

# GLADWIN CITY HOUSING COMMISSION HOUSING APPLICATION



Phone (989) 426-5721

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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 \_\_\_\_\_

**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;** \_\_\_\_\_

**Are you or any member of the household subject to a sex offender registration requirement in any state? Yes\_\_\_ No\_\_\_**  
(Failure to truthfully respond to this question may jeopardize approval of the application.)

**A. General Information**

1. Do you own a pet? Yes\_\_\_ No\_\_\_  
(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?  
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? \_\_\_\_\_

**B. Housing Reference: (List all residences and applicable landlord reference in the past three 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	Amount of Income
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
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 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 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	Time/Amt. Of Rent	Reason for Leaving

Have you ever filed an application for housing with the Gladwin City Housing Commission?  
 Yes or 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 being made for the purpose of verifying the statements made herein. I understand that a home visit may be made by the Gladwin City Housing Commission, to help determine eligibility. 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.**

\_\_\_\_\_  
 Signature of Applicant Date \_\_\_\_\_ Signature of Applicant Date \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Management Date \_\_\_\_\_ Time Received \_\_\_\_\_ a.m./p.m.

**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.

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

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Michigan State Housing Development Authority  
**CHECKLIST MSHDA PROGRAMS**  
 (Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

**Complete a separate form for each household member who is age 18 or older.**

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.)
5			I am self-employed. (List the types of jobs you do.) _____
6			I receive Social Security or Rail Road Retirement Act income.
7			I receive Supplemental Security Income (SSI).
8			I receive quarterly payments from FIA for the State-paid portion of a SSI grant.
9			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).
10			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider.
11			I receive disability or death benefits other than Social Security.
12			I receive Veteran's Administration benefits.
13			I receive Public Assistance.
14			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
15			I receive unemployment benefits.
16			I receive periodic payments from Workers' Compensation.
17			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
18			I receive income from rental of real estate or personal property.
19			I receive periodic payments from lottery winnings.
20			I receive adoption assistance payments.
21			I receive alimony.
22			I receive GI Bill benefits.
23			I receive military active duty allotments.
24			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
52			I have income/assets from sources other than those listed above. (Describe) _____
53			A member of my household is under the age of 18 and has assets (see Question #63 for list of assets). (Describe)

	Yes	No	COMPLETE EACH ITEM:
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**ALLOWANCES / DEDUCTIONS**  
(Complete the items below for Section 8, Section 236, and Moderate Projects Only)

54			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
58			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
59			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays full partial.
60			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
61			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

**OTHER ITEMS**

62			I have provided proof of Social Security number (or certification) for all household members five (5) years of age and older. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
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**DISPOSAL / DIVESTITURE OF ASSETS**  
(all tenants and prospective residents in all types of projects must complete the section below)

63			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>
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Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

\_\_\_\_\_  
Applicant / Tenant Signature

\_\_\_\_\_  
Date