All supplemental forms in the application packet must be signed and returned with the application. If all information required on the application and listed below is not received by the Housing Authority (PHA) within fourteen (14) calendar days of the application date, the application will be denied.

If an applicant's spouse is **temporarily** absent from the home, that spouse must be included on the application and is subject to the same screening criteria as all other household members. If a spouse is listed on the application as **permanently** absent, his/her income will not be included in calculating rent and he/she will not be screened at the time of application. If a spouse is listed as permanently absent and is later allowed to stay in the apartment, the rent will be adjusted retroactively to include all income of the spouse from date of initial lease.

A criminal history check will be run on all household members over age eighteen (18). The PHA is screening for specific criminal backgrounds. An application will not be denied if a criminal history check reveals a single minor or petty activity. ***In the event that an applicant is offered assistance before the background check is received back by the PHA and the results of the check reveal any criminal activity that would make them ineligible or unsuitable for the program, any assistance will be terminated.***

In addition to completion of the written application and signatures on all forms in the application packet, the applicant must provide:

- Social Security Numbers for all members of the household. Original Social Security cards will be copied by the PHA and returned to the applicant.
- A current driver's license or other state issued photo identification for each adult household member.
- Certified Birth Certificate for all members of the household. Original Certified Birth Certificates will be copied by the PHA and returned to the applicant.
- For each minor listed on the application, original proof of custodianship (such as birth certificate or divorce decree) and the name and address of any parent who will not be living in the household. Needed information will be copied and the original returned to the applicant.
- Additional verification forms as determined necessary based on review of the application.

The application will be reviewed and information verified during the thirty (30) calendar days following receipt to determine suitability and eligibility for the waiting list. The applicant will be contacted by mail if additional information is required. Final determination of eligibility will be made at the time that the applicant's name approaches the top of the waiting list. At that time, applicants will be required to submit documentation and the PHA will verify whether the household meets all of the eligibility criteria for assistance in the program. **If it is determined during the review process that the applicant failed to disclose relevant information or provided false information on the application or at the interview, the application will be denied.**

The applicant will be mailed a letter of initial eligibility or denial at the address provided on the application after the review period. If the application is denied, the applicant may, within fourteen (14) calendar days of the date of the denial, request a hearing at which time he/she could provide documentation that would disprove the validity of the information relied upon in denying the application.

Eligible applicants are placed on a community wide waiting list and offered assistance in accordance with the HUD approved Tenant Selection and Assignment Plan posted in the management office. Applicant screening and offers of assistance will be made without discrimination regarding race, color, creed, religion, sex, national origin, familial status, gender identity, sexual orientation, or disability.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number while on the waiting list. This information is used in determining eligibility, unit size for which the family is eligible, and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the application will be removed from the waiting list.

The application, if approved, is good for twelve (12) months. If not notified by the applicant of continued interest within twelve (12) months from the date of application, the application will be removed from the waiting list. The application will also be removed from the waiting list if the applicant fails to respond to an offer of assistance or to a purge/update letter from the PHA.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws impacting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

V A W A I O L E N C E A G A I N S T W O M E N A C T

What Applicants, Tenants, Owners and Landlords Need to Know

Applicable to Public Housing,
Section 8 Project-Based Housing
and Section 8 Housing Choice
Voucher Programs

*Final Rule Effective
November 26, 2010*

WHO IS PROTECTED BY VAWA?

VAWA applies to applicants and tenants in public housing, Section 8 project-based assistance, and the Housing Choice Voucher Program. VAWA covers both male and female victims of domestic violence, dating violence, sexual assault and stalking. Protection is extended to the entire household, except for the abuser or perpetrator.

APPLICANTS

An applicant cannot be denied admission to a covered program based solely on being a victim of domestic violence, dating violence, sexual assault or stalking if he/she otherwise qualifies for assistance or admission. All applicants must, at a minimum:

- meet PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- meet PHA's criminal background screening criteria;
- have no outstanding debt to the PHA;
- provide Social Security numbers for all household members, and
- meet all other local screening criteria.

