

# **ROGERS CITY HOUSING COMMISSION**

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HILLTOP MANOR  
643 WEST ERIE ST.  
ROGERS CITY, MI 49779  
989-734-7303  
989-734-3857 Fax

## **FAIR HOUSING**

It is the policy of the Rogers City Housing Commission to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Rogers City Housing Commission shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Rogers City Housing Commission's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Rogers City Housing Commission will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Rogers City Housing Commission office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Rogers City Housing Commission will assist any family that believes they have suffered illegal discrimination by providing copies of the appropriate housing discrimination forms. The Rogers City Housing Commission will also assist in completing the forms if requested, and will provide the address of the nearest HUD office of Fair Housing and Equal Opportunity.

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**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 #

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 a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc?

\_\_\_\_\_ yes \_\_\_\_\_ no

Is the applicant family displaced by domestic violence?

\_\_\_\_\_ yes \_\_\_\_\_ no

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

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Is any adult family member enrolled in a job training program, including one required under the welfare program?  yes  no

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

yes  no

Does any member of your household require the amenities of a barrier free/handicapped accessible apartment?  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 arrested or convicted of a crime?

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 \_\_\_\_\_

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
			<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
			<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
			<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
			<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually
			<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually

- I have real estate or property
- I have investments
- I have sold, given away or transferred ownership of assets within the last 2 years

I have a  checking account  savings account  CD's at the following bank(s):

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- 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.

**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	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

**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: _____
		Date: _____
		Date: _____
		Date: _____

**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 United States as to any matter within its jurisdiction.

~~For Office use only: Initial, Annual, Interim, Occupancy Specialist~~