

**ROGERS CITY HOUSING COMMISSION
643 WEST ERIE ST
ROGERS CITY, MI 49779
PHONE: 989-734-7303
FAX: 989-734-3857**

APPLICATION FOR ADMITTANCE TO PUBLIC HOUSING

GENERAL INFORMATION

HILLTOP MANOR

**List each person who will reside in the apartment if you move to Hilltop Manor.
(Please start with yourself)**

LAST NAME	FIRST NAME	BIRTHDATE	SEX	BIRTHPLACE	SOCIAL SECURITY #
1.					
Check any that apply					
<input type="checkbox"/> veteran <input type="checkbox"/> non-smoker <input type="checkbox"/> senior <input type="checkbox"/> emergency housing situation					
2.					
Check any that apply					
<input type="checkbox"/> veteran <input type="checkbox"/> non-smoker <input type="checkbox"/> senior <input type="checkbox"/> emergency housing situation					

Current Address:

Telephone Number: _____ Cell number _____

FOR STATISTICAL PURPOSES ONLY

Race of Head of Household: African American Asian Native American Caucasian/White

Where did you hear about us? Newspaper former or present resident other

Is the applicant displaced by Natural Disaster or Domestic Violence?

yes no

Is any adult family member employed? If yes, where?

yes no _____

Are you or any member of your household handicapped or disabled?

_____ yes _____ no

Does any member of your household require a barrier free/handicapped accessible apartment?

_____ yes _____ no

Do you have a medical marijuana card?

_____ yes _____ no

Have you ever lived in Public Housing before? If yes, list name and address of Housing Commission.

_____ yes _____ no _____

Have you ever been evicted from Public Housing? If yes, what was the reason and where were you evicted from?

_____ yes _____ no _____

Have you ever been convicted of a felony?

_____ yes _____ no

Have you ever been convicted of Domestic Violence?

_____ yes _____ no

Have you or any family member ever been convicted of the manufacture or distribution of a controlled substance? _____yes _____no

Current Landlord's Name _____

Address _____

_____ Phone _____

Dates of occupancy _____

If you have lived at your current address less than 5 years please complete the following:

Previous Residence _____

Address _____

_____ Phone _____

Dates of occupancy _____

Previous Residence _____

Address _____

_____ Phone _____

Dates of occupancy _____

Have you ever received complaints from your landlord, past or present, regarding your housekeeping?

_____ yes _____ no

Have you ever caused damage to any of the units you have rented?

_____ yes _____ no

Has any landlord withheld all or a portion of your security/damage deposit?

_____ yes _____ no

INCOME, ASSET AND EXPENSE FORM

For each type of income that your household receives, give the source of the income and the amount that can be expected and the frequency that it is received. Examples of Income: Social Security, Wages, Pensions, IRA's, Disability Income, SSI, Rental Property Income, etc. Please list all income and use the back of this sheet for additional information, if necessary.

Family Member – Name	Income Source	Amount	Frequency
			weekly monthly annually
			weekly monthly annually
			weekly monthly annually
			weekly monthly annually

_____ I have real estate or property

_____ I have investments

_____ I have a checking account savings account CD's at the following bank(s):
 (circle any that apply)

1. _____
2. _____
3. _____

_____ I pay Medical Insurance Premiums

_____ I pay medical or prescription expenses which are not reimbursed by insurance, including but not limited to, eye care, glasses, dental expense, etc.

HAVE YOU WITHIN THE PAST TWO YEARS DISPOSED OF ANY OF THE FOLLOWING?

Circle any that apply

Insurance Settlements, stocks, Bonds, Certificates of Deposits, Savings Accounts, Checking Accounts, Land, House, Trailer, Etc

**AUTHORIZATION for
Release of Information**

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

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

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

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

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

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

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may during 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 15 months from the date signed.

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SIGNATURES

Head of Household: _____
Spouse: _____

Date: _____
Date: _____

Warning! Section 10Q1 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.