

**EVART HOUSING COMMISSION  
601 W. FIRST STREET  
EVART, MI 49631  
PHONE # 231-734-3301  
FAX # 231-734-6454**

**DOORS ARE OPEN MONDAY-THURSDAY 8:00AM-12:00PM & 1:00PM-5:00PM  
TO ACCEPT APPLICATIONS**

**PLEASE READ BEFORE FILLING OUT APPLICATION  
INSTRUCTIONS FOR COMPLETING YOUR APPLICATION**

THE APPLICATION MUST BE TURNED INTO A STAFF MEMBER IN PERSON. DO NOT LEAVE IN DROP BOX.

PLEASE COMPLETE ALL OF THE APPLICATION. IF THE INFORMATION IS NOT COMPLETE (ADDRESSES, PHONE NUMBERS, ZIP CODES, ETC.) THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

COMPLETING THE APPLICATION DOES NOT AUTOMATICALLY PLACE YOU ON THE WAITING LIST. YOU MUST PASS ALL REQUIREMENTS.

**PLEASE BE ADVISED THAT UNDER FEDERAL LAW WE CANNOT PROCESS YOUR APPLICATION UNTIL YOU PROVIDE US WITH ORIGINAL SOCIAL SECURITY CARDS, BIRTH CERTIFICATES, AND DRIVER'S LICENSE FOR EACH PERSON LISTED ON THE APPLICATION.**

**SOCIAL SECURITY RECIPIENTS:** IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH A COPY OF YOUR CURRENT AWARD LETTER. IF YOU NO LONGER HAVE THIS, YOU CAN CONTACT THE SOCIAL SECURITY ADMINISTRATION AT 1-800-772-1213 AND HAVE THEM SEND YOU A NEW ONE.

**CHILD SUPPORT AND CUSTODY:** YOU MUST PROVIDE THE EVART HOUSING COMMISSION WITH A THREE MONTH PRINT OUT FROM THE FRIEND OF THE COURT SHOWING PAYMENTS. ALSO MUST PROVIDE CHILD CUSTODY PAPERS.

PLEASE BRING PAYCHECK STUBS FOR 6-8 WEEKS, ASK THE OFFICE IF YOU QUALIFY FOR MEDICAL EXPENSES.

YOU ARE RESPONSIBLE FOR KEEPING US INFORMED OF FORWARDING ADDRESSES, PHONE NUMBERS, ETC. WHERE WE WILL BE ABLE TO REACH YOU. IF WE ARE UNABLE TO REACH YOU, YOUR APPLICATION WILL BE PLACED IN THE INACTIVE FILE.

WHEN COMING FOR AN INTERVIEW, LEASE OR SECTION 8 BRIEFING, YOUR SPOUSE OR ANY OTHER ADULT THAT IS LISTED ON THE APPLICATION MUST COME WITH YOU. **PLEASE DO NOT BRING CHILDREN TO AN INTERVIEW, LEASE, OR SECTION 8 BRIEFING.** SINCE IT IS DIFFICULT TO PAY ATTENTION TO WHAT IS BEING SAID, YOU WILL BE ASKED TO RESCHEDULE.

**Evart Housing Commission**  
**601 W. First Street**  
**Evart, MI 49631**  
**Phone (231) 734-3301**  
**Fax (231) 734-6454**

**OFFICE USE ONLY:**

APPLICATION # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

I am applying for:

\_\_\_ Centennial Arms Apartments

\_\_\_ Section 8 Voucher

Applicants Name(s) \_\_\_\_\_

Home Phone or contact name and number \_\_\_\_\_

Address: \_\_\_\_\_ Date apartment desired? \_\_\_\_\_

**LIST OF ALL PERSONS, INCLUDING YOURSELF, WHO WILL BE RESIDING IN THE UNIT:**

**1. Head of Household** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

**2. Other Adult/Spouse** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_

**3. Other** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_

**4. Other** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_

**5. Other** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_

**6. Other** \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Last)

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Relationship to Head of Household \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Do you anticipate any change in family composition (example: pregnancy)? \_\_\_\_\_

Have you ever applied to this or any other Federally Subsidized Housing Agency?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes where and when? \_\_\_\_\_

Please answer the following questions: Questions 1-3 are for statistical purpose only

1. We live /work in Osceola county.....Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please check one: Race: ( )White ( )Black ( )Asian ( )Pacific Islander

( ) American Indian ( )Other \_\_\_\_\_

3. Please check one: Ethnicity: ( ) Non-Hispanic ( )Hispanic

4. Is your household considered "Homeless"?.....Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is any adult listed on the application a Veteran?.....Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pet (Cat, Dog, Hamster, Mice, Fish etc.) you plan on bringing? \_\_\_\_\_

If a dog please estimate size: Height \_\_\_\_\_ Weight \_\_\_\_\_.

