



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 as indicated and take notice that some forms may be two sided.

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 member 18 and over driver's license or State ID
- 3) Proof of income of all household member
 - If self-employed, a copy of the last year's filed federal & state income tax returns with all attachments
 - If receiving SS, SSD or SSI, a current copy of the benefit Verification letter that is no older than 120 days old. You may request a new from the Social Security Office @ 1-800-772-1213.
- 4) Proof of all bank accounts; such as checking, savings, CD's etc.
- 5) Proof of whole life insurance cash surrender value
- 6) Proof of health insurance monthly premium payments
- 7) For disability verification please provide a doctor's name and address so we may send a verification form.

Next, contact us at (989)426-5721 to **schedule an appointment**. Bring with you the completed application packet and all appropriate items from the list above, we can make copies if needed. Please make sure there is a completed application for each household member 18 and older.

For unit photos and amenities please refer to our website www.gladwinchc.net or you can find us on Facebook @GladwinCHC. We look forward to working with you, any questions please do not hesitate to contact our office.

Sincerely,

Karen M. Blonde

Karen M. Blonde
Housing Director

Enclosure



GLADWIN CITY HOUSING COMMISSION (GCHC)

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 (NCCA) are family duplexes.

No Marijuana Use
Properties

Date of Application _____ Home Phone _____ Cell Phone _____

Current Address: _____

Mailing Address (if different from current address): _____

Email address _____ Emergency Contact Name & Phone _____

Failure to provide a truthful response to these questions will jeopardize approval of the application.

A. **FAMILY COMPOSITION** – List all residing in household including unborn children

#	Name of Household Members applying for housing	Relationship to Head of Household	Social Security Number	Date of Birth
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				

To verify age and citizenship, the following proof will be required: (1) a Birth Certificate, (2) a valid State Driver's License or a valid State I.D. Card, (3) Social Security Card.

Driver's License Number(s) for all 18+ household members: _____

Are you or any member of the household subject to a Sex-Offender-Registration Requirements in any state?

Yes ___ No ___ If yes, which states are you registered in: _____

Using the number below, indicate whether you or any household member has been arrested or convicted of any crime listed below:

- | | | |
|--|--------------------------------------|---|
| 1. Rape/Sexual Assault/Child Molestation | 5. Destruction of Property/Vandalism | 9. Public Intoxication/Drunk & Disorderly |
| 2. Homicide/Murder/attempted of | 6. Assault | 10. Receiving Stolen Goods |
| 3. Burglary/Larceny/Robbery | 7. Drug Trafficking/Use/Possession | 11. Fraud |
| 4. Threats/Harassment/Stalking | 8. Child Abuse/Domestic Violence | 12. Other: _____ |

Member Name	Crimes(s) # From Above	Current Status or Disposition & Date

Does any household member have a medical marijuana card or use marijuana? Yes _____ No _____

Have you ever been evicted or served papers to start eviction for any reason? Yes _____ No _____

If yes, please explain: _____

B. DISABLED or SPECIAL ACCOMMODATION REQUEST

- 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."
- Do you or any member of your household have a condition that requires one of the following:
_____ Unit for Vision Impaired _____ Barrier Free Unit _____ Unit for Hearing Impaired
_____ Any Other Accommodations; list request _____
If you check any of the above listed categories, a medical provider will need to verify that your disability requires the need for this accommodation.
- If yes to question 1 or 2, provide medical provider's information below to certify disability need:

Medical Provider's Name: _____

Address: _____

C. GENERAL INFORMATION:

- Are all members of the household US Citizens or eligible to receive benefits? Yes _____ No _____
- Are you separated, but not divorced from your spouse? Yes _____ No _____
- Are any household members temporarily absent? Yes _____ No _____
Who? _____ How Long? _____
- Is anyone in your household currently receiving HUD rental assistance? Yes _____ No _____
- Do you expect any changes to your household within the next 12 months? Yes _____ No _____
If yes, please explain: _____
- Is the head, co-head or spouse of household a Veteran? Yes _____ No _____
- Do you own a pet? Yes _____ No _____ Type _____ Pet Description _____
Pet must meet all GCHC policy requirements per the pet policy. Policy available upon request.
- If applying for a NCCA, are you and co-applicant current on all utility bills? Yes _____ No _____
- If applying for a NCCA, are you or co-applicant able to have utilities in your name? Yes _____ No _____
- How did you hear about the Gladwin City Housing Commission? _____
- List all states where you and members of your household have resided: _____

D. STUDENT STATUS:

Are you or anyone in the household currently a student? Yes _____ No _____

If yes, are any students under age 24 and enrolled in an institute of higher learning? Yes _____ No _____

List all Students & provide copies of course schedule & financial aid information, if any.

Household Member Name	Institution	Status (Circle One)	
		Full-Time	Part-time
		Full-Time	Part-time
		Full-Time	Part-time
		Full-Time	Part-time
		Full-Time	Part-time
		Full-Time	Part-time

- E. **RESIDENTIAL HISTORY:** List all addresses and landlord reference for all applicants 18+ age for the **PAST 3 YEARS**. Use back side of pages if necessary to enter more landlord information.

APPLICANT INFORMATION:

Current 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 #2 _____ 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 _____

Present Address #3 _____ 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 _____

CO-APPLICANT INFORMATION:

Current 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 #2 _____ 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 _____

Present Address #3 _____ 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 _____

APPLICANT PERSONAL REFERENCE

Name _____ **Address** _____

City _____ State _____ Zip _____ Relationship _____

Name _____ **Address** _____

City _____ State _____ Zip _____ Relationship _____

Name _____ **Address** _____

City _____ State _____ Zip _____ Relationship _____

CO-APPLICANT PERSONAL REFERENCE

Name _____ **Address** _____

City _____ State _____ Zip _____ Relationship _____

Name _____ Address _____
 City _____ State _____ Zip _____ Relationship _____
 Name _____ Address _____
 City _____ State _____ Zip _____ Relationship _____

F. INCOME:

Circle One	Description of Income	Family Member	Source and Address	Amount and Frequency
Y N	Social Security/SSI/SSDI			
Y N	Employment			
Y N	Self-Employed or Business			
Y N	Public Assistance/TANF/ General Assistance/etc.			
Y N	State SSI (Quarterly Payment)			
Y N	Veterans Benefit			
Y N	Pension/Annuity/ Retirement Accounts			
Y N	Insurance Settlement Payments			
Y N	Child Support/Alimony			
Y N	Unemployment			
Y N	Worker's Compensation			
Y N	Lottery Winning Payment			
Y N	Inheritance Payment			
Y N	Income from Rental Property or Real Estate (Land Contract, Farm Income, etc.)			
Y N	Regular Payment or financial help from anyone not in the household			
Y N	Other: Describe			

Do you or any member of your household expect any changes to your income in the next 12 months? _____

If YES, explain: _____

G. ASSETS:

Circle One	Type of Asset	Family Member	Name and Address of all Assets
Y N	Checking Accounts		
Y N	Savings Accounts		
Y N	Certificate of Deposit		
Y N	Money Market or Mutual Fund Accounts		
Y N	IRA/401K/ Retirement Accounts		
Y N	Annuities		
Y N	Stocks/Bonds/T-Bill		
Y N	Cash on Hand – List Amount		Amount: \$
Y N	Real Estate or Property		

ASSETS CONTINUE . . .

Circle	Type of Asset	Family Member	Name and Address of all Assets
Y N	Prepaid Benefit Card (TANF/Child Support/Direct Express/Payroll/etc.)		
Y N	Electronic Money Account or E-Wallet (Venmo/PayPal/ Google Pay/Apple Pay/etc.)		
Y N	Trust - Irrevocable		
Y N	Trust - Revocable		
Y N	Whole Life Insurance		
Y N	Personal Property for Investment (coin/painting/etc.)		
Y N	Extra Asset (second car/ATV/ camper/boat/motorcycle/etc.)		
Y N	Other: describe		

Have you or any household member disposed of any assets or given away any assets for LESS than Fair Market Value in the past two years? Yes ____ No ____

If yes, describe below:

Household Member	Item	Amount Received	Market Value	Date Item Sold or Given Away

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

Is the head, co-head or spouse of the household disabled or 62 years of age or older **AND** pay out of their pocket for medical expenses? Yes ____ No ____ If yes, answer the questions below and provide paid medical receipts or premium payments with this application.

Circle One	Type of Medical Payments Paid by Applicant	Name and Address of Company(s) or Pharmacy(s)
Y N	Medical Insurance Payments	
Y N	Medical, Dental or Optical Bills	
Y N	Prescription Bills or Co-Pays	

If you or a family member has lived in HUD assisted 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 when and for what property? _____

Owner's Notice No. 1 Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to person other than U.S. Citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet during the interview process.
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration.
- 3. Each family member must provide evidence of eligible immigration status.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Property Manager. They will be happy to assist you. Also, if you are unable to provide the required documentation with your application, you should immediately contact the office and request an extension. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation.

Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

EIV FORM-1 To Applicants

If you are submitting an application for residency at a HUD property, Gladwin City Housing Commission will verify household data using the Secure HUD EIV System. This includes household income, including critical data (birth dates, names, and social security numbers). For additional information, please see the EIV & You Brochure, which is available upon request.