Some, but not all, PHAs give a preference to victims of domestic violence, dating violence or stalking. If you are a victim, ask if the PHA gives this preference.

TENANTS OF PUBLIC HOUSING AND PROJECT-BASED SECTION 8 PROGRAMS

The PHA may not deny, remove or terminate assistance based solely on an incident or threat of domestic violence, dating violence or stalking. Reporting incidents to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights.

To escape an abuser, you may be allowed to transfer to another site. If the abuser is in your home, your lease may be bifurcated. This means that assistance to the perpetrator may be terminated, allowing other household members to remain in the dwelling unit or to continue to receive housing assistance.

This does not limit the authority of the PHA or a Section 8 owner/landlord to terminate assistance for repeated lease violations, other criminal activity or good cause. When an actual and imminent threat exists for other tenants or those employed or providing service to the property, the PHA may evict if other reasonable steps, such as barring the perpetrator from the property, contacting local law enforcement or pursuing other legal remedies, are not effective.

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM (HCVP)

A participant who is a victim of domestic violence, dating violence or stalking may move even if the lease has not ended and keep his/her voucher. You must be able to

verify that it was necessary to protect the health or safety of a family member who is or has been the victim of domestic violence, dating violence or stalking and who reasonably believed he/she was threatened with imminent harm if he/she remained in the dwelling unit. If the perpetrator is a member of the household, he/she must be removed from the original voucher and will not receive a new voucher. Such a move does not relieve the family of any financial obligations under the original lease.

If the victim does not want to move, the lease may be bifurcated by the owner, removing the perpetrator from the lease.

A victim protected under VAWA must comply with all program obligations. The PHA, owner or landlord retains the right to evict or terminate assistance for serious or repeated violations of the lease, criminal activity or good cause.

DOCUMENTATION

In processing a request by a victim for protection under VAWA, the PHA may request certification or written evidence to demonstrate that the violence occurred. This documentation requirement may be met by providing a completed HUD-approved certification form, a written verification of the abuse signed by a third party or corroborating evidence of the abuse such as police reports or court records. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days after receiving the written request for the information, your request for relief may be denied.

For Office Use Only. Applicants should NOT write in this section.

REVISED 9/4/2014

Date: _____
 Time: _____
 Initials of PHA representative: _____
 Bedroom Size: _____

**SMOKE FREE
 HOUSING!**

APPLICATION FOR ADMISSION

Mt. Pleasant Housing Commission
 1 W. Mosher St., Mt. Pleasant, MI 48858
 Phone: (989)773-3784 Fax: (989)772-3987

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying that the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in that section. Any required information not received by the PHA within 14 calendar days of the date of this application will result in denial of the application.

Applicant's Name: _____ Phone #: _____ 2nd Phone #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____
 (Where You Currently Reside)

Alternate Contact Name: _____ Phone #: _____

I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)

**Applicants are not required to disclose being disabled. However, deductions to the family income (or other program benefits) for which persons with a disability are entitled cannot be provided unless applicant discloses being disabled.*

Adults (age 18 and older)			Social Security #	Relation to Head	Sex	Race & Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
First	M.I.	Last									Employed	Received TANF
				HEAD								
Minors (under age 18)			Social Security #	Relation to Head	Sex	Race & Ethnicity	Birth Date	Age	Disabled* Yes/No	Applicant has 100% legal & physical custody of the minor child. Yes/No		
First	M.I.	Last								Employed	Received TANF	

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

1. If married (by ceremony or common law) and the spouse is NOT listed on this application, list his/her name:

_____ Where does he/she live? _____

Is the absence Temporary or Permanent? _____

2. Is any household member in the armed services? Yes No If yes, name of service member: _____

3. Does anyone in your household require special accommodations due to a handicap or disability? Yes No

If yes, please request a Request for Reasonable Accommodation form from the PHA when the application is submitted.

II. INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age.

List gross amounts of income (before any deductions).

