



Gladwin City Housing Commission

215 S. Antler Street
Gladwin, MI 48624-2051

Telephone (989) 426-5721
Fax (989) 426-6944
TTY/Voice – Dial 711

Dear Applicant:

Thank you for your interest in housing.

Please fill out the enclosed application packet forms. Make sure to answer all questions, sign and date all forms where indicated.

Also, include *copies* of items listed below that apply to you:

- 1) Every household member's social security card and birth certificate
- 2) Every household (18 and over) member's driver's license or State ID
- 3) Proof of income of all household member
 - If employed, copies of latest month's check stubs and name of employer
 - If self-employed, a copy of the last year's filed federal & state income tax returns with all attachments
 - If receiving Social Security Benefits, a copy of the most recent years Benefit Letter that is less than 4 months old. You may request a new from the Social Security Office @ 1-800-772-1213.
- 4) Proof of Assets: such as bank accounts, whole life insurance cash value, property, etc.
- 5) Proof of Out of Pocket Medical Expenses: such as health insurance monthly premium payment, prescriptions, etc.
- 6) For Disability verification, please provide a doctor's name and address so we may send a verification form.

Contact us at (989) 426-5721 to find out the next step. We look forward to working with you.

Sincerely,

Karen M. Blonde

Karen M. Blonde
Housing Director

Enclosure



Equal Housing Opportunity
Equal Opportunity Employer



GLADWIN CITY HOUSING COMMISSION HOUSING APPLICATION



Phone (989) 426-5721

Fax (989) 426-6944

TTY/Voice – Dial 711

Equal Opportunity Housing

Select the properties below by preference, 1, 2 or 3, that you are applying for:

No Smoking Properties

- Antler Arms is elderly or disabled high rises.
- Beaverton Manor is elderly or disabled high rises.
- Maple Manor is designated as elderly 60 years or older.
- North Cedar Crest Apartments are family duplexes.

Date of Application _____ Home Phone _____ Cell Phone _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

FAMILY COMPOSITION

#	Name of persons occupying the unit	Relationship	Social Security Number	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				

Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card, also provide your Social Security Card.

Drivers License Number(s): _____

Are you or any member of the household subject to a Sex-Offender-Registration Requirements in any state? Yes ___ No ___

Do you or any member of the household have a medical marijuana card? Yes ___ No ___

(Failure to provide a truthfully respond to these questions may jeopardize approval of the application.)

A. GENERAL INFORMATION:

1. Do you own a pet? Yes ___ No ___ Type _____ Pet Description _____
(Pets must meet Housing Commissions Pet Policy)

2. Have you ever been evicted from an apartment for any reason? Yes ___ No ___
If yes, please explain: _____

3. Are you or anyone in the household currently or soon to become a student?
If yes, are you Full Time ___ Part Time ___?
4. Are you separated, but not divorced from your spouse? Yes ___ No ___
5. Are any household members temporarily absent? Yes ___ No ___
Who? _____ How Long? _____
6. Do you expect any changes to your household within the next 12 months? Yes ___ No ___
If yes, please explain: _____
7. Is the head of household a Veteran? Yes ___ No ___
8. How did you hear about the Gladwin City Housing Commission? _____
9. List all states where you and members of your household has resided: _____

B. HOUSING REFERENCE: (List all addresses and applicable landlord reference in the past 3 years.)

Present Address _____ City _____ State _____ Zip _____
 From _____ To _____ Reason for Leaving _____
 Do you own this residence? Yes ___ No ___
Landlord _____ Address _____
 City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____
 From _____ To _____ Reason for Leaving _____
 Did you own this residence? Yes ___ No ___ If No, did you rent this residence? Yes ___ No ___
Landlord _____ Address _____
 City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____
 From _____ To _____ Reason for Leaving _____
 Did you own this residence? Yes ___ No ___ If No, did you rent this residence? Yes ___ No ___
Landlord _____ Address _____
 City _____ State _____ Zip _____