Is anyone listed on the application a smoker?.....Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*The Evert Housing Commission is a smoke-free complex--smoking permitted in designated areas only.**

Does anyone listed on the application possess a Michigan Medical Marijuana Card?

.....Yes \_\_\_\_\_ No \_\_\_\_\_

**\*FEDERAL LAW STATES THAT MEDICAL MARIJUANA IS PROHIBITED ON HOUSING COMMISSION PROPERTY.**

Has anyone listed on the application been evicted?.....Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Landlord and reason for eviction? \_\_\_\_\_

Does anyone listed on the application owe a present or past landlord money?....Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what landlord and how much? \_\_\_\_\_

Does any person listed on the application owe a utility company money?.....Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, what utility company? \_\_\_\_\_

Has any family member listed on the application been **arrested and/or convicted** of a crime? (**Make sure to include any/all offenses, such as traffic violations to avoid possible denial of application**).....Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what person, reason and when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please be advised, if you falsify this information you will be automatically rejected, we conduct a complete background check and credit check.**

If any family member is employed complete the following:

<u>Family Member</u>	<u>Employer name &amp; Address</u>	<u>Rate of Pay</u>	<u>Hours per week</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF ANY FAMILY MEMBER RECEIVES ADDITIONAL INCOME, FILL OUT AMOUNT BELOW AND PUT HOW OFTEN SUCH AS WEEKLY, BI-WEEKLY OR MONTHLY

INCOME	FAMILY MEMBER(1)	AMOUNT & HOW OFTEN	FAMILY MEMBER(2)	AMOUNT & HOW OFTEN
CHILD SUPPORT				
SSI				
SOCIAL SECURITY				
UNEMPLOYMENT				
FIA BENEFITS				
PENSIONS				
DISABILITY BENEFITS				
RETIREMENT				
VETERANS BENEFITS				
OTHER INCOME				

**APPLICATION CERTIFICATION-PLEASE READ CAREFULLY BEFORE SIGNING:**

SECTION 1001 OF TITLE 18 U.S.C. PROVIDES: WHOMEVER IN ANY MATTER WITHIN THE JURISDICTION OF A DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000.00 OR IMPRISONED NOT MORE THEN FIVE YEARS, OR BOTH.

NOTE: THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL AND WILL BE VIEWED BY COMMISSION STAFF AND ITS AGENCY ONLY.

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE HEREBY AUTHORIZE THE EVART HOUSING COMMISSION AND ITS STAFF TO CONTACT ANY PERSONS, AGENCIES, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN INFORMATION NECESSARY TO DETERMINE MY/OUR ELIGIBILITY.

APPLICANTS SIGNATURE \_\_\_\_\_

OTHER ADULT SIGNATURE \_\_\_\_\_

EVART HOUSING COMMISSION STAFF SIGNAURE \_\_\_\_\_

DATE \_\_\_\_\_

**RENTAL HISTORY FOR APPLICANT(S). MUST PROVIDE US WITH 2 LANDLORD REFERENCES. IF YOU DO NOT HAVE TWO LANDLORD REFERENCES YOU MUST PROVIDE US WITH AN EXTRA PERSONAL REFERENCE. PLEASE LIST YOUR CURRENT AND PREVIOUS LANDLORDS. YOU MUST SUPPLY THE COMPLETE MAILING ADDRESSES AND PHONE NUMBERS TO REACH THE LANDLORDS. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION. IF THE ONLY LANDLORD YOU HAVE IS ONE THAT YOU ARE RELATED TO PUT THEIR NAME DOWN AND PUT RELATED NEXT TO IT. WE DO A CREDIT CHECK, SO MAKE SURE YOU PUT DOWN YOUR LANDLORDS. WE MAY ASK FOR ADDITIONAL INFORMATION.**