Income Type	Does any Household Member receive the following Income:		Name of Family Member	Source of Income	Amount per Month
	Yes	No			
Wages or Earnings					\$
Unemployment Benefits					\$
Worker's Compensation					\$
Self-Employment					\$
Pension or Retirement					\$
Social Security					\$
SSI					\$
State SSI (\$42.00)					\$
Child Support					\$
Alimony					\$
Military Income					\$
Income from Rental Property (or other assets)					\$
Regular Cash Gifts or Contributions					\$
TANF/FIP Grant					\$
Financial Aid (Scholarships/Grants)					\$
Other Income					\$

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

1. Does anyone outside of your household assist with bills or expenses on a regular basis? Yes No
If yes, explain: _____
2. List the name(s) of any household members 18 or older who are a full time student and the school they attend:
Name(s) _____ School Name(s) _____
3. List the name(s) of any household members 18 or older who are employed in a job training program:
Name(s) _____ Training Program: _____
4. Has anyone in the household applied for benefits which are in the process of being approved? Yes No
If yes, explain: _____
5. Entitled to Child Support? No Yes \$ _____ Receiving the entitled Child Support? No Yes \$ _____
Entitled to Alimony? No Yes \$ _____ Receiving the entitled Alimony? No Yes \$ _____

III. ASSETS

List all assets or income received from assets for everyone living in the household regardless of age.

Asset Type	Does any Household Member have the following Asset:		Name of Family Member	Source of Asset (Bank Name, Address, etc.)	Total Market Value
	Yes	No			
Checking Account					\$
Savings Account					\$
Certificate of Deposit					\$
Stocks or Bonds					\$
Trusts					\$
Pension/Retirement Funds					\$
Real Estate					\$
Insurance Settlements					\$
Other Asset					\$

1. Has any asset been given away or sold for less than its fair market value in the last 2 years? Yes No
If yes, what? _____ Market Value: _____ Amount Received: _____

IV. MEDICAL EXPENSES (complete this section only if the Head of Household or Spouse is disabled or 62 years of age or older)

List all medical expenses the household anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance	\$	Doctor's Visits:	\$
Prescription Medicine	\$	Other:	\$

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V. CHILD CARE and/or DISABILITY ASSISTANCE EXPENSES

1. Does anyone in the household pay for Child Care for children age 12 or younger while working or attending school? Yes No
Name of Provider: _____ Amount Paid per Month: _____
Address of Provider: _____ Phone # of Provider: _____
2. Does anyone in the household pay for Attendant Care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? Yes No Amount Paid per Month: _____

VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been arrested, charged, or convicted for any of the following?
Violent criminal activity? Yes No If yes, explain: _____
Alcohol related activity? Yes No If yes, explain: _____
Manufacture of methamphetamines? Yes No If yes, explain: _____
Possession, sale, or distribution of illegal drugs? Yes No
If yes, list name/date/disposition of case: _____
2. List the name(s) of any household member who is required to register as a lifetime sex offender: _____
If required to report, list the Probation/Parole Officer's Name: _____ Phone #: _____
3. Has any household member participated in drug rehabilitation during the past 12 months? Yes No
If yes, explain: _____
4. Has any household member been evicted from federally assisted housing in the past 3 years? Yes No
If yes, explain Who & Where: _____

VII. RENTAL HISTORY

1. Current Residence/Rental Unit Address: _____
Household Currently: Owns Rents Other Length of Time at this Residence? From: ____ To ____
Landlord/Owner's Name: _____ Landlord/Owner's Phone # _____
Landlord/Owner's Address: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No
2. Prior Residence/Rental Unit Address: _____
Household Previously: Owns Rents Other Length of Time at this Residence? From: ____ To ____
Landlord/Owner's Name: _____ Landlord/Owner's Phone # _____
Landlord/Owner's Address: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No
3. Prior Residence/Rental Unit Address: _____
Household Previously: Owns Rents Other Length of Time at this Residence? From: ____ To ____
Landlord/Owner's Name: _____ Landlord/Owner's Phone # _____
Landlord/Owner's Address: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

4. Has any household member lived in Public Housing or participated in the Section 8 housing assistance program after reaching the age of 18? Yes No If yes, under what name: _____
 Housing Agency's Name: _____ City: _____ Length of Time at this Agency? From: ____ To ____
 Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No
 Do you owe money to the Agency? Yes No Comments: _____

VIII. PREFERENCE ELIGIBILITY

1. Please answer the following questions for item 4C on the HUD-50058:

A. Does the household currently live in a car, park, abandoned building, bus or train station, airport, camping ground, on the street, or another place not meant for human habitation? Yes No

B. Does the household currently live in an Emergency Shelter, Transitional Housing, Safe Haven¹, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low income individuals? Yes No ¹A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services.