C. INCOME:

Circle one	Description of Income	Family Member	Source and Address	Income Amt.
Y N	Social Security			
Y N	Employment			
Y N	Self Employed			
Y N	Public Assistance			
Y N	Veterans Benefit			
Y N	Pension/Annuity			
Y N	Disability			
Y N	Child Support/Alimony			
Y N	Unemployment			
Y N	Other: describe			

D. ASSETS:

Circle One	Type of Asset	Name and Address of Bank or Other Asset
Y N	Checking Acct.	
Y N	Checking Acct.	
Y N	Savings Acct.	
Y N	Savings Acct.	
Y N	Real Estate	
Y N	Land Contract	
Y N	Time Certificates	
Y N	Life Insurance	
Y N	Other: describe	

Have you disposed of any assets within the last two years at less than Fair Market Value? _____
 If yes, explain _____

E. MEDICAL/INSURANCE DEDUCTIONS – DOCTORS (for senior/disabled housing):

Does the head of household qualify to HUD’s definition of disability? Yes No
 “Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”

Physicians name to certify disability: _____
 Address: _____

Circle One	Type of Medical	Name and Address of the Company or Pharmacy
Y N	Medical Ins Premiums	_____ _____
Y N	Medical Bills	_____ _____
Y N	Prescriptions	_____ _____

Is a barrier free apartment needed? Yes No

If a family member has lived in low-rent public housing before, please complete the following:

Member	Name of Housing and Address	Date of Rental & Amount Of Rent	Reason for Leaving

Have you ever filed an application for housing with the Gladwin City Housing Commission? Yes No
 If yes where? _____

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries made for verifying the statements made herein. I understand that the Gladwin City Housing Commission, to help determine eligibility, may make a home visit. I understand that I am responsible for keeping this application current by notifying the Gladwin City Housing Commission of any changes in my address and/or phone number, and that if I cannot be reached at the address or phone number listed, my name will be removed from the waiting list.

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 U.S. as to any matter within its jurisdiction.

_____ Date _____
Signature of Applicant

_____ Date _____
Signature of Co-Applicant (if applicable)

_____ Date _____
Signature of Management

Time Received _____ a.m./p.m.

Checklist

Name:	Apt #:
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All Questions must be answered

In order to determine eligibility and to ensure your family receives the correct assistance, each household member age 18 or older must complete this form by providing the following information.

I am a citizen of the United States or a permanent legal resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you subject to a sex offender registration requirement in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a medical marijuana card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT INCOME:

 If applicable, please provide employment information below:

Are you employed? If yes, provide the employer information requested below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Name:		
Employer Address:		
Employer Phone #:		
Provide the last 3 paystubs for your employment.		

OTHER INCOME:

 Provide proof of income. Proof must be no older than 120 days old.

Do you receive monthly Social Security, SSI or Railroad Retirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive quarterly State SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly Public Assistance - such as Food Assistance, Insurance or Cash Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly VA Income Pension Benefits? (This does not include medical benefits. That answer would be provided on page 3.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Military Active Duty Allotments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly Unemployment Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly Workers' Compensation Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Rental, Real Estate or Personal Property Income - such as land contract payment, building rent or personal item rent paid to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you entitled to monthly Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have been awarded Child Support but not receiving payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly Pension(s)? How many? ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly income from Annuity or Other Assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive periodic payments from Long-Term Care Insurance, Disability or Death Benefits? Is it paid monthly, quarterly, or annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive monthly contributions from someone not living in the unit or an organization for rent, child care or other bills.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am presently a student or anticipate being a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a student or anticipate being a student, what will you be?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive GI Bill Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Other Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Checklist

ASSETS: Provide proof of all assets.

