

ROGERS CITY HOUSING COMMISSION

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 make sure the application is fully completed.
(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					

Applicant #1 Driver's license or State Id's # _____ State Issued _____

Applicant #2 Driver's license or State Id's # _____ State Issued _____

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 _____

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

Do you have a medical marijuana card?

_____ yes _____ no

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

_____ yes _____ no

Do you have any pets?

_____ yes _____ no If yes, what? _____

Have you ever been convicted of Domestic Violence?

_____ yes _____ no

Have you ever been arrested or convicted of a crime?

_____ yes _____ no

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

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, online earnings, 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 a checking account savings account CD's at the following bank(s):

_____ Checking – Savings -Cd's

_____ Checking – Savings -Cd's

_____ Checking – Savings -Cd's

_____ 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?

Insurance Settlements, Stocks, Bonds, Certificates of Deposits, Savings Account, Checking Accounts, Land, House, Trailer, Etc.

Yes - No

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 Childcare 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.

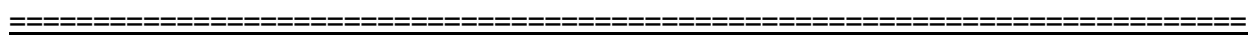
GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Past and Present Employers Veterans Administration
Public Housing Agencies) Welfare Agencies 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 Childcare 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/background check company 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 as long as I remain as applicant/participant/resident in any housing program by the Housing Authority.

I understand refusal to sign this, or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.



SIGNATURES

Head of Household: _____

Date: _____

Spouse: _____

Date: _____

Warning! Section 1QQ1 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.