**LANDLORD REFERENCES FOR HEAD OF HOUSEHOLD \_\_\_\_\_**  
**(Applicants Name)**

#1

CURRENT ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

#2

1st MOST

PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

**RENTAL HISTORY FOR APPLICANT(S). MUST PROVIDE US WITH 2 LANDLORD REFERENCES. IF YOU DO NOT HAVE TWO LANDLORD REFERENCES YOU MUST PROVIDE US WITH AN EXTRA PERSONAL REFERENCE. PLEASE LIST YOUR CURRENT AND PREVIOUS LANDLORDS. YOU MUST SUPPLY THE COMPLETE MAILING ADDRESSES AND PHONE NUMBERS TO REACH THE LANDLORDS. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION. IF THE ONLY LANDLORD YOU HAVE IS ONE THAT YOU ARE RELATED TO PUT THEIR NAME DOWN AND PUT RELATED NEXT TO IT. WE DO A CREDIT CHECK, SO MAKE SURE YOU PUT DOWN YOUR LANDLORDS. WE MAY ASK FOR ADDITIONAL INFORMATION.**

**LANDLORD REFERENCES FOR HEAD OF HOUSEHOLD \_\_\_\_\_  
(Applicants Name)**

#3

2nd MOST

PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_ House (owned by applicant) \_\_\_ House (rented by applicant)  
\_\_\_ Apartment \_\_\_ Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

#4

3rd MOST

PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_ House (owned by applicant) \_\_\_ House (rented by applicant)  
\_\_\_ Apartment \_\_\_ Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

**RENTAL HISTORY FOR APPLICANT(S). MUST PROVIDE US WITH 2 LANDLORD REFERENCES. IF YOU DO NOT HAVE TWO LANDLORD REFERENCES YOU MUST PROVIDE US WITH AN EXTRA PERSONAL REFERENCE. PLEASE LIST YOUR CURRENT AND PREVIOUS LANDLORDS. YOU MUST SUPPLY THE COMPLETE MAILING ADDRESSES AND PHONE NUMBERS TO REACH THE LANDLORDS. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION. IF THE ONLY LANDLORD YOU HAVE IS ONE THAT YOU ARE RELATED TO PUT THEIR NAME DOWN AND PUT RELATED NEXT TO IT. WE DO A CREDIT CHECK, SO MAKE SURE YOU PUT DOWN YOUR LANDLORDS. WE MAY ASK FOR ADDITIONAL INFORMATION.**

**LANDLORD REFERENCES FOR OTHER ADULT \_\_\_\_\_  
(Applicants Name)**

#1

CURRENT ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

#2

1st MOST

PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

**RENTAL HISTORY FOR APPLICANT(S). MUST PROVIDE US WITH 2 LANDLORD REFERENCES. IF YOU DO NOT HAVE TWO LANDLORD REFERENCES YOU MUST PROVIDE US WITH AN EXTRA PERSONAL REFERENCE. PLEASE LIST YOUR CURRENT AND PREVIOUS LANDLORDS. YOU MUST SUPPLY THE COMPLETE MAILING ADDRESSES AND PHONE NUMBERS TO REACH THE LANDLORDS. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION. IF THE ONLY LANDLORD YOU HAVE IS ONE THAT YOU ARE RELATED TO PUT THEIR NAME DOWN AND PUT RELATED NEXT TO IT. WE DO A CREDIT CHECK, SO MAKE SURE YOU PUT DOWN YOUR LANDLORDS. WE MAY ASK FOR ADDITIONAL INFORMATION.**

**LANDLORD REFERENCES FOR OTHER ADULT \_\_\_\_\_  
(Applicants Name)**

#3  
2nd MOST  
PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_

#3  
3rd MOST  
PREVIOUS ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Dwelling type: \_\_\_House (owned by applicant) \_\_\_House (rented by applicant)  
\_\_\_Apartment \_\_\_Mobile Home Other: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

Landlord Address: \_\_\_\_\_

Rental Amount\$ \_\_\_\_\_ Occupancy Dates \_\_\_\_\_  
(From) (To)