Have you sold or given real property or other assets valued at \$1000 or more (including cash personal donations or charitable donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own certificates of deposit (CD)? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a 401K or other employment savings account? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own an IRA or other retirement account? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own stocks or bonds? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own an annuity? List names of institution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your retirement accounts have a Required Minimum Distribution or Penalty of Early Withdrawal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a whole life or universal life insurance policy(s). If yes, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a home or other property? Provide copy of Property Tax Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe money on your home or other property? Provide statement with current balance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Provide Federal Income Tax Return as proof.		
Is there a trust fund in your name or have you established a trust fund for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a safety deposit box holding assets not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other assets not mentioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. The other person(s) do not own the assets and receive no income from the assets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have joint ownership on one or more of the above assets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A member of my household is under the age of 18 and has assets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe minor assets:		

CHILD CARE OR DISABLED FAMILY CARE DEDUCTIONS: Household income can be reduced based on the amount of qualified expenses. Report if you have out-of-pocket expenses for Child Care or Disabled Family Member Care. **Provide proof of all paid Child Care or Disabled Family Care.**

Child Care Expenses for a minor 12 years of age or younger. Child care is used to care for the child because the parent/guardian is: Employed Seeking Employment Going to School

Annual Child Care Cost (please provide receipts):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Name:		
Provider Address:		
Provider Phone #:		
Are you reimbursed for your child care payments through another agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Checklist

Disabled Family Member Care Expenses to allow any adult family member to work.

Annual Disabled family member out-of-pocket cost - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Name:		
Provider Address:		
Provider Phone #:		
Annual Disabled family member equipment out-of-pocket cost - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Auxiliary Aide Expenses for a disabled family member (i.e. assistive listening device, text telephone (TTY), brailled material, screen reader software, etc.)

Annual Auxiliary Aid cost - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MEDICAL EXPENSE DEDUCTION: Household income can be reduced based on the amount of qualified expenses. You will only qualify for medical deductions if the head-of-household, co-head of household or spouse is disabled or at least 62 years old. **Paid medical receipts or proof of medical payment plan (such as insurance) must be provided.**

Medicare Premium (A, B, C, D) is deducted from your Social Security - Provide proof	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Health Insurance - Monthly premium - Provide proof	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dr. Visits or Medical Treatments - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optical or Dental Visits - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription Drugs - Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you must pay for the medicines, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over-the-counter medical expenses to treat a specific medical condition - Annual (yearly) out-of-pocket expense (i.e. aspirin to treat heart condition or calcium supplement to treat osteoporosis, etc.). Provide medical provider's name and address to send a verification and paid receipts for expense calculation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal use items Annual (yearly) out-of-pocket expense (i.e. glasses, incontinent supplies, hearing aids, hearing aid batteries, etc.). Provide medical provider's name and address to send a verification and paid receipts for expense calculation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cost/Care for Assistance/Companion Animals - Annual (yearly) out-of-pocket expenses. Provide paid receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Travel - Cost to and from medical appointments and GCHC form signed during every trip by the medical provider's staff. Contact office for a form if you need one.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Checklist

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. 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 appropriated, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this checklist and to contact sources of income, credit and other verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in the checklist are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant/Tenant Name (please print): _____

Signature: _____ Date: _____

AUTHORIZATION for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Gladwin City 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 Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

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 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 \$5000.00. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.



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BACKGROUND INFORMATION

Complete all of the following information:

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License* # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

Former Employers (fill out most recent first if applicable):

1. _____ Position _____

Dates of Employment _____ to _____
Month Year Month Year

2. _____ Position _____

Dates of Employment _____ to _____
Month Year Month Year

3. _____ Position _____

Dates of Employment _____ to _____
Month Year Month Year

E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____



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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Gladwin City Housing Commission ("the Company") at any time after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324; Telephone # (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____



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DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION

The Gladwin City Housing Commission, (the “Company”) may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including volunteer assignment(s), as applicable) and throughout your employment if you are hired or retained, as allowed by law. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request from the Company (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be prepared by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**.

Signature: _____ Date: _____



Equal Housing Opportunity
Equal Opportunity Employer



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

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A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

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