C. Is anyone in the household exiting an institution, including a hospital, substance abuse, or mental health treatment facility, or jail/prison, where they stayed for 90 days or less? Yes No
 If yes, were they living in an Emergency shelter or place not meant for human habitation immediately before entering that institution? Yes No

D. Is anyone in the household fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for themselves or a family member, including a child, that has either taken place within the family's primary nighttime residence or has made them afraid to return to the primary nighttime residence? Yes No
 If yes, do they currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? Yes No

2. Please answer the following questions for Local Preference eligibility:

A. Does anyone in the household currently reside or work in Isabella County? Yes No

B. Has anyone in the household been offered employment in Isabella County? Yes No

3. Please answer the following questions for Involuntary Displacement eligibility:

A. Does the household have certification from a unit or agency of government that the household has been or will be displaced as a result of a fire, disaster, government action, action of the housing owner, inaccessibility, or property disposition? Yes No

IX. MISCELLANEOUS INFORMATION

1. List two (2) references (who are NOT related to you by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement:

Name: _____ Phone #: _____ How long have you known him/her? _____

Name: _____ Phone #: _____ How long have you known him/her? _____

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

2. List all Vehicles that household members will park on PHA property:
 Year: _____ Make: _____ Model: _____ Color: _____ License Plate #: _____
 Year: _____ Make: _____ Model: _____ Color: _____ License Plate #: _____

3. Does the household have a pet? Yes No If yes, describe: _____

4. How did you learn about our program(s)? _____

5. List ALL household members and then check either "Yes" or "No." This section MUST be completed.

Name	Are you a Medical Marihuana Card Holder?	
	Yes	No

A criminal history check will be run on all household members age eighteen (18) and older through the local police department, State, Sex Offender Registry, Medical Marihuana Registry Department, and/or NCIC. All information provided on this application and at any interviews performed is subject to verification. All family members age eighteen (18) and older should review the information on this form, the Federal privacy Act, and all required releases, and they MUST sign all documents in order for this application to be considered for our program(s).

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or telephone number to the Housing Authority within ten (10) days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid for only 12 months unless renewed/updated by me, the applicant.

Signature of Head of Household

Date

Signature of Spouse of Head of Household OR Other Adult

Date

Signature of Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing.
OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Mount Pleasant Housing Commission MI074
Kim Carrion, Executive Director
1 W. Mosher Street
Mount Pleasant, MI 48858
2014

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Mount Pleasant Housing Commission any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: ___ Initial ___ Annual ___ Interim Occupancy Specialist _____



Mt. Pleasant Housing Commission

DECLARATION OF CITIZENSHIP

This form is required by Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I/We certify, under penalty of perjury, that, to the best of my knowledge, I/We am lawfully within the United States because (check the appropriate box, check only one):

- 1. I/We am a citizen by birth, a naturalized citizen or a national of the United States; or
2. I/We have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. I/We have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
a. Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
b. Permanent residence under §249 of INA, see instruction #3; or
c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
d. Parole status under §212(d)(5) of the INA, see instruction #5; or
e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

Table with 2 columns: Name (First, Middle Initial, Last Name) and Signature/Date. Includes a row for the Head of Household and five rows for other family members.

Return completed form to:

Mt. Pleasant Housing Commission
1 W. Mosher St.
Mt. Pleasant, MI 48858

FOR PHA USE ONLY
Enter USCIS/SAVE Primary Verification #: _____
Date: _____

(see page 2 for footnotes and instructions)

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