I. CERTIFICATION:

I understand that management is relying on this information to prove my household's eligibility for HUD programs. I certify that all of the information provided to the application questions are truthful and complete to the best of my knowledge. I consent to the release of necessary information for determination eligibility and have no objections to inquiries made for verifying the statements made herein. I authorize my consent to have management or management's agents verify the information contained in this application for the purpose of eligibility for occupancy. I will provide all necessary information where applicable and additional information as required to complete this process. I understand that my occupancy is contingent on meeting management's resident selection criteria, and all HUD requirements. I also understand that management's verification of information does not entitle me to occupancy until such time that I have been notified as approved and offered housing. I further understand that I am responsible for keeping this application current by notifying the Gladwin City Housing Commission of any changes in my address or phone number, and if I cannot be reached at the address or phone number listed, my name will be removed from the waiting list. I acknowledge that providing false or inaccurate statements or information may be grounds for denial of my application.

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.

All household members over the age of 18 must sign and date the application.

Signature of Applicant

Date _____

Signature of Co-Applicant (if applicable)

Date _____

Signature of Management

Date _____

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

*Attachment: Form HUD 92006 – Supplement to Application for Federally Assisted Housing

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 **circling yes or no** to the following information.

I am a citizen of the United States or a permanent legal resident.	Yes	No
Are you subject to a sex offender registration requirement in any state?	Yes	No
Do you have a medical marijuana card or use marijuana?	Yes	No

EMPLOYMENT INCOME: If applicable, please provide employment information below:

Are you employed? If yes, provide the employer information requested below.	Yes	No
Employer Name:		
Employer Address:		
Employer Phone #:		
Provide the last 3 paystubs for your employment.		
Are you self-employed? If yes, provide the following information:	Yes	No
What type of business and the business name? _____		
Last 3 monthly earning statement & latest Federal Tax Return to include applicable Schedule C, E or F.		
Do you earn income through an App or Website like Uber, Doordash, Etcy, VRBO, etc.?	Yes	No
If yes, provide last 3 monthly earning statement & latest Federal Tax Return to include applicable Schedule C, E or F.		

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

Do you receive monthly Social Security, Social Security Disability, Social Security Dual Entitlement, Social Security from Spouse, SSI or Railroad Retirement?	Yes	No
Do you receive quarterly State SSI?	Yes	No
Do you receive monthly Public Assistance - such as Food , Child Care, Insurance or Cash Assistance?	Yes	No
Do you receive monthly VA Income Pension Benefits? (This does not include medical benefits. That answer would be provided on page 3.)	Yes	No
Do you receive Military Active Duty Allotments?	Yes	No
Do you receive monthly Unemployment Benefits?	Yes	No
Do you receive monthly Workers' Compensation Benefits?	Yes	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?	Yes	No
Are you entitled to monthly Child Support?	Yes	No
Have been awarded Child Support but not receiving payments?	Yes	No
Do you receive monthly Pension(s)? How many? ____	Yes	No
Do you receive monthly income from Annuity or Other Assets?	Yes	No
Do you receive insurance payments? Examples: Long-Term Care, Disability, Death, etc.?	Yes	No
Have you received lottery winnings?	Yes	No
Have you received an inheritance?	Yes	No
Do you receive payments or financial help from anyone not in the household?	Yes	No
Any Other Income?	Yes	No

Checklist

STUDENT STATUS AND INCOME: Provide proof of current student status and any financial aid income. Proof must be no older than 120 days old.

I am presently a student?		Yes	No
If you are a student, what is your status?	Full-time	Part-time	
Do you receive financial aid for education assistance?		Yes	No
Do you receive GI Bill Benefits?		Yes	No
I anticipate being a student?		Yes	No
If yes, provide the office the proof as soon as you know when the status will become current?			