Name(s) on the lease: \_\_\_\_\_

Reason for moving? \_\_\_\_\_



**PERSONAL REFERENCES: WE NEED A TOTAL OF FIVE REFERENCES. IF YOU HAD TWO LANDLORD REFERENCES PLEASE LIST AT LEAST THREE PERSONAL REFERENCES FOR EACH ADULT HOUSEHOLD MEMBER APPLYING FOR ASSISTANCE. IF YOU ARE MARRIED YOU ONLY NEED THREE PERSONAL REFERENCES FOR THE BOTH OF YOU. IF YOU DID NOT HAVE TWO LANDLORD REFERENCES YOU WILL NEED TO LIST AT LEAST TWO ADDITIONAL PERSONAL REFERENCES FOR EACH ADULT HOUSEHOLD MEMBER. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION.**

**PERSONAL REFERENCES FOR HEAD OF HOUSEHOLD \_\_\_\_\_  
(Applicants Name)**

**1. Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**2. Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**3. Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**4. Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**5. Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**\*\*MAKE SURE WE HAVE COMPLETE NAMES AND ADDRESSES, SO WE CAN CONTACT THEM BY PHONE OR MAIL.**

**PERSONAL REFERENCES: WE NEED A TOTAL OF FIVE REFERENCES. IF YOU HAD TWO LANDLORD REFERENCES PLEASE LIST AT LEAST THREE PERSONAL REFERENCES FOR EACH ADULT HOUSEHOLD MEMBER APPLYING FOR ASSISTANCE. IF YOU ARE MARRIED YOU ONLY NEED THREE PERSONAL REFERENCES FOR THE BOTH OF YOU. IF YOU DID NOT HAVE TWO LANDLORD REFERENCES YOU WILL NEED TO LIST AT LEAST TWO ADDITIONAL PERSONAL REFERENCES FOR EACH ADULT HOUSEHOLD MEMBER. THESE PEOPLE CANNOT BE RELATED TO ANYONE ON THIS APPLICATION.**

**PERSONAL REFERENCES FOR OTHER ADULT \_\_\_\_\_  
(Applicants Name)**

**1. Reference Name:** \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**2. Reference Name:** \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**3. Reference Name:** \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**4. Reference Name:** \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**5. Reference Name:** \_\_\_\_\_ Phone # \_\_\_\_\_  
(First and Last)

**Complete Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

**\*\*MAKE SURE WE HAVE COMPLETE NAMES AND ADDRESSES, SO WE CAN CONTACT THEM BY PHONE OR MAIL.**

**APPLICANT/TENANTS CERTIFICATION**

**GIVING TRUE AND COMPLETE INFORMATION**

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON HOUSEHOLD COMPOSITION, INCOME, FAMILY ASSETS AND ITEMS FOR ALLOWANCES AND DEDUCTIONS, IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE REVIEWED THE APPLICATION FORM AND THE HUD FORM 50058 OR 50059, WHICH EVER APPLIES TO ME, AND CERTIFY THAT THE INFORMATION SHOWN IS TRUE AND CORRECT.

**REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION**

I KNOW I AM REQUIRED TO REPORT IMMEDIATELY IN WRITING ANY CHANGES IN INCOME AND ANY CHANGES IN THE HOUSEHOLD SIZE, WHEN A PERSON MOVES IN OR OUT OF THE UNIT. I UNDERSTAND THE RULES REGARDING GUEST/VISITORS AND WHEN I MUST REPORT ANYONE WHO IS STAYING WITH ME.

**NO DUPLICATE RESIDENCE OR ASSISTANCE**

I CERTIFY THAT THE HOUSE OR APARTMENT WILL BE MY PRINCIPLE RESIDENCE AND THAT I WILL NOT OBTAIN DUPLICATE FEDERAL HOUSING ASSISTANCE WHILE I AM IN THIS CURRENT PROGRAM. I WILL NOT LIVE ANYWHERE ELSE WITHOUT NOTIFYING THE HOUSING AUTHORITY IMMEDIATELY IN WRITING. I WILL NOT SUBLEASE MY ASSISTED RESIDENCE.

**COOPERATION**

I KNOW I AM REQUIRED TO COOPERATE IN SUPPLYING ALL INFORMATION NEEDED TO DETERMINE MY ELIGIBILITY, LEVEL OF BENEFITS, OR VERIFY MY TRUE CIRCUMSTANCES. COOPERATION INCLUDES ATTENDING PRE-SCHEDULES MEETINGS AND COMPLETING AND SIGNING NEEDED FORMS. I UNDERSTAND FAILURE OR REFUSAL TO DO SO MAY RESULT IN DELAYS, TERMINATION OF ASSISTANCE, OR EVICTION.

**CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I UNDERSTAND THAT KNOWINGLY SUPPLY FALSE, INCOMPLETE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE CRIMINAL LAW. I UNDERSTAND THAT KNOWINGLY SUPPLY FALSE, INCOMPLETE, OR INACCURATE INFORMATION IS GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE OR TERMINATION OF TENANCY.

**SIGNATURE AND DATE OF HOUSEHOLD ADULTS**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## FEDERAL PRIVACY ACT STATEMENT

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) WILL BE COLLECTING INFORMATION YOU GAVE TO THE EVART HOUSING COMMISSION (THE AUTHORITY) AT APPLICATION OR REEXAMINATION. HUD WILL COLLECT THE INFORMATION ON FORM HUD-50058. THE DATA IT WILL COLLECT INCLUDES NAME, SEX, BIRTH DATE, SOCIAL SECURITY NUMBER, INCOME (BY SOURCE), ASSETS, CERTAIN DETECTABLE EXPENSES, AND RENTAL PAYMENT.

THE PRIVACY ACT OF 1974, AS AMENDED, REQUIRES US TO TELL YOU ABOUT THIS. WE ALSO ARE REQUIRED TO TELL YOU WHAT HUD WILL DO WITH THIS INFORMATION.

HUD WILL USE THE INFORMATION TO MANAGE AND MONITOR HUD-ASSISTED HOUSING PROGRAMS. IT ALSO MAY VERIFY WHETHER THE INFORMATION IS ACCURATE AND COMPLETE BY DOING A COMPUTER MATCH.

HUD MAY GIVE THE INFORMATION TO FEDERAL, STATE, AND LOCAL AGENCIES WHEN IT WILL BE USED FOR CIVIL, CRIMINAL, OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. HUD ALSO MAY MAKE SUMMARIES OF RESIDENCE DATA AVAILABLE TO THE PUBLIC. OTHER THAN THESE USES, HUD WILL NOT RELEASE THE INFORMATION OUTSIDE HUD, EXCEPT AS PERMITTED OR REQUIRED BY LAW.

THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987, 42 U.S.C. 3543, REQUIRES APPLICANTS AND RESIDENTS TO GIVE THE AUTHORITY THE SSN(S) OF HOUSEHOLD MEMBERS A LEAST SIX (6) YEARS OLD. IF YOU ARE AN APPLICANT AUTHORITY, THE AUTHORITY IS REQUIRED TO REJECT YOUR APPLICATION FOR HOUSING ASSISTANCE. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU HAVE BEEN ISSUED OR USE SSN(S) AND YOU DO NOT GIVE THEM TO THE AUTHORITY, THE AUTHORITY IS REQUIRED TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE.

THE U.S. HOUSING ACT OF 1937, AS AMENDED, 42 U.S.C. 1437 ET. SEQ., AND THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, P.L. 97-35, 85 STAT., 348, 408, REQUIRE APPLICANTS AND RESIDENTS TO PROVIDE THE OTHER INFORMATION (LISTED IN THE FIRST PARAGRAPH) TO THE AUTHORITY. IF YOU ARE AN APPLICANT AND YOU FAIL TO GIVE THE AUTHORITY MAY HAVE TO REJECT YOUR APPLICATION OR DELAY ACTING ON IT. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU DO NOT GIVE THE AUTHORITY THIS INFORMATION, THE AUTHORITY MAY HAVE TO EVICT YOUR OR WITHDRAW YOUR HOUSING ASSISTANCE.

I READ THE FEDERAL PRIVACY ACT STATEMENT ON: DATE: \_\_\_\_\_

HEAD OF HOUSEHOLD SIGNATURE: \_\_\_\_\_

OTHER ADULT SIGNATURE: \_\_\_\_\_

EVART HOUSING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE AND DIRECT ANY FEDERAL, STATE OR LOCAL AGENCY, ORGANIZATION, BUSINESS, OR INDIVIDUAL TO RELEASE TO THE EVART HOUSING COMMISSION, ANY INFORMATION OR MATERIALS NEEDED TO COMPLETE AND VERIFY MY APPLICATION FOR PARTICIPATION, AND/OR TO MAINTAIN MY CONTINUED ASSISTANCE UNDER LOW-INCOME PUBLIC HOUSING PROGRAM. 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.

I ALSO CONSENT FOR HUD OR PHA TO RELEASE INFORMATION FROM MY FILE ABOUT RENTAL HISTORY TO HUD, CREDIT BUREAUS, COLLECTION AGENCIES, OR FUTURE LANDLORDS. THIS INCLUDED RECORDS ON MY PAYMENT HISTORY, AND ANY VIOLATIONS OF MY LEASE OR PHA 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, & ASSETS
MEDICAL OR CHILD CARE ALLOWANCES	CREDIT & CRIMINAL ACTIVITY
RESIDENCES & RENTAL ACTIVITY	PERSONAL REFERENCES

I UNDERSTAND THAT THIS AUTHORIZATION CANNOT BE USED TO OBTAIN ANY INFORMATION ABOUT ME THAT IS NOT PERTINENT TO MY ELGIBILITY FOR AND CONTINUED PARTICIPATION IN A HOUSING ASSISTANCE PROGRAM.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED THIS INFORMATION FOLLOWS:

PREVIOUS LANDLORDS & PHA'S	PAST AND PRESENT EMPLOYERS
COURTS & POST OFFICES	VETERANS ADMINISTRATION
RETIREMENT SYSTEMS	WELFARE ADMINISTRATION
SCHOOLS & COLLEGES	STATE UNEMPLOYMENT AGENCIES
LAW ENFORCEMENT AGENCIES	SOCIAL SECURITY ADMINISTRATION
UTILITY COMPANIES	BANK AND OTHER FINANCIAL INSTITUTION
SUPPORT & ALIMONY PROVIDERS	CREDIT PROVIDERS & CREDIT BUREAUS

CONDITIONS:

I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE WITH THE PHA.

\_\_\_\_\_  
HEAD OF HOUSEHOLD-PRINT NAME

\_\_\_\_\_  
SPOUSE/OTHER ADULT-PRINT NAME

\_\_\_\_\_  
SIGNATURE-DATE

\_\_\_\_\_  
SIGNATURE-DATE

## Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

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

EVART HOUSING COMMISSION  
601 W FIRST STREET  
EVART MI 49631

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

**In order to turn in your application, please check the boxes to make sure you have all information needed with you and filled out correctly before handing application into the Evert Housing Commission office staff. If you have any questions please call the office during normal business hours. For I.D.'s, social security cards and birth certificates we can accept copies but originals are required to be seen before move in.**

- Picture Identification (State Driver's License and/or State Identification card) for all family members on the application. (Housing Commission will make copies for you)
- Social Security cards for all family members on application (Housing Commission will make copies for you)
- Birth Certificates for all family members on application (Housing Commission will make copies for you)
- Proof of Income (Social security papers, S.S.I. papers, Check stubs) (Housing Commission can make copies for you)
- Current landlord information (Complete name and address and phone # where they can be reached) **They cannot be related to anyone on the application.**
- Previous landlord information (Complete name and address and phone # where they can be reached) **They cannot be related to anyone on the application.**
- Personal reference information (Complete name and address and phone # where they can be reached) **They cannot be related to anyone on the application.**
- Proof of pregnancy if you are pregnant
- Supplement to Application Form-- **One filled out for each adult listed on the application.**

I have read and completed all information on this checklist and application to the best of my ability.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date



Exp. (07/31/2012) 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

Exp. (07/31/2012) 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.

<b>Co-Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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 Co-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.

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November 2004

## Things You Should Know

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

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Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:</p> <ul style="list-style-type: none"><li>-Evicted from your apartment or house:</li><li>-Required to repay all overpaid rental assistance you received:</li><li>-Fined up to \$10,000.00:</li><li>-Imprisoned for up to 5 years; and/or</li><li>-prohibited from receiving future assistance.</li></ul> <p>Your State and local government may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing the Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>- Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>- Earnings from second job or part time job;</li><li>- Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</li><li>- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.</li><li>-The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.</li></ul>

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## Signing the Application

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

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## Recertifications

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

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

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## Beware of Fraud

You should be aware of the following fraud schemes:

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

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## Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your Complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735.

You can also write to: HUD-OIG HOTLINE, (GFI)  
451 Seventh Street, S.W.  
Washington, DC. 20410.