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?		Yes	No
Are any benefits paid to a Debit Card only Account (such as Direct Express, Chime, etc.)? * Such benefits include any payment from Social Security, Employer, DHHS, etc. * This <u>does not</u> include debit cards that are included with a bank accounts.		Yes	No
Do you have an electronic money account or e-wallet (such as Venmo, PayPal, Google Pay, Apple Pay, Amazon Pay, etc.)? If yes, which accounts? _____ Please provide statement with current balance for all accounts.		Yes	No
Do you have a checking account? List names of institution:		Yes	No
Do you have a savings account? List names of institution:		Yes	No
Do you own certificates of deposit (CD)? List names of institution:		Yes	No
Do you have a 401K or other employment savings account? List names of institution:		Yes	No
Do you own an IRA or other retirement account? List names of institution:		Yes	No
Do you own stocks or bonds? List names of institution:		Yes	No
Do you own an annuity? List names of institution:		Yes	No
Do any of your retirement accounts have a Required Minimum Distribution or Penalty of Early Withdrawal?		Yes	No
Do you have a trust?	Yes	No	If yes, is your trust a irrevocable trust?
Do you own a whole life or universal life insurance policy(s). If yes, how many?		Yes	No
Do you own a home or other property? Provide copy of Property Tax Statement		Yes	No
Do you owe money on your home or other property? Provide statement with current balance.		Yes	No
Did you declare self-employment income on page one? Does this business have assets?		Yes	No
Current value of business property & other assets. Provide Federal Tax Return list of asset value or Accountant calculations?		\$	
Do you own other assets such as second automobile, motorcycle, camper, side-by-side, 4-wheeler, boat, etc. Please provide proof current value of assets.		Yes	No
Do you have personal property for investment, such as coin, painting or other collectibles? Provide asset value from authorized dealer or appraiser.		Yes	No
Do you have any other assets not mentioned?		Yes	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.		Yes	No
I have joint ownership on one or more of the above assets.		Yes	No
A member of my household is under the age of 18 and has assets.		Yes	No
Describe minor assets:			

Checklist

CHILD CARE DEDUCTIONS: **Provide paid receipts**

Does household pay child care cost for a minor 12 years of age or younger?	Yes	No
Child care is used because parent(s)/guardian(s) are (circle one): Employed Seeking Employment Going to School		
Provide Child Care Provider's Name & Address:		
Does another agency or individual pay for your child care or reimburse you?	Yes	No

DISABLED FAMILY MEMBER CARE DEDUCTIONS: **Provide paid receipts**

Does household pay for a disabled household family member care?	Yes	No
Disabled care is used because adult household member(s) are (circle one): Employed Seeking Employment Going to School		
Provide Disabled Care Provider's Name & Address:		
Does another agency or individual pay for disabled family member care or reimburse you?	Yes	No

AUXILIARY AID EXPENSE: **Provide paid receipts**

Auxiliary aid provides effective methods of making audible, written, and visually information accessible to disabled household members, such as qualified readers, taped texts, audio recording, braille, large print materials, etc.		
Does household pay for a disabled household family member care?	Yes	No
Does another agency or individual pay for auxiliary aid or reimburse you?	Yes	No

MEDICAL EXPENSE DEDUCTION:

Is the head, co-head or spouse of the household disabled or 62 years of age or older and pays out of pocket medical expenses. If yes, answer the medical questions below as they apply to you. If no, answer no to all the medical questions below.	Yes	No
Provide paid medical receipts or proof of medical payment plans (such as insurance) for all yes answered medical expense questions below.		

MEDICAL EXPENSE QUESTIONS:

Medicare Premium (A, B, C, D) is deducted from your Social Security - Provide proof	Yes	No
Other Health Insurance - Monthly premium - Provide proof	Yes	No
Dr. Visits or Medical Treatments - Provide paid receipts	Yes	No
Optical or Dental Visits - Provide paid receipts	Yes	No
Other medical? Describe: _____	Yes	No
Prescription Drugs - Provide paid receipts	Yes	No
If you must pay for the medicines, are you later reimbursed all or part of the cost?	Yes	No
Over-the-counter annual (yearly) out-of-pocket medical or personal use items expense to treat a specific medical condition (i.e. aspirin, calcium, vitamin D, incontinence supplies, hearing aid batteries, etc.). Provide medical provider's name and address to send a verification and paid receipts for expense calculation. _____	Yes	No
Provide Medical Care Provider(s)' Name & Address:		
Cost for care of service or emotional support animals.	Yes	No
Medical Travel - Provide proof of paid mileage expense on GCHC medical travel form signed during every trip by the medical provider's staff or paid receipt from agency or individual for medical trips. Mileage is reimbursed at the IRS approved medical travel rate.	Yes	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) Courts and Post Offices Schools and Colleges Law Enforcement Agencies Support and Alimony Providers	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers	Veterans Administration Retirement Systems Banks and other Financial Institutions Credit providers and Credit Bureaus Utility Companies
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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)**



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215 S. Antler Street
Gladwin, MI 48624-2051

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Fax (989) 426-6944
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BACKGROUND 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):

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: _____



Equal Housing Opportunity
Equal Opportunity Employer





Gladwin City Housing Commission

215 S. Antler Street
Gladwin, MI 48624-2051

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TTY/Voice – Dial 711

DISCLOSURE REGARDING INVESTIGATIVE CONSUMER REPORT and 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>**.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING INVESTIGATION CONSUMER REPORT and BACKGROUND INVESTIGATION (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: _____



Equal Housing Opportunity
Equal Opportunity Employer



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.

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

Applicant Copy

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.

Applicant